

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Mud Rotary Drilling
 Andrew King - Manager/Driller

Bar Drilling, LLC
 Phone: (719) 210-8806

1317 105th Rd.
 Yates Center, KS 66783

Company/Operator		Well No.	Lease Name		Well Location			1/4	1/4	1/4	Sec.	Twp.	Rge,	
C&S Oil		9	Edwards/Williamson		4620' fsl, 450' fel			W2	E2	NE	4	23	16E	
1607 Main St Neosho Falls, KS 66758		Well API #		Type/Well		County			Total Depth	Date Started	Date Completed			
		15-031-24329		Oil		Coffey			1077	3/18/2019	3/27/2018			
Job/Project Name/No.												Coring Record		
Surface Record						Bit Record								
Driller/Crew				Type	Size	From	To	Core #	Size	From	To			% Rec.
Andy King				PDC	11 1/4	0'	40+'							
Charles King				PDC	5 7/8	40	1077							
Casing Length:														
Cement Used:				14SX										
Cement Type:				Portland										

From	To	Formation	From	To	Formation	From	To	Formation
0	27	overburden						
27	196		196					
196	258	lime						
258	322	shale						
322	398	lime						
398	409	shale						
409	471	lime						
471	568	shale						
568	581	lime						
581	593	shale						
593	608	lime						
608	826	shale						
826	837	lime						
837	916	shale						
916	921	lime						
921	961	oil sand						
961	1008	shale						
1011	1019	oil sand						
1019	1077	shale						

ran pipe, s/n 1005'

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **4394**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-19-19	1308	EDWARD WILLIAMSON #9				COFFEY	KS
Customer C + S OIL COMPANY			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address 1609 MAIN			Rm	105	JASON		
City Neosho Falls			JASON	110	Zevi		
State KS			Zevi	141	Steve		
Zip Code 66258			Steve	122	Russ		

Job Type Logging Hole Depth 1077 Slurry Vol. 36 Bbl Tubing 2 7/8
 Casing Depth 1069 Hole Size 5 7/8 Slurry Wt. 14 Drill Pipe _____
 Casing Size & Wt. 2 7/8 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 6 1/4 Displacement PSI 550 Bump Plug to 1100 BPM 4

Remarks: Safety meeting + Job procedure. 2 7/8 tubing set @ 1069' w/ seat nipple
@ 1005 w/ Flapper type float shoe. Break circulation w/ 5 Bbl water mix +
Pump 200# gel 5 water 5 Bbl dye mix + Pump 130 SK's @wc cement @
14# = 36 Bbl Slurry w/ yield 0.55 shut down wash out Pump + Lines Drop
2 2 7/8 TOP Rubber Plug's Displace w/ 6 1/4 Bbl city water @ 1.5 RPM Final
Pump PSI 550# Bump Plug's to 1100# Bleed down to 250# w/ Elite Truck close
to @ 250# per customer Request. 4 Bbl cement slurry to surface. Dam up
Flow Ditch Annulus stayed full. Reload water TL w/ 20 Bbl water.
WASH UP. Job complete tear down. THANK YOU
Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-101	1	Pump Charge	890.00	890.00
C-101	40	Mileage	4.20	168.00
C-202	130	SK's @wc	20.00	2600.00
C-206	200#	gel Flush	.21	42.00
C-400	2	2 7/8 TOP Rubber Plug's	30.00	60.00
C-113	2 1/2	hr @ 20 Bbl UAC Truck	90.00	225.00
C-224	3,300	gallon's city water	10/Acc 1,000	33.00
C-108	6.8	Ton's Tow Mileage x 40 miles	1.40	380.80
SUBTOTAL				4398.80
- 5%				(219.93)
Sales Tax				111.19

Authorization Witnessed by Rob Title Owner Total 4341.15

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.