

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:	
----------------	-------	---------	------------	--

DRILL LOG

Operator License# 33086

API_15-107-25305-00-00

Operator_Rolling Meadows Oil & Gas Dev.

Lease Name_ Breuel

Address_15251 CR 1077

Well # 804

Phone _____

Spud Date _____ Completed _____

Contractor License_32834

Location _____ of _____

T.D. 600 T.D. of Pipe 590

_____ feet from _____

Surf. Pipe Size 7" Depth 20 ft.

_____ feet from _____

Kind of Well Injection

County LINN

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	13	lime	141	154
11	clay	2	13	170	shale	154	324
5	shale	13	18	7	lime	324	331
10	lime	18	28	9	lime/shale	331	340
26	shale	28	54	12	lime	340	352
7	lime	54	61	51	shale	352	403
8	shale	61	69	10	lime	403	413
44	lime	69	113	13	shale	413	426
5	coal	113	118	4	lime	426	430
17	lime	118	135	28	shale	430	458
6	shale	135	141	29	lime	458	487

Thickness	Strata	From	To	Thickness	Strata	From	To
10	shale	487	497				
5	lime	497	502				
28	shale	502	530				
20	sandy/shale	530	550				
3	oil sand	550	553 ok				
3	oil sand	553	556 good				
3	oil sand	556	559 good				
2	oil sand	559	561 v good				
3	oil sand	561	564 v good (best)				
3	oil sand	564	567 v good				



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

12248

12124

TICKET NUMBER 55563

LOCATION Ottawa, ks

FOREMAN Jim Green

FIELD TICKET & TREATMENT REPORT
 CEMENT

INVOICE # 814796

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-28-18	6946	Breyer #809	NE9	21	22	LN
CUSTOMER <u>Rolling Meadows</u>						
MAILING ADDRESS <u>15251 CR 1071</u>						
CITY <u>Centerville</u>	STATE <u>Ks</u>	ZIP CODE <u>66014</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			1069	Simone		
			295	Har Bell		
			675	KCT CAR		
			503	Ala Mud		

JOB TYPE log string HOLE SIZE 5 7/8" HOLE DEPTH 620' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 620' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held safety meeting, established circulation. Mix and pump 100' gel + B flush holes mix and pump 66 sk Thixoblend II with 1# phenoseal circulated cement to surface. Flush pump clean of cement. Pump 2 7/8" rubber plug to total depth of casing. Pressure well up to 500+ PSI + run a 30 min MFT. Well held good. Set float

Jim Green Ran a 30 min MFT. Well held good.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	
CE0002	-	MILEAGE	0	
CE0711	1/2 min	Ton mileage	330 ⁰⁰	
WE0853	3	SOVAL	300 ⁰⁰	
			2130 ⁰⁰	
		Less - 45 ⁰⁰	958 ⁵⁰	
				1171 ⁵⁰
CC5861	66 sk	Thixo Blend II cement	1782 ⁰⁰	
CC5965	100 ⁰⁰	Gel	30 ⁰⁰	
CC6079	66 ⁰⁰	Pheno Seal	89 ¹⁰	
CP 8176	1	2 7/8" Rubber Plug	45 ⁰⁰	
			1946 ¹⁰	
		Less - 45 ⁰⁰	875 ⁷⁵	
				1070 ³⁵
SCANNED				
		615 ⁰⁰	SALES TAX	69 ⁵⁰
			ESTIMATED TOTAL	2311 ⁴²
			TOTAL	(4202 ⁶⁰)

Ravin 3737

AUTHORIZATION [Signature] DATE 12-28-18 TITLE Operator DATE 12-28-18

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



PRESSURE PUMPING LLC

REMIT TO
QES Pressure Pumping LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
Chanute,KS 66720
620/431-9210,1-800/467-8676
Fax 620/431-0012

Invoice

Invoice# 814796

Invoice Date: 12/31/18

Terms: Net 30

Page 1

Rolling Meadows
16251 C.R. 1077
Centerville KS 66014
USA

BREUELL #804

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0711	Minimum Cement Delivery Charge	0.500	660.0000	45.000	181.50
WE0853	80 BBL Vacuum Truck (Cement Services)	3.000	100.0000	45.000	165.00
CC5861	ThixoBlend II	66.000	27.0000	45.000	980.10
CC5965	Bentonite	100.000	0.3000	45.000	16.50
CC6079	PhenoSeal Formica Flakes	66.000	1.3500	45.000	49.01
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 4,076.10

Discounted Amount 1,834.25

SubTotal After Discount 2,241.85

Amount Due 4,202.60 If paid after 01/30/19

Tax: 69.57

Total: 2,311.43

May 13, 2019

KELLY PETERSON
Rolling Meadows Oil & Gas Development, LLC
15251 CR 1077
CENTERVILLE, KS 66014-9127

Re: ACO-1
API 15-107-25305-00-00
BREUEL 804
SE/4 Sec.09-21S-22E
Linn County, Kansas

Dear KELLY PETERSON:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/28/2018 and the ACO-1 was received on May 13, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department