

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 Recompletion Date _____ 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:	
----------------	-------	---------	------------	--

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1212

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-27-19	6	11	20	Ellis	KS		9:30 AM
Lease <i>Richard's owned</i>				Well No. <i>7</i>		Location <i>Ellis Co. Loc 4w 410 1s 2E 1/4 sec</i>	
Contractor <i>Southwest #3</i>				Owner <i>To Quality Oilwell Cementing, Inc.</i>			
Type Job <i>Regrout on stringer</i>				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size <i>7 7/8</i>		T.D. <i>3750</i>		Charge To <i>Ma Oil</i>			
Csg. <i>5 1/2 14#</i>		Depth <i>3748</i>		Street			
Tbg. Size		Depth		City		State	
Tool <i>Port Collar</i>		Depth <i>1499</i>		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg. <i>21.40</i>		Shoe Joint <i>21.40</i>		Cement Amount Ordered <i>100 60/40 10/Salt 2/602 1/2 110</i>			
Meas Line		Displace <i>91 BL</i>		<i>1000 gal mud clear</i>			
EQUIPMENT							
Pumptrk <i>17</i>	No.	Cementer					
		Helper					
Bulktrk	No.	Driver					
		Driver					
Bulktrk <i>14</i>	No.	Driver					
		Driver					
JOB SERVICES & REMARKS							
Remarks:				Common			
Rat Hole <i>30SK</i>				Poz. Mix			
Mouse Hole				Gel.			
Centralizers				Calcium			
Baskets				Hulls			
DV or Port Collar				Salt			
<i>5/2 csg @ 3748 Batted 3726 to</i>				Flowseal			
<i>Plus quantities of mud 1000 gal mud clear</i>				Kol-Seal			
<i>Plug Rehydrate Cement 5/2 csg @ 1300</i>				Mud CLR 48			
<i>Clear line 9 Displace Plug</i>				CFL-117 or CD110 CAF 38			
<i>1.5 ft pressure 700#</i>				Sand			
<i>Plug landed @ 1500#</i>				Handling			
				Mileage			
FLOAT EQUIPMENT							
				Guide Shoe			
				Centralizer <i>1/2</i>			
				Baskets <i>1</i>			
				AFU Inserts <i>Port Collar</i>			
				Float Shoe			
				Latch Down <i>1</i>			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
Signature <i>[Signature]</i>							

ALLIED CEMENTING CO., INC.

4944

Federal Tax I.D.# 48-0727860

SHIP TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

2

DATE <u>7-14-00</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>8:45pm</u>	JOB START <u>10:45am</u>	JOB FINISH <u>11:00pm</u>
LEASE <u>Richards</u>	WELL #	LOCATION <u>Ellis N to Co-line</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>2W 15 1/2 E 1/2 N</u>					

CONTRACTOR Vonfeldt Dwy
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 262
 CASING SIZE 8 5/8 DEPTH 260 #
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 10-15'
 PERFS.
 DISPLACEMENT 16 bbl

OWNER

CEMENT

AMOUNT ORDERED 185 60% 3% cc 2% gel

EQUIPMENT
 PUMP TRUCK CEMENTER Mark
 # 345 HELPER Jason
 BULK TRUCK
 # 160 DRIVER
 BULK TRUCK
 # DRIVER

COMMON	<u>111</u>	@	<u>6.55</u>	<u>704.85</u>
POZMIX	<u>74</u>	@	<u>3.25</u>	<u>240.50</u>
GEL	<u>3</u>	@	<u>9.50</u>	<u>28.50</u>
CHLORIDE	<u>6</u>	@	<u>28.00</u>	<u>168.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<u>1.05</u>	<u>194.25</u>
MILEAGE	<u>44 1/2</u>	/MILE		<u>251.60</u>

TOTAL 1589.70

REMARKS:

SERVICE

Cement Circ
Drinks

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>470.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>34</u>	@	<u>3.00</u>	<u>102.00</u>
PLUG	<u>8 5/8 wooden</u>	@		<u>45.00</u>
		@		
		@		

TOTAL 617.00

CHARGE TO: Mar oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE DEA DAWSON

PRINTED NAME

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 346-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

June 18, 2019

Brent Homeier
Mai Oil Operations, Inc.
8411 PRESTON RD STE 800
DALLAS, TX 75225-5520

Re: ACO-1
API 15-051-25045-00-01
RICHARDS 7
NW/4 Sec.06-11S-20W
Ellis County, Kansas

Dear Brent Homeier:

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 1/25/2019 and the ACO-1 was received on June 18, 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