

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

Form	ACO1 - Well Completion
Operator	ELK Energy Holdings LLC
Well Name	LIPPELMANN 5-15
Doc ID	1466574

All Electric Logs Run

DIL
DUCP
MEL
CPI

Sean Deenihan Petroleum Geologist

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY Elk Energy Holdings, LLC
 LEASE Lippelmann #5-14
 FIELD Spica
 LOCATION 1630' ENL. & 990' FWL
 SEC 14 TWP 10 S RGE 33 W
 COUNTY Thomas STATE Kansas
 CONTRACTOR W.W. Drilling Rig #8
 SPUD _____ COMP _____
 RTD 4700' LTD 4698'
 MUD UP _____ TYPE MUD Chemical

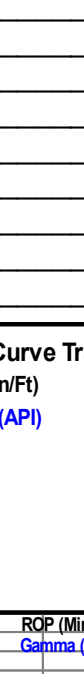
ELEVATIONS
 KB 3149'
 DF _____
 GL 3144'
 Measurements Are All From Kelly Bushings

CASING
 CONDUCTOR _____
 SURFACE 8-5/8" at 345'
 PRODUCTION 5.5" @ TD

ELECTRICAL SURVEYS
 Pioneer
 CND/DIL MIC _____

FORMATION REFERENCE WELL _____

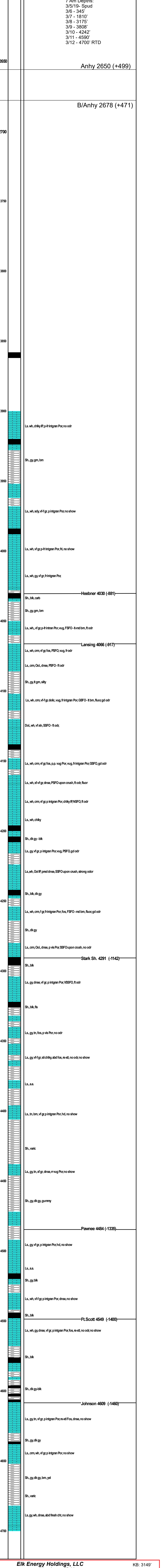
Formation	Sample Tops	E-log Tops	Sheet Pos.
B/Anhydrite		2678 (-471)	
Heebner Sh.		4030 (-881)	
Lansing		4066 (-917)	
Stark Sh.		4291 (-1142)	
Ft Scott		4549 (-1400)	
Cherokee Sil.		4609 (-1460)	



REMARKS Based on sample analysis, log evaluation, and relative structural position, the Lippelmann #5-14 will be further evaluated through production casing.

Respectfully Submitted,

Sean P. Deenihan



API # 15-193-21038-00-00

Operator: ELK Energy Holding LLC Well Name & No: Lippelmann #5-15
 Location: 1630 FNL & 990' FWL Section 14-10s-33w County: Thomas State: Kansas
 Rig No.: 8 Contractor: WW Drilling LLC Tool Pusher: Scott Piland 620-639-1843
 Drill Collars: 16 2.25" x 6.25" x 31' Rig Phone: 785-259-0816
 Make Pump: K-380 Liner & Stroke: 6" x 14" Spud 3/5/2019 @ 7:15 PM
 Approx. TD: 4700' Elevation: 3144' KB 3149' Hole Complete 3/11/2019 @ 2:30 PM
 Mud Co.: Andy's Mud Engineer: Aron Blue Water Hoxie Tank Hauling

Date	03/05/19	03/06/19	03/07/19	03/08/19	03/09/19	03/10/19	03/11/19	03/12/19	03/13/19	
Days	1-Spud	2-WOC	3-Drlg	4-Drlg	5-Short trip	6-Drlg	7-Drlg	8-Run Csg	9-Done	
Depth		345'	1810'	3175'	3808'	4242'	4590'	4700'	4700'	
Ft. Cut		345'	1465'	1365'	633'	434'	348'	110'		
Drill Time		4.75	17.5	22.25	20.75	19.75	23.25	7.25		
Down Time		0	.25-Pump	0	0	0	0	0		
Comp. Time		WOC-7	5.75	1	2.5	2.75	0	16.5	13.5	
Bit Wt.		15,000	25,000	35,000	38,000	38,000	38,000	38,000		
RPM		120	100	85	85	85	85	85		
Pressure		400	625	750	700	725	775	800		
SPM		60	60	60	60	60	60	60		
Mud Cost		NA	\$2,417	\$2,417	\$8,175	\$9,723	\$10,673	\$10,380	\$10,380	
Mud Wt.		8.6	8.9	9.4	8.9	9.1	9.4	9.5		
Viscosity		26	26	26	49	57	54	54		
Water Loss		NC	NC	NC	NC	7.6	8	8		
Chlorides		NA	NA	NA	NA	4000	4000	4500		
L.C.M.		0	TRC	0	2#	2#	1#	1#		
Dev. Sur		.5°	NA	NA	NA	NA	NA	NA		
Dev. Sur		345'	NA	NA	NA	NA	NA	NA		
Fuel		4200	3900	3500	3200	2850	2250	1900	1800	
Water-Pit		1/4	1/4	1/8	Full	Full	Full	1/2	1/4	
ACC Bit Hrs.		4.75	17.5	39.75	60.5	80.25	103.5	110.75		
Formation		sd-sh	sd-sh	sd-sh	sh-lm	sh-lm	sh-lm	sh-lm		
Weather		Clear	Cloudy	Cloudy	Cloudy	P/C	P/C	Cloudy	Rain	
Safety Topic		Run Csg	Rack Pipe	Connections	Tripping	Propane	Rotary Table	LDDP	Tear down	
No.	Size	Type	Out	Ft.	Hrs.	Cum Hrs.	Bit Cond	Serial #	Tops	
1	12 1/4"	Tooth	345'	345'	4.75	4.75		RH6830		
2	7 7/8"	SM-F27	4700'	4355'	110.75	115.5		RJ9055		
3										
4										ROP - 40.69'
DEPTH	SIZE	SACKS	CEMENT MATERIAL			Plug Down	Drilled Out	REMARKS		
345'	8 5/8"	240	Surface Blend, 3% cc, 2% gel			3:30 AM		Qes cementing did circulate		
4694'	5 1/2"	495	175 sx OWC 320 sx Multi Densit			4:30 PM		Qes cementing did circulate		
128 jts								#55991		
NO	INTERVAL		OPEN	SHUT	OPEN	SHUT	RECOVERY			
1										
2										
3										
4										
5										
6										
7										
8										

SURFACE CASING FURNISHED BY: Sunrise & WW Hauled. Ran 8 jts of 8 5/8" tally 338' set @ 345'

Surface Pipe Strapped & Welded By: WW Joe. Lost circ @ 1539' (60 BBLs) 1 hr. Anhydrite @ 2656'-2694'. Displaced @ 3492' (700 BBLs). Short trip @ 3808' (52 stands) 2.75 hrs. Short trip @ 4700' (18 stands) 2 hrs. Logged by Pioneer (LTD 4698') 3.5 hrs. Ran 128 jts of 5 1/2" set @ 4694' w/DV tool @ 2657'. Cemented by QES w/495 sx downhole & 30 sx in the rathole. Plug down @ 4:30 pm, 3/12/2019. Released rig @ 8:30 pm, 3/12/2019.



PRESSURE PUMPING LLC

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

100251
410458

TICKET NUMBER: 56062

LOCATION Oakley Ks

FOREMAN Corey Davis

Jerry V
Invoice # 900579

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY		
3-6-19	2530	Lippelmann #5-15	14	10S	33W	Thomas		
CUSTOMER <u>Elk Energy</u>		<u>Oakley Ks</u> <u>N to R02</u> <u>W to R023</u> <u>1 1/2 W</u> <u>E into</u>						
MAILING ADDRESS <u>2250 N. Rock Road Ste. 118-107</u>								
CITY <u>Wichita</u>	STATE <u>KS</u>						ZIP CODE <u>67226</u>	
TRUCK #	DRIVER						TRUCK #	DRIVER
<u>753</u>	<u>Corey W</u>						<u>703</u>	<u>Corey D</u>
<u>579</u>	<u>Neil W</u>							
<u>Helper</u>	<u>Xavier C</u>							
<u>535</u>	<u>Jerry Y</u>							

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 345.1 CASING SIZE & WEIGHT 3 5/8 24#
 CASING DEPTH 345 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 20.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rig up on WWR rig & run casing and circ. on bottom Hook up to Pump
truck mix 240 sls Cem 3% cc 2% gel wash up & Dis place 20.7 BBL H2O shut in
mix 100# salt to pit

Cement did Circ.

Approx 2 BBL to Pit

Thank you
from Corey & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE 0471</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1,150.00</u>	<u>1,150.00</u>
<u>CE 0002</u>	<u>10</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>71.50</u>
<u>CE 0711</u>	<u>11.28</u>	<u>Ten mileage Delivery</u> m/h	<u>1.25</u>	<u>660.00</u>
<u>CC5871</u>	<u>240</u>	<u>Surface Blend If</u>	<u>24.00</u>	<u>5760.00</u>
<u>CC5326</u>	<u>100#</u>	<u>Salt</u> N/C		
			<u>Subtotal</u>	<u>7,641.50</u>
			<u>25% Disc.</u>	<u>1,910.38</u>
			<u>Subtotal</u>	<u>5,731.12</u>
			<u>SALES TAX</u>	<u>345.60</u>
			<u>ESTIMATED TOTAL</u>	<u>6,076.73</u>

Ravin 3737

AUTHORIZATION

Scott [Signature]

TITLE

Corey [Signature]

DATE 3/6/19

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

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

100255
40403

TICKET NUMBER 55991

LOCATION Oakley Ks

FOREMAN Cory Davis

FIELD TICKET & TREATMENT REPORT

CEMENT

Invoice # 900583 Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-12-19	2530	Lippelman #5-15	14	105	33W	Thomas
CUSTOMER		Oakley Ks N to R000 W to R023 N 1 mile E N into				
MAILING ADDRESS		2250 N. Rock Road Ste. 118-107				
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Wichita	KS	67226	753	Corey W.	772	Mataadi U
			70	Mataadi U.	703	Cory D.
			helper	Neil W.		Jerry Y
			helper	Xavier C.		Walt D.

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 4,698 CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 4,692 DRILL PIPE _____ TUBING _____ OTHER DV 2657'
 SLURRY WEIGHT 14.2/12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 18'
 DISPLACEMENT 109/63 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Safety meeting rig up on wwf12 Run float Equipment float shoe, latch down Plug Assm.
 O.V. Tool at 2657' cent. on joint 4, 10, 12, 14, 16, 18, 20, 21, + 54 Baskets on 5, 22, 55 + scratchers on 11-18
 finish running casing to bottom hook and wire for an floor switch to pump truck, mix 175 sks o/wc Displace
 1 BBL 50 water and 59 mud, drop (Pump 5 BBL H2O ahead mix mud flush + 20 BBL KCL) Mart to open O.V.
 Tool wire for 3 Hours, mix 5 BBL H2O followed by 500 gal mud flush, mix 5 BBL H2O behind, mix 250 sks
 18 sks in rat hole lite weight, clean pump truck, Displace 63 BBL H2O Plug Landed

Thank You
from Cory + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0453	1	PUMP CHARGE	2,800.00	2,800.00
CE0002	10	MILEAGE	7.15	71.50
CE0710	24.68	Ton mileage Delivery min	1.25	660.00
CC5862	175 sks	Thixo Blend III	26.00	4,550.00
CC6077	875#	Kolseal	0.50	437.50
CC5831	350 sks	Lite-weight Blend VII	16.25	5,862.50
CC6075	88	Celloflake	3.00	264.00
CC6125	1,000 gal	Mudflush	0.65	650.00
CC5301	2 gal	KCL -	39.00	78.00
CP8485	1	5 1/2" Float Shoe, AFU	585.00	585.00
CP8254	1	5 1/2" Latch Down Plug + Assembly	400.00	400.00
CP8801	1	5 1/2" DV Tool	5,970.00	5,970.00
CP8629	3	5 1/2" Basket	385.00	1,155.00
CP8554	9	5 1/2" Centralizer	81.00	729.00
CP8676	28	5 1/2" Scratchers	75.00	2,100.00
		sub total		26,312.50
		25% Loss		6,578.13
		Sub Total		19,734.37
		SALES TAX		1,366.80
		ESTIMATED TOTAL		21,101.25

AUTHORIZATION _____ TITLE _____ DATE 3-12-19

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.

July 24, 2019

Chris Knowles
ELK Energy Holdings LLC
2250 N. ROCK RD. STE 118-107
WICHITA, KS 67226

Re: ACO-1
API 15-193-21038-00-00
LIPPELMANN 5-15
NW/4 Sec.14-10S-33W
Thomas County, Kansas

Dear Chris Knowles:

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 03/05/2019 and the ACO-1 was received on July 23, 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