

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

Ron McCallister
 2.24.19
 API # 15-173-21059.00-00

TICKET NUMBER 54367
 LOCATION El Dorado, KS
 FOREMAN Fuzz 4

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-4-19		Clark #1	15	26	2	Sedgewick
CUSTOMER Urban Oil & Gas Group LLC			TRUCK #			
MAILING ADDRESS 1000 E. 14th St #300			DRIVER		TRUCK #	
CITY Plano			DRIVER		TRUCK #	
STATE TX			DRIVER		TRUCK #	
ZIP CODE 75074			DRIVER		TRUCK #	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 266' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 252' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 34.8 WATER gal/sk 6.99 CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on C&G Dalg. Rig up and establish circulation
Pump 10 BBL water, Mix 135 sks Class 'A' 3%cc, 2%cc w/ 1/2"
poly flake PR. SK. Displace 15 3/4 BBL and shut in.
cement did circulate approx 10 BBL to bit

Thanks Fuzz 4 + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
660002	20	MILEAGE	7 ¹²	143 ⁰⁰
660711	1 minimum	Bulk cement delivery	660 ⁰⁰	660 ⁰⁰
665871	135 sks	Surface Blend II	23 ⁰⁰	3105 ⁰⁰
66075	68 #	Poly-Flake	2 ⁰⁰	136 ⁰⁰
		subtotal		5544 ⁰⁰
		discount		1940 ⁴⁰
		subtotal		3603 ⁶⁰
		As per B.I.D		
		SALES TAX		
		ESTIMATED TOTAL		

AUTHORIZATION [Signature] TITLE _____ DATE _____

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

AP# 15-173-21059-00-00
 2-15-19 J2 vs 2-15-19

TICKET NUMBER 54403
 LOCATION EL Dardo, KS
 FOREMAN Furry - Jacob

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-19	8225	Clark #1	15	26S	2	Sebastian
CUSTOMER			TRUCK #			
Urban Oil & Gas Group LLC			760	Driver	577	Driver
MAILING ADDRESS			713	Chavez		
1000 E. 11th Suite 300			637	Reed		
CITY		STATE	ZIP CODE	725	Furry	
Plano		Tx	75074			

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 2400' CASING SIZE & WEIGHT 5 1/2 15.5 #
 CASING DEPTH 3397 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 13.1/lb SLURRY VOL 71.3 WATER gal/sk _____ CEMENT LEFT in CASING 3680
 DISPLACEMENT 80.1 DISPLACEMENT PSI 1350 MIX PSI 300 RATE 6bpm

REMARKS: Safety meeting on CFS hole. Shot casing - Turbulizers #1-3-5-7-9-11-12-15-17-19-21-23 Baskets #10-20, circulate 1Hr with mud for 30 min, pump sbbl water, 500gal Du 1100 sbbl water, mix 225 sks Thixoblend II 5lbs Kalseal 1/2 Thorpro seal, wash pump and lines, displace plug with 80.1 bbl water landing plug at 1750 psi, check float, float held. Started cement lift at 22.5 bbl, start lift pressure was 300 psi, final lift pressure was 1350, pressure test casing to 2000 psi, plug rat hole with 2.5 sks cement, circulated full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300.00	2300.00
CE0002	20 miles	MILEAGE	7.15	143.00
CE0711	1	Ten mileage delivery (min)	660.00	660.00
WE0953	8	80 BBLs Use Truck	100.00	800.00
WE0159	6720	city water	.03	201.60
CE5861	250 sks	Thixoblend II	27.00	6750.00
CE6077	1250 #	Kalseal	.50	625.00
CE6079	125 #	Pheno-seal	1.35	168.75
CE6125	500 gal	Du 1100 - mud flush	.65	325.00
CP3234	1	5 1/2 - Latch Valve Plug and Assy	900.00	900.00
CP3435	1	5 1/2 - AFU Float shoe	585.00	585.00
CP3651	2	5 1/2 - Reconditioning Bands	360.00	720.00
CP3576	12	5 1/2 - S-Band Turbulizers	110.00	1320.00
CP3750	1	Thread loc	45.00	45.00
			Subtotal	15043.35
				5265.17
				9778.08
			7.5%	SALES TAX 835.52
				ESTIMATED TOTAL 10613.60

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.