

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

100725
40924

INV 901071

TICKET NUMBER 55599

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/9/19	6370	Knabe A # 10-I	SE 30	14	22	JO

CUSTOMER <u>Petroleum Technologies Inc</u>		
MAILING ADDRESS <u>801 W. 47th St. Ste 412</u>		
CITY <u>Kansas City</u>	STATE <u>MO</u>	ZIP CODE <u>66112</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cas Kan	✓ Safety Meeting	
495	Har Bec	✓	
775	Ala Mad	✓	
675	Kei Det	✓	

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>946'</u>	CASING SIZE & WEIGHT <u>2 7/8" CUE</u>
CASING DEPTH <u>926'</u>	DRILL PIPE	TUBING <u>baffle - 896'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>30'</u>
DISPLACEMENT <u>5.19 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Bentonite followed by 5 bbls fresh water, mixed & pumped 133 SKS Pozblend 1A cement w/ 2% Bentonite & 1/4 # Floeal per SK, cement to surface flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.19 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
✓ CE0450	1	PUMP CHARGE	1500.00	
✓ CE0002	30 mi	MILEAGE	214.50	
✓ CE0711	min	for mileage	660.00	
✓ WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		-40%	1029.80	
		Subtotal		1544.70
✓ CC5840	133 SKS	Pozblend 1A cement	1795.50	
✓ CC5965	423 #	Bentonite	126.90	
✓ CC6075	33 #	Floeal	66.00	
✓ CP8176	1	2 1/2" rubber plug	45.00	
		materials	2033.40	
		-40%	813.36	
		Subtotal		1220.04
		7.975%	SALES TAX	97.30
			ESTIMATED TOTAL	2862.04
				(4770.06)

Ravin 3737

AUTHORIZATION No Co Rep on location 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.



24 S. Gold Paola, KS 66071

Allen's Holdings & Investments
 Oil & Gas Well Drilling
 Water Wells
 Geo-Loop Installation

Phone: 913-557-9083
 Fax: 913-557-9084

WELL LOG

Petroleum Technologies, Inc.
 Knabe A - #10i
 API #15-091-24506-00-00
 July 8, 2019-July 9, 2019

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
36	shale	48
5	lime	53
2	shale	55
15	lime	70
9	shale	79
8	lime	87
6	shale	93
19	lime	112
22	shale	134 Thin sandstone, laminations
30	lime	164
6	shale	170
16	lime	186
11	shale	197
28	lime	225
15	shale	240
9	lime	249
18	shale	267
9	lime	276
4	shale	280
7	lime	287
30	shale	317
3	lime	320
11	shale	331
11	lime	342
8	shale	350
9	lime	359
8	shale	367
21	lime	388
3	shale	391
4	lime	395
5	shale	400
6	lime	406 Base of Kansas City, Hertha
168	shale	574
11	lime	585
3	shale	588
7	lime	595
5	shale	600

3	limy sand	603	Hard white, no show
2	broken sand	605	Broken sand & shale, minimal bleed
13	shale	618	
5	lime	623	
10	shale	633	
5	lime	638	
27	shale	665	Redbed
7	lime	672	
64	shale	736	
6	broken sand	742	Brown sand & shale, light bleed
36	shale	778	
2	lime	780	
15	shale	795	
1	silty shale	796	
1	sand	797	
5	oil sand	802	
53	shale	855	
2	limy sand	857	
2	broken sand	859	
2	broken sand	861	
3	oil sand	864	
4	oil sand	868	
8	silty shale	876	
45	shale	921	
9	shale	930	Redbed
16	shale	946	TD

Drilled a 9 7/8" hole to 23'

Drilled a 5 5/8" hole to 946'

Set 23' of new 7" casing threaded and coupled, cemented with 6 sacks cement.

Set 926' of new 2 7/8" 8 round upset tubing with a baffle set at 896' ran 3 centralizers, 1 float shoe, 1 clamp.

Dug 1 pit