

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) (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:	
----------------	-------	---------	------------	--



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

100724
 40923

INV 901070

TICKET NUMBER 55598

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/8/19	6370	Kwabe A # 6-I	SE 30	14	22	JO
CUSTOMER Petroleum Technologies			TRUCK #			
MAILING ADDRESS 801 W. 47th St. Ste 412			DRIVER			
CITY Kansas City			TRUCK #			
STATE MO			DRIVER			
ZIP CODE 64112			TRUCK #			
			DRIVER			

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 939' DRILL PIPE _____ TUBING baffle - 904' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 35'
 DISPLACEMENT 5.23 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200#
Bentonite followed by 5 bbls fresh water, mixed & pumped 135 sks
Pozblend 1A cement w/ 2% Bentonite + 1/4 # Floseal per sk, cement
to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle
w/ 5.23 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	
✓ EC0002	30 mi	MILEAGE	214.50	
✓ EO711	min	ten mileage	160.00	
✓ WE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		-40%	1029.80	
		subtotal		1544.70
✓ CC5840	135 sks	Pozblend 1A cement	1822.50	
✓ CC5965	427 #	Bentonite	128.10	
✓ CC6075	34 #	Floseal	68.00	
✓ CP8176	1	2 1/2" rubber plug	45.00	
		materials	2063.60	
		-40%	825.44	
		Subtotal		1238.16
				2782.86
		7.975%	SALES TAX	98.74
			ESTIMATED TOTAL	2881.60
				(4802.67)

Revin 3737

AUTHORIZATION _____ 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 - #6i
 API #15-091-24505-00-00
 July 3, 2019-July 8, 2019

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
35	shale	46
5	lime	51
2	shale	53
15	lime	68
8	shale	76
8	lime	84
8	shale	92
19	lime	111
21	shale	132
1	lime	133
7	shale	140
23	lime	163
8	shale	171
12	lime	183
12	shale	195
28	lime	223
6	shale	239
9	lime	248
17	shale	265
8	lime	273
5	shale	278
6	lime	284
44	shale	328
29	lime	357
8	shale	365
21	lime	386
4	shale	390
7	lime	397
3	shale	400
5	lime	405 BKC
62	shale	567
13	lime	580
16	shale	596
5	lime	601
3	broken sand	604 Limy brown sand, light odor
12	shale	616
4	lime	620

12	shale	632	
4	lime	636	
23	shale	659	
2	lime	661	
8	shale	669	
3	lime	672	
41	shale	713	
2	lime	715	
20	shale	735	
2	oil sand	737	Brown sand, light bleed
4	broken sand	741	Brown sand & shale, light bleed
2	silty shale	743	
22	shale	765	
1	lime	766	
28	shale	794	
3	sand	797	
4	oil sand	801	
54	shale	855	
5	limy sand	860	
2	broken sand	862	
1	oil sand	863	
1	oil sand	864	
3	oil sand	867	
2	broken sand	869	
91	shale	960	

Drilled a 9 7/8" hole to 21.8'

Drilled a 5 5/8" hole to 960'

Set 21.8' of new 7" casing threaded and coupled, cemented with 5 sacks cement.

Set 939' of new 2 7/8" 8 round upset tubing with a baffle set at 905' ran 3 centralizers, 1 float shoe, 1 clamp.

Well had M.I.T. done by consolidated.