

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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CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676



TICKET NUMBER 17274
 LOCATION EURKA
 FOREMAN RICK LEONARD

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-07	3451	Schomck # 13				Woods
CUSTOMER Haas Petroleum, LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 800 West 47th, Suite 409			463	Kyle		
CITY Kansas City			479	JEFF		
STATE Mo.			452/7-63	J.P.		
ZIP CODE 64112						

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 1015' CASING SIZE & WEIGHT _____
 CASING DEPTH 1000' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL _____ WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.8 bbl DISPLACEMENT PSI 500 ~~Rate~~ PSI 900 RATE _____

REMARKS: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ 10 bbl fresh water. Pump 4 sks gel-flush, 20 bbl fresh water spacer. Mixed 100 sks thickset cement w/ 4" Kel-seal 1 3/4" @ 13.4" w/c. Washout pump + lines, shut down, release plug. Displace w/ 5.8 bbl fresh water. Final pump pressure 500 PSI. Bump plug to 900 PSI. shut casing in. Good cement returns to surface. Job complete. Rig down

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	30	MILEAGE	3.30	99.00
1126A	100 sks	thickset cement	15.40	1540.00
1110A	400 "	Kel-seal 4" 1 3/4"	.38	152.00
1118A	200 "	gel-flush	.15	30.00
5407	5.5	ton-mileage bulk trk	m/c	285.00
4402	1	2 7/8 rubber plug	20.00	20.00
5501C	3 hrs	water transport	100.00	300.00
1123	5000	city water	12.80	64.00
			subtotal	3930.00
			6.3%	SALES TAX 113.98
				ESTIMATED TOTAL 3443.98

212966

AUTHORIZATION Witnessed by Little Joe Greer TITLE _____ DATE _____

**LITTLE JOE OIL CO.
JOE GREER JR.
7300 220TH RD.
CHANUTE, KS 66720
HOME (620) 431-2462
WK (620) 433-0314 OR 496-7389**

Operator License #: 33640	API: # 15-207-27127-0000
Operator: Haas Petroleum LLC	Lease Name: Schorrick
Address: 800 W. 47th St KCMO 64112	Well #: 13
Phone #: 913-531-5922	Spud date: 4-9-7 Completed: 4-12-7
Contractor License #: 30638	Location: 58 Twp. 25 Rg. 16E
T.D.: 1015 T.D. of Pipe: 1000'	1125 Ft. from South Line
Surface Pipe Size: 7" Depth: 40'	2995 Ft. from East Line
Kind of Well (Oil, Gas, Water, Dry): Oil	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil	0	6	6	Shale	500	506
14	Clay	6	20	50	Lime	506	556
72	Shale	20	92	2	Shale	556	558
3	Lime	92	101	12	Lime	558	570
1	Shale	101	102	159	B. shale	570	729
2	Lime	102	104	21	Lime	729	750
1	Shale	104	105	15	H. lime	750	765
12	Lime	105	117	2	Shale	765	767
8	Shale	117	125	58	S. lime	767	825
20	Lime	125	145	4	Shale	825	829
25	Shale	145	170	2	Lime	829	831
39	Lime	170	209	3	S. lime	831	834
3	Shale	209	212	13	Lime	834	847
95	Lime	212	307	19	S. lime	847	866
21	S. lime	307	328	10	Shale	866	876
37	Lime	328	365	20	20' lime	876	896
24	Shale	365	389	2	Shale	896	898
4	Lime	389	393	2	Lime	898	900
4	Shale	393	397	3	mulky	900	903
30	H. shale	397	427	4	S. lime	903	907
12	S. lime	427	439	13	S. shale	907	920
15	Lime	439	454	3	oil sand mud	920	923
41	B. Lime	454	495	20	Shale	923	953
5	H. lime	495	500	12	oil sand shale	953	965
				2	Shale & sand	965	967
				48	shale	967	1015

1015 T.D.