

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 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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Job No. 10-19-2386
 Client TC ENERGY
 Location MP 26.4

PO/WO No. E.012383 Date 7/12/2019
 Drilling Co. DARLING DRILLING

GPS: Lat: 37.119211 Long: -99.385978

Calibrated Instrument Used FLUKE 177

S/N 97001156

Depth	Logging Volts: 14		Geological Log	Depth	Logging Volts: 14		Geological Log	No.	Depth	No Coke	With Coke	
	Amps	Ohms			Amps	Ohms						
5			0-3' TOP SOIL	205				1	195	0.80	3.10	
10			3-7' BROWN CLAY	210				2	185	1.00	3.40	
15			7-9' ROCK	215				3	175	0.90	3.70	
20				220				4	165	1.00	4.00	
25			9-25' BROWN SILTY CLAY AND	225				5	155	1.50	4.10	
30			STREAKS OF ROCK	230				6	145	1.30	4.30	
35				235				7	135	1.30	4.30	
40				240				8	125	1.30	4.20	
45				245				9	115	1.30	5.10	
50				250				10	105	2.90	4.60	
55	1.30	10.77		255				11	95	1.70	4.60	
60				260				12	85	1.70	4.10	
65	1.00	14.00		265				13	75	1.70	3.20	
70				270				14	65	1.00	3.40	
75	1.70	8.24		275				15	55	1.30	3.20	
80				280				16				
85	1.70	8.24		285				17				
90				290				18				
95	1.70	8.24		295				19				
100				300				20				
105	2.90	4.83		305				21				
110				310				22				
115	1.30	10.77		315				23				
120				320				24				
125	1.30	10.77		325				25				
130				330				26				
135	1.30	10.77		335				27				
140				340				28				
145	1.30	10.77		345				29				
150				350				30				
155	1.50	9.33		355				31				
160				360				32				
165	1.00	14.00		365				33				
170				370				34				
175	0.90	15.56		375				35				
180				380				36				
185	1.00	14.00		385				37				
190				390					Volts	14.00	14.00	
195	0.80	17.50		395					Amps	20.70	59.30	
200			25-203' RED SHALE SOFT	400					Ohms	0.68	0.24	
Hole Dia.:		10"	Total Depth:		200'		Casing: Feet:	20'	Dia.:	10"	Type:	SDR-21
No. Anodes:		15	Size and Type:		3884 ANOTEC CAST IRON		Anode Lead:		Size:	#6	Type:	AWG HMWPE
Lbs. Coke:		5,750	Coke Type:		LORESCO SC-3		Top of Coke Column:		50'	Vent:		180'
Lbs. Plug:		1,500	Plug Type:		BENTONITE		Top of Plug:		5'			



INVOICE

INVOICE NO.: 14310
 INVOICE DATE: 07/15/2019

MESA PRODUCTS, INC.
 P.O. BOX 52608
 TULSA, OK 74152-1608

MP 26.4 PO#10-19-2386
 Kansas Sales Tax

Qty	UM	Description	Tax	Price/Unit	Ext Amt
TICKET # 38250 - 07/12/2019					
10.50	EA	3000 GAL DOT VACUUM BOBTAIL	N	110.00	1,155.00
		EMPTY CUTTINGS CONTAINMENT FOR RIG TWICE			
		KEEP WATER LEVEL DOWN FOR COKE BREEZE PUMPING			
		PULL FREE WATER FROM ROLL OFF BOX AND HAULED TO UCS			
42.78	EA	NON-HAZ LIQUID DISPOSAL	N	7.25	310.16
1.00	HR	WASH OUT TIME	N	95.00	95.00
TOTAL FOR TICKET #		38250			1,560.16
PLEASE PAY THIS AMOUNT =====>					1,560.16

Maclaskey Oilfield Services, Inc.
JOB SERVICE TICKET
Mid-Continent Division

P.O. Box 222
El Dorado, Kansas 67042
(316) 321-9011

Date July 12 2009

CHARGE TO: Misc
Po Box 52600
Tulsa OK 74152

V.O. # 10-19-2386

Billing Information:

Work Location	<u>MP26.4</u> <u>Protector Drill ?</u>	Truck#	<u>6006</u>
		Hours	<u>10.5</u>
		Rate	<u>\$11000</u>
Maclaskey Disposal (bbls)	<u>42.78 @ \$725</u>	Disposal Fee	<u>\$310.14</u>
Wash Out Time (hours)	<u>+ 1 hr</u>	Wash Out Fee	<u>\$9500</u>
UltraSolve Chemical (gallons)	_____	Chemical Charge	_____
Maclaskey Lease Ticket #	_____	Total Charge	<u>\$156014</u>

Job Description: empty cuttings containment for rig X2
keep water level down for valve breeze pumping
pull free water from roll-off box
2 haul to CCS

TICKET 38250

Driver Michael F
7633

MATERIAL EMPLACEMENT PERMIT APPLICATION
 (Process Knowledge)
BENEFICIAL REUSE MATERIAL SITE
 UCS-Hutchinson Facility

GENERAL INFORMATION

Generator/Operator Name: Trans Canada
 Address: 460 - 1 Street S.W.
Calgary, AB, Canada T2P 5H1

If Applicable
 API # _____
 KDHE# _____

Billing Name: Maclasky Oilfield SERVICES
 Address: PO Box 222 Ft Dodge, KS 67042
 (check if same as above)

If Applicable
 KCC Spill # _____
 KDHE Spill# _____

Beneficial Reuse Material description: Mud/Fluids

Is material classified as drilling fluids/mud? Yes No
 Daily field analytical results are required for emplacement of drilling fluids

Quantity: _____ Tons Gallons Drums Other: _____

Frequency of emplacement: One Time Monthly Weekly Daily: Other: _____

Process generating beneficial reuse material: Cathodic protection boring

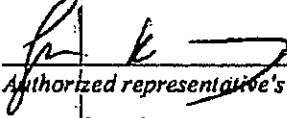
Beneficial Reuse Material site address (include county & zip code): GPS 37.119271, -99.386582
 Site name: MP 264 Comanche County, KS

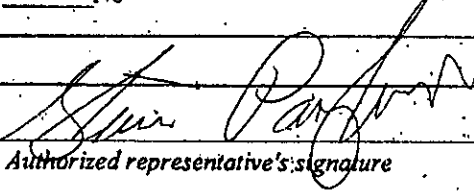
Generator/Operator Contact: Sean Maclasky Phone: 316-321-9011 Fax: _____
 Transporter Contact: _____ Phone: _____ Fax: _____

MATERIAL CERTIFICATION STATEMENT

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, packaged, labeled, and prepared as indicated. I certify this material is not hazardous or dangerous as defined by the U.S. EPA, or the state or province of origin. I certify this material does not contain any regulated radioactive materials. I certify that all samples used for this analysis are representative of the materials described herein. I will notify the company if there is a change in the composition of, or process generating this material.

Sean K. Maclasky
 Name (print)
OPERATIONS MANAGER
 Title


 Authorized representative's signature
7/10/19
 Date

UCS APPROVAL DETERMINATION (to be completed by UCS)	
Beneficial Reuse Material Approved for Emplacement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Beneficial Reuse Material Approval Number:	<u>128-1202</u>
Eligible for re-submittal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	
<u>Steven Pangborn</u> Name (print)	 Authorized representative's signature
<u>Facility Mgr</u> Title	<u>7-10-19</u> Date

2019 Beneficial Reuse Material Log
 UCS - Hutchinson Facility

Date	Generator		Transporter		Manifest Tracking #	BAM Approval #	Material Description	BAM Agrees (w/Paperwork)	Scale Ticket #	Volume (Tons)	Placement Location	KREM Reading (Transmit)	Waste			Rejects			Chlorides PPM	pH	Vehicle Type	
	ID #	Name	Company	Driver									Volume (Tons)	Volume (Tons)	Volume (Tons)	Volume (Tons)	Volume (Tons)	Volume (Tons)			Volume (Tons)	Volume (Tons)
7/12/2019	122	Maclasky	Maclasky	Michael	128-191X	128-120Z	Boring muds	YES	942354	11.59	SW-13	0	11.59	55720	32540	42.78	21.40	12.9	900	9.9		X

61841

RHO1

SALINA SCALE SALES & SERVICE - SALINA, KS

942354

Date 7-12-19

Seller/ Buyer Mackley Oil Field

Remarks _____

Address PO Box 222

City El Dorado

State KS Zip 67042

Store _____ Sell _____

55720 LB 04:32 PM 07/12/19

Commodity Barnyard - cattle putain

Price: _____

32540 LB 04:48 PM 07/12/19

Driver: On Off _____

Shipper [Signature]

Weighter [Signature]

BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

Please print or type

GENERATOR/OPERATOR	1. Generator/Operator UCS ID Number: <u>128</u>	2. Page 1 of <u>1</u>	3. Emergency Response Phone #:	4. Manifest Tracking Number: <u>128-3915</u>	5. UCS BRM Approval Number: <u>128-1202</u>	
	6. Generator/Operator Name and Mailing Address: <u>Trans Canada</u> <u>460 - 1 St. S.W.</u> <u>Calgary, Alberta, Canada T2P 5H1</u>			Generator/Operator Site Address (if different than mailing address)		
	7. Generator/Operator Source Location: Legal Sec. <u>1</u> Twp. <u>1</u> R. <u>1</u> East West feet from <u>North</u> / <u>South</u> line of section feet from <u>East</u> / <u>West</u> line of section <u>Comanche</u> County, Kansas			Generator/Operator Source Location: Longitude & Latitude <u>37.119271</u> Longitude <u>99.581582</u> Latitude Generator/Operator Source Location: Physical Address: <u>Site name NP 264</u>		
	8. Transporter 1 Company Name: <u>Madison Oilfield Services</u>			UCS ID Number:		
	9. Transporter 2 Company Name:			UCS ID Number:		
	10. Designated Facility Name and Site Address: <u>Underground Cavern Stabilization, LLC</u> <u>7513 South K14 Hwy</u> <u>South Hutchinson, KS. 67505</u>			Facility's Phone Number: <u>620.662.6367</u>		
	BRM Description (as noted on the Form 150)		11. Containers	12. Total Quantity	13. Unit Wt./Vol.	
	1. <u>Living mud fluids</u>		No. <u>1</u> Type <u>TT</u>			
	2.					
	3.					
14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.						
Generator/Operator Name <u>TransCanada</u>	Signature <u>[Signature]</u>	Month <u>7</u>	Day <u>10</u>	Year <u>19</u>		
15. Transporter's Acknowledgment of Receipt of Materials						
Transporter 1 Name <u>Michael Fitzgerald</u>	Signature <u>[Signature]</u>	Month <u>7</u>	Day <u>12</u>	Year <u>19</u>	Time <u>2:15</u>	
Transporter 2 Name	Signature	Month	Day	Year	Time	
16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator and have not been tampered with in any way, nor have the materials been out of my custody unless otherwise noted by additional transporter signature, and that this consignment has been transported by the most direct route possible by current road conditions. I certify that the contents of this consignment conform to the terms of the attached Materials Employment Permit Application.						
Transporter 1 Name <u>Michael Fitzgerald</u>	Signature <u>[Signature]</u>	Month <u>7</u>	Day <u>12</u>	Year <u>19</u>	Time <u>4:52</u>	
Transporter 2 Name	Signature	Month	Day	Year	Time	
17. Discrepancy						
17a. Discrepancy Indication Space: <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Full Rejection						
18. Material Employment Cavern Well Location:						
19. Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manifest except as noted in Item 17a.						
Name: <u>Vicky Hester</u>	Signature <u>[Signature]</u>	Month <u>7</u>	Day <u>12</u>	Year <u>19</u>	Time <u>4:32pm</u>	



BENEFICIAL REUSE MATERIAL INSPECTION REPORT

1. Date: 7-12-19
2. Time: 4:32pm
3. Beneficial Reuse Material Name/Description: Boring muds - cathodic protection
4. Transporter: Maciaskey's Oilfield
5. Name of driver: Michael
6. Source of beneficial reuse material as stated by driver: TransCanada - MP 26.4 - Comanche Cty.
7. Hauling Permit No.: N/A
8. Vehicle License No.: Ba DOT# 283970
9. Vehicle Type: Truck
10. Unauthorized material found in the beneficial reuse material shipment? Yes No
11. If "Yes", was Rejected Beneficial Reuse Material Form completed? Yes No
12. Photograph identification verified? (circle) Yes No
13. Identification type _____ Company ID _____ Drivers License (state) _____
14. Inspector's observations: Material contained in truck. Used process knowledge.
Liquid (sludge) load - Had to be emplaced immediately. Not stored in Clearspan like most Lyons Salt loads.
15. The physical characteristics (i.e. color, odor, etc.) of the beneficial reuse material stream conform to the Material Emplacement Application and previous material shipments. Yes No
16. If "No," was a Rejected Beneficial Reuse Material Form completed? Yes No
17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL ACCEPTED BY BENEFICIAL REUSE MATERIAL MANIFEST NUMBER 128-3915 IS AS DESCRIBED BY THE GENERATOR IN THE GENERATOR BENEFICIAL REUSE MATERIAL PROFILE SHEET.

[Signature]
Signature of Site Inspector

7-12-19
Date

Velyth
Printed Name of Inspector

4:32pm
Time

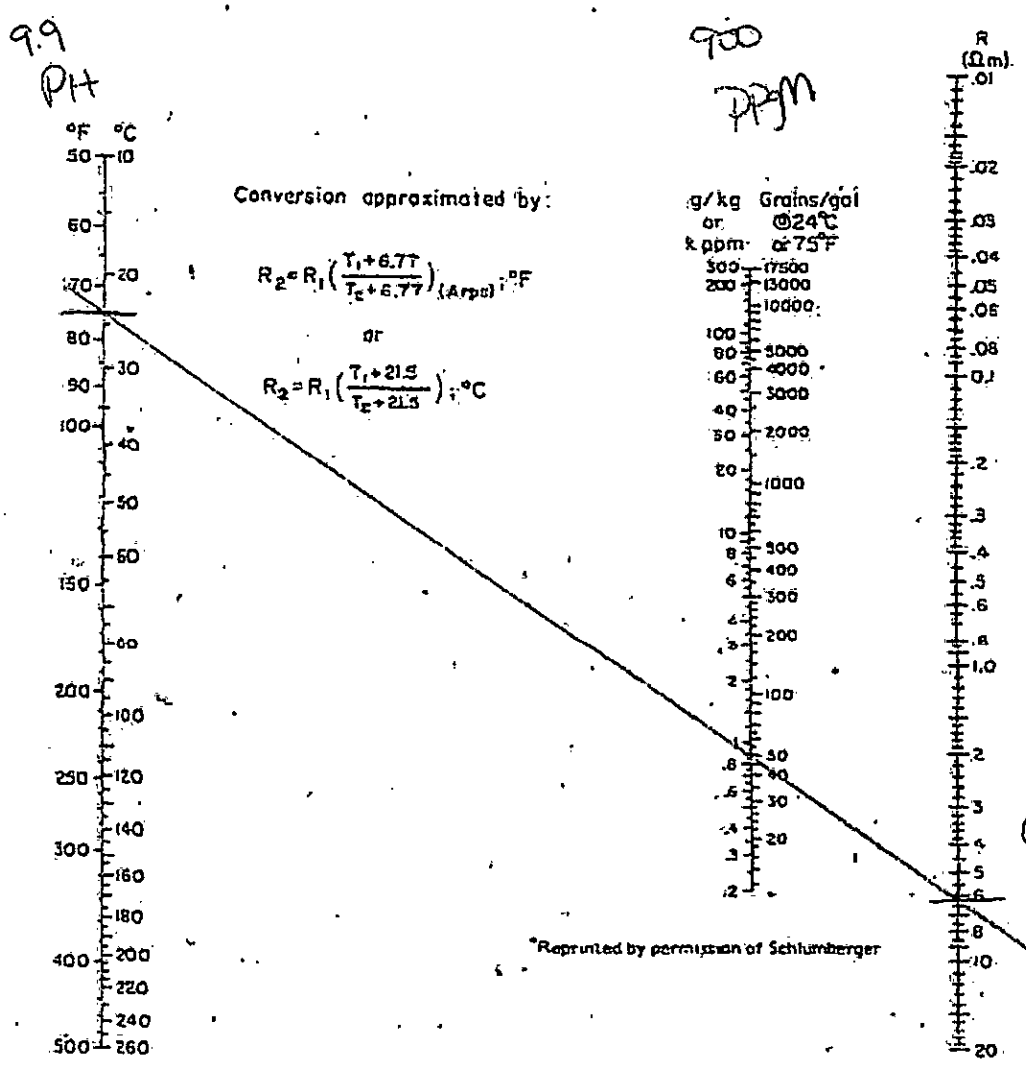
7-12-19

Trick

RESISTIVITY NOMOGRAPH FOR NaCl SOLUTIONS

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



Conversion approximated by:

$$R_2 = R_1 \left(\frac{T_1 + 6.77}{T_2 + 6.77} \right)^{1.9} \text{ } ^\circ\text{F}$$

or

$$R_2 = R_1 \left(\frac{T_1 + 21.5}{T_2 + 21.5} \right)^{1.9} \text{ } ^\circ\text{C}$$

75.2

9.9 PH

900 ppm

6.24

Norm

12.9 ppm

*Reprinted by permission of Schlumberger

HOME LUMBER COLDWATER
187 N NEW YORK AVE
COLDWATER KS 67029
620 635 2207

2356

10-14-2019

Merchant ID: 3420
Term #: 0101

Store #: 4767
Ref #: 0003

Sale *John Doe*

Entry Method: Chip

XXXXXXXXXXXX1009
AMEX

Total: \$ 43.77

Coldwater
P. O. Box

Coldwater
Phone: (6

4x4x8'

440BT

1.00

*80LB P

80CM

4.0

53000 2

6301.

1.0

HARDV

6837

1.00 ea

5 99 / ea

3.99

Sub Total

40.34

COLCM

3.43

Total

43.77

Paid By Credit Card - Amex

43.77

Signature

7/11/2019 1 24 00PM

07/11/19

Inv #: 000003

Transaction ID: 007187425603675

Apprvd: Online

AMERICAN EXPRESS

AID: 000000025010001

TS1: F800

IVR: 0000006000

13:24:05

Appr Code: 857309

Batch#: 000319

Customer Copy

THANK YOU

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