

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) (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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Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	GREAT BEND TRUST 1-7
Doc ID	1472182

Tops

Name	Top	Datum
B/Anhy	2764	1021
Heebner	4098	-313
Cherokee	4719	-934
Atoka	4826	-1041
Mrrw Sh	4965	-1180
Mrrw Ss	4986	-1201
Mrrw Ls	5054	-1269
Miss	5113	-1328



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

100457
400057

TICKET NUMBER 56112
LOCATION Oakleys
FOREMAN Walt Driskol

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 900791

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-24-19	7251	Great Bend Trust #1-7	7	15 ⁰	41 ^W	Wallace
CUSTOMER	Red Oak Energy		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	7701 E. Kellogg Dr., Ste. 710		731	Cory Davis		
CITY	STATE	ZIP CODE	528-7129	Kaleb Crompton - Kanner Colby		
Wichita	KS	67207-1705	1098	Walt Driskol		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 618 CASING SIZE & WEIGHT 8 5/8 - 23#
 CASING DEPTH 618' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5-14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 40'
 DISPLACEMENT 35 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Safety meeting, Rig up on Murfin #21, Circ casing on Bottom
mix 225 sks 65/35 com, 6% plat, 3% cc, Tail in with 150 sks com, 3% cc - 2% gel
release Plug & Displace 35 1/2 BBL H₂O, Land Plug & shut in
500#
Cement Dial Circ
Approx 10 BBL to RT

Thank You
Walt + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Co0471	1	PUMP CHARGE	1,150.00	1,150.00
Co0002	40	MILEAGE	7.15	286.00
Co0710	16.84	Ton Mileage Delivery	67.5	1,178.80
Co5871	150 SKS	Surface Blend II	24.00	3600.00
Co5829	225 SKS	Lite Weight Blend IV	19.50	4,387.50
CP8453	1	8 5/8 Baffle Plate	162.00	162.00
CP8556	3	8 5/8 Centralizers	110.00	330.00
CP8181	1	8 5/8 Rubber Plug	185.00	185.00
				11,279.20
		Less 25% Disc	-	2,819.83
				8,459.37
		SALES TAX		487.37
		ESTIMATED TOTAL		8946.85

RAVIN 3737
 AUTHORIZATION Juan Davis 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

MUD LOG

WellSight Systems

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Great Bend Trust API: 15-199-20448-0000 Location: 1659' FNL & 2289' FEL License Number: Spud Date: 4/24/2019 Surface Coordinates: Bottom Hole Coordinates: Ground Elevation (ft): 3774 Logged Interval (ft): 3900 Formation: Miss Type of Drilling Fluid: Chemical Mud	Region: Drilling Completed: 5/2/2019 K.B. Elevation (ft): 3785 Total Depth (ft): 5200
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Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: **Red Oak Energy, Inc**
Address:

GEOLOGIST

Name: **Ryan Davis**
Company:
Address:

Cores

No Cores

DSTs

DST #1 Morrow Upper Sand 4960-5010'
 30-30-30-60
 IF: BOB 27 min, strong building blow
 ISI: no blow back
 FF: BOB 1.5 min, built to 42"
 FS: no blow back

REC: 120' TF
 60' GOCM (30%G,10%O,60%M)
 60' GMCO (60%G,30%O,10%M)

SIPs: 256-299#
 FPs: 38-62#/83-74#

Comments

Upon evaluating logs, DST results and drill cutting samples, decision made to plug and abandon.

Respectfully submitted,
Ryan Davis

ROCK TYPES

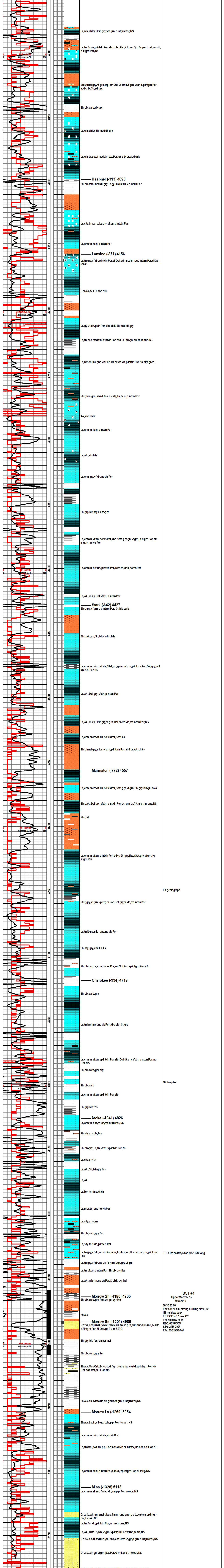
Anhy Bent Brec Cht	Cyst Coal Congl Dol	Igne Lmst Meta	Mrist Salt Shale Shcol	Shgty Silst Ss Till
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ACCESSORIES

MINERAL Anhy Arggrn Arg Bent Bit Brecfrag Calc Carb Chtdk Chttd Dol Feldspar Ferpel Ferr Glau	Gyp Hvymn Kaol Marl Minxl Nodule Phos Pyr Salt Sandy Silt Sil Sulphur Tuff	FOSSIL Algae Amph Belm Bioclst Brach Bryozoa Cephal Coral Crin Echin Fish Foram Fossil Gastro Oolite	Ostra Pelec Pellet Pisolite Plant Strom	STRINGER Anhy Arg Bent Coal Dol Gyp Ls Mrst	Siltstrg Ssstrg	TEXTURE Boundst Chalky Crlyxn Earthy Finexin Grainst Lithogr Mudst Packst Wackest
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OTHER SYMBOLS

POROSITY Earthy Finest Fracture Inter Moldic Organic Pinpoint	Vuggy SORTING Moderate Poor	ROUNDING Rounded Subrnd Subang ANGULAR	Spotted Quies Dead INTERVAL Core Dst	EVENT Rft Sidewall
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DRILL STEM TEST REPORT

Prepared For: **Red Oak Energy, Inc.**

7701 E Kellogg DR STE 710
Wichita, KS 67207

ATTN: Ryan Davis

Great Bend Trust 1-7

7-15s-41w Wallace, KS

Start Date: 2019.04.30 @ 16:32:00

End Date: 2019.05.01 @ 00:06:45

Job Ticket #: 64069 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2019.05.03 @ 10:12:09



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Red Oak Energy, Inc.
 7701 E Kellogg DR STE 710
 Wichita, KS 67207
 ATTN: Ryan Davis

7-15s-41w Wallace, KS

Great Bend Trust 1-7

Job Ticket: 64069 **DST#: 1**
 Test Start: 2019.04.30 @ 16:32:00

GENERAL INFORMATION:

Formation: **Morrow Upper Snd.**
 Deviated: No Whipstock: 3787.00 ft (KB)
 Time Tool Opened: 19:00:50
 Time Test Ended: 00:06:45
 Interval: **4960.00 ft (KB) To 5010.00 ft (KB) (TVD)**
 Total Depth: 5010.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Chris Hagman
 Unit No: 75
 Reference Elevations: 3787.00 ft (KB)
 3776.00 ft (CF)
 KB to GR/CF: 11.00 ft

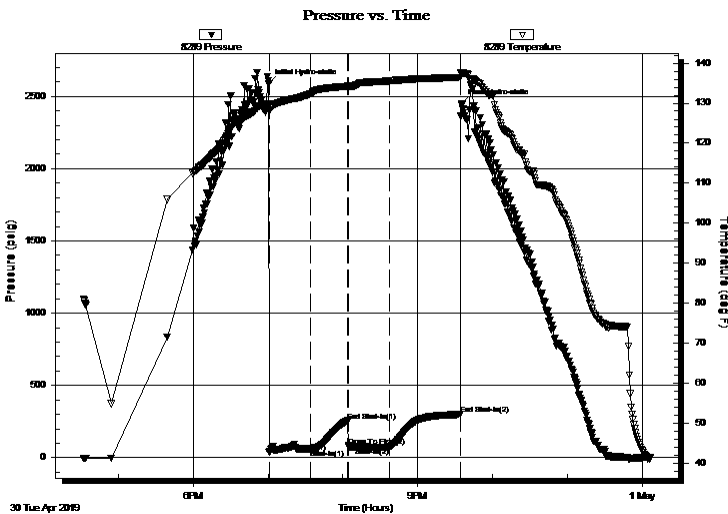
Serial #: 8289

Inside

Press@RunDepth: 73.99 psig @ 4963.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2019.04.30 End Date: 2019.05.01 Last Calib.: 2019.04.30
 Start Time: 16:32:02 End Time: 00:06:45 Time On Btm: 2019.04.30 @ 19:00:40
 Time Off Btm: 2019.04.30 @ 21:35:20

TEST COMMENT: IF: BOB 27 min., strong building blow, 16"
 IS: No blow back
 FF: BOB 1 1/2 min., 42"
 FS: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2587.22	129.52	Initial Hydro-static
1	37.83	127.96	Open To Flow (1)
34	61.61	132.32	Shut-In(1)
64	256.28	134.25	End Shut-In(1)
64	83.08	134.18	Open To Flow (2)
97	73.99	135.58	Shut-In(2)
154	298.74	136.46	End Shut-In(2)
155	2449.61	137.69	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	GOCM 30%G,10%O,60%M	0.30
60.00	VGMCO 60%G,30%O,10%M	0.30

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Red Oak Energy, Inc.

7-15s-41w Wallace, KS

7701 E Kellogg DR STE 710
Wichita, KS 67207

Great Bend Trust 1-7

Job Ticket: 64069

DST#: 1

ATTN: Ryan Davis

Test Start: 2019.04.30 @ 16:32:00

Tool Information

Drill Pipe:	Length: 4681.00 ft	Diameter: 3.80 inches	Volume: 65.66 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 272.00 ft	Diameter: 2.25 inches	Volume: 1.34 bbl	Weight to Pull Loose: 90000.00 lb
			Total Volume: 67.00 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial 83000.00 lb
Depth to Top Packer:	4960.00 ft			Final 83000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	50.00 ft			
Tool Length:	77.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut In Tool	5.00			4938.00	
Hydraulic tool	5.00			4943.00	
Jars	5.00			4948.00	
Safety Joint	3.00			4951.00	
Packer	5.00			4956.00	27.00 Bottom Of Top Packer
Packer	4.00			4960.00	
Stubb	1.00			4961.00	
Perforations	2.00			4963.00	
Recorder	0.00	8289	Inside	4963.00	
Recorder	0.00	6672	Outside	4963.00	
Perforations	10.00			4973.00	
Change Over Sub	1.00			4974.00	
Drill Pipe	32.00			5006.00	
Change Over Sub	1.00			5007.00	
Bullnose	3.00			5010.00	50.00 Bottom Packers & Anchor

Total Tool Length: 77.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Red Oak Energy, Inc.

7-15s-41w Wallace, KS

7701 E Kellogg DR STE 710
Wichita, KS 67207

Great Bend Trust 1-7

Job Ticket: 64069

DST#: 1

ATTN: Ryan Davis

Test Start: 2019.04.30 @ 16:32:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 64.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.98 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
60.00	GOCM 30%G,10%O,60%M	0.295
60.00	VGMCO 60%G,30%O,10%M	0.295

Total Length: 120.00 ft Total Volume: 0.590 bbl

Num Fluid Samples: 0

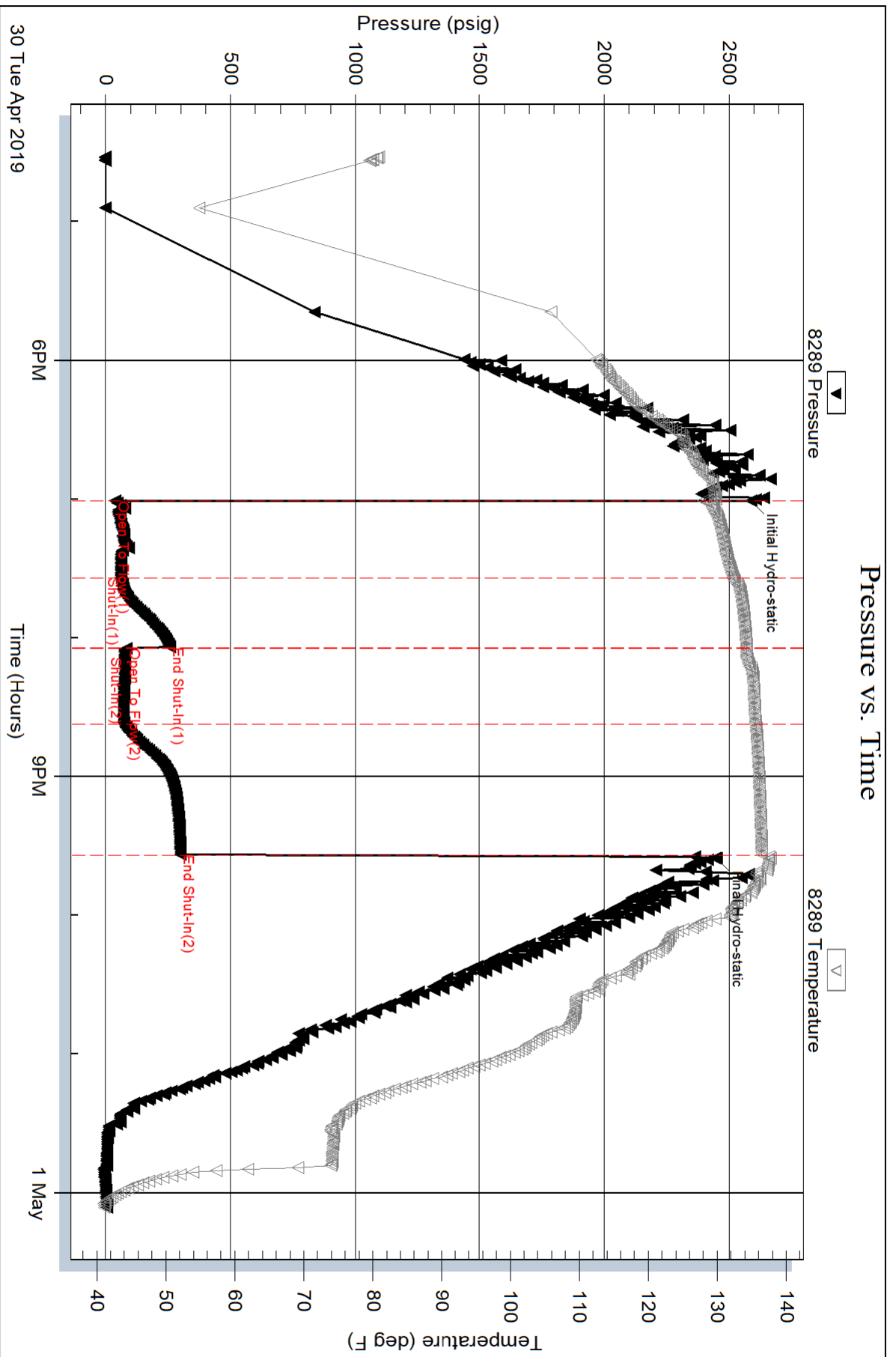
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: No detectable GIP



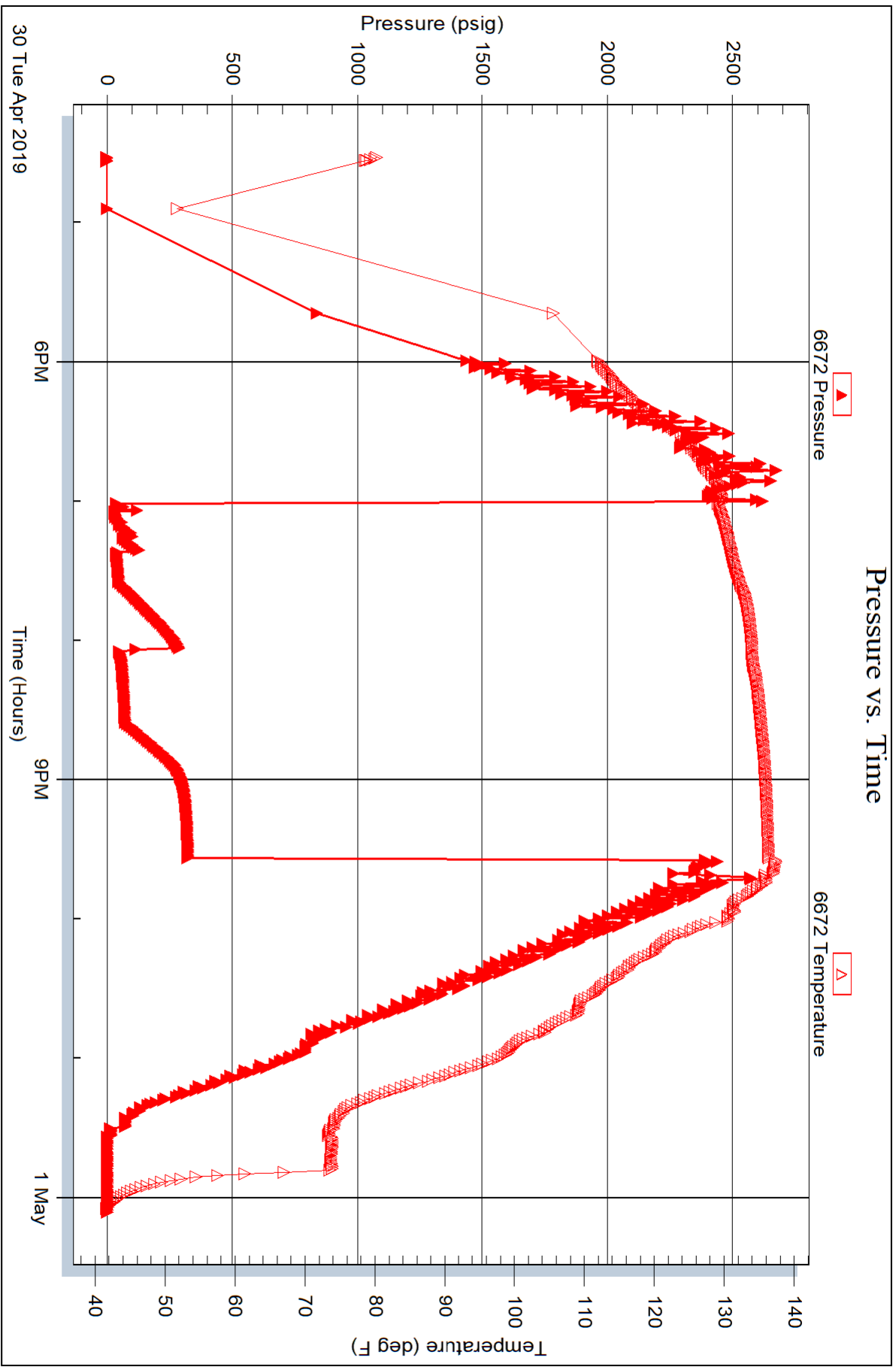
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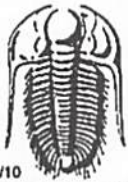
Outside

Red Oak Energy, Inc.

Great Bend Trust 1-7

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. **64069**

4/10

Well Name & No. Great Bend Trust 1-17 Test No. 1 Date 4-30-19
 Company Red Oak Energy, Inc. Elevation 3787 KB 31776 GL
 Address 7701 E Kellogg DR STE 710 Wichita, KS 67207
 Co. Rep / Geo. Ryan Davis Rig Murfin 21
 Location: Sec. 17 Twp 15 Rge. 41 Co. Wallace State KS

Interval Tested 4960-5010 Zone Tested Morrow Upper Sand.
 Anchor Length 50' Drill Pipe Run 4681 Mud Wt. 9.3
 Top Packer Depth 4955 Drill Collars Run 272 Vis 64
 Bottom Packer Depth 4960 Wt. Pipe Run N.A. WL 8.0
 Total Depth 5010 Chlorides 4000 ppm System LCM 17#

Blow Description JFI BOB 27 min, strong building blow, 16 inches
ISB! No blow back
FFI BOB 1.5 min, 42 inches
FSB! No blow back

Rec	Feet of	%gas	%oil	%water	%mud
<u>60</u>	<u>gassy oily mud</u>	<u>30</u>	<u>10</u>		<u>60</u>
<u>60</u>	<u>gassy muddy oil</u>	<u>60</u>	<u>30</u>		<u>10</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 120 BHT 136 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm
 (A) Initial Hydrostatic 2587 Test conv. 1400 T-On Location 1400
 (B) First Initial Flow 38 Jars 250 T-Started 1630 (120M 2hd)
 (C) First Final Flow 62 Safety Joint 75 T-Open 1900
 (D) Initial Shut-In 256 Circ Sub _____ T-Pulled 2130
 (E) Second Initial Flow 83 Hourly Standby _____ T-Out 2400
 (F) Second Final Flow 74 Mileage 150 300 Comments batson @ 1632
 (G) Final Shut-In 299 Sampler _____ loaded tools 5/1 17:30
 (H) Final Hydrostatic 2450 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 30 Day Standby _____ Total 2025
 Final Flow 30 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 60 Sub Total 2025

Approved By [Signature] Our Representative [Signature] Chris Hagan
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

785-656-3947