

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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Form	ACO1 - Well Completion
Operator	Krehbiel, Hal Gene and Alice dba K-Bar Oil
Well Name	KREHBIEL 1
Doc ID	1474634

All Electric Logs Run

Cement Bond Log
Dual Como Porosity Log
Dual Induction Log
Microresistivity Log

Roger L. Moses

P.O. Box 385
Hays, Kansas 67601
Email: mosesoil@reagan.com
Phone: 785.656.1729

GEOLOGI
REPORT
LOG

API: 15-009-26260-00-00

COMPANY K-Bar Oil
McPherson, Kansas
WELL Krehbiel #1
FIELD Rick



LOCATION SW-SE-NW-NW
SEC. 13 TWP. 19S RGE. 11W
COUNTY Barton
STATE Kansas

PRODUCTION Oil
ELEVATION KB 1784
DF
GL 1777
Drilling Measured From: Kelly Bushi

OPERATOR K-Bar Oil
CONTRACTOR Skytop Drilling LLC
COMM: COMP:

Samples Saved From 2800' To: T.D.
Drilling Time From 2800' To: T.D.
Samples Examined From 2800' To: T.D.
Geological Supervision From 2800' To Total Dep
Wellsite Geologist Roger Moses
Electrical Surveys

CASING RECORD
SURF: 858 @ 326' PROD: 5 1/2 @ 3441'
TOTAL DEPTH DRILLERS: 3443'
TOTAL DEPTH LOG: 3442'

DIL, Porosity
Micro,
Pioneer Energy Services

FORMATION TOPS AND STRUCTURAL POSITION

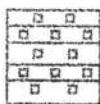
FORMATION	SAMPLE TOP	ELECTRIC LOG TOP	SUB-SEA DATUM	STRUCTUR. POSITION
<u>Anhydrite</u>		<u>590 (+1254)</u>	<u>+1254</u>	<u>+1</u>
<u>B/Anhydrite</u>		<u>550 (+1232)</u>	<u>+1232</u>	<u>+1</u>
<u>Heebner</u>	<u>2912 (-1128)</u>	<u>2912</u>	<u>-1128</u>	<u>-1</u>
<u>Brown ls</u>	<u>3029 (-1245)</u>	<u>3029</u>	<u>-1245</u>	<u>Even</u>
<u>Lansing</u>	<u>3054 (-1270)</u>	<u>3054</u>	<u>-1270</u>	<u>-1</u>
<u>B/KC</u>	<u>3304 (-1520)</u>	<u>3302</u>	<u>-1518</u>	<u>-3</u>
<u>Arbuckle</u>	<u>3345 (-1561)</u>	<u>3330</u>	<u>-1546</u>	<u>+14</u>

REFERENCE WELL FOR STRUCTURE Lakin-Engelhardt #1-13,
4135 FSL & 4555 FEL, Section 13-19S-11W, Barton County,
Kansas: Bird Dog Oil, LLC

LEGEND



Anhydrite



Salt



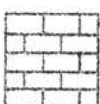
Sandstone



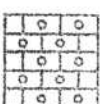
Shale



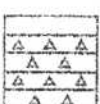
Carb sh



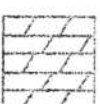
Limestone



Ool. Lime



Chert



Dolomite

DRILLING TIME IN MINUTES PER FOOT Rate of Penetration Decreases 	DEPTH	LITHOLOGY	SAMPLE DESCRIPTIONS	OIL SHOWS	REMARKS
	520				
	30	Anhydrite			Displace Mud System @ 2700'
	40	Anhydrite			
	50	Anhydrite Base			
	60				
	2850	Queen Hill shale	LS: wht-crm, m fld. chky, No, NS SH: blk, carb. LS: wht-tan, fn xln sl. Feas. barren		Geologist on Location @ 2700'
	2852	Plattsburgh	LS: crm/wht fn xln (-1068) inter xln, chky		
	2900		LS: crm/wht fn xln, dns. poor inter xln, No NS		

WT 8.6

SH: blk carb, blk

SH: gry/red, blk, dense

Toronto LS.
Lt grey, v fxl, no vis of
barren.

2950

SH: gry - dk gry, fissile/blk
silty



3000

SH: s a/a, pcs fess

Brown Limestone

3029 (-1245)

LS: gry - tan, fxl, dense
foss. sl: vuggy, v sil odor
SFO, uneven stain

LS: gry - tan, fxl, asphaltine
SH: lt gry - gry, blk, dns

3050

Lansing
3054 (-1270)

LS: lt gry - tan, wht fxl,
med. fxl, xln, gas
No. 2. D.I., uneven stain

LS: crm - wht fxl, dns
int xln, lt fxl odor
lt uneven stain

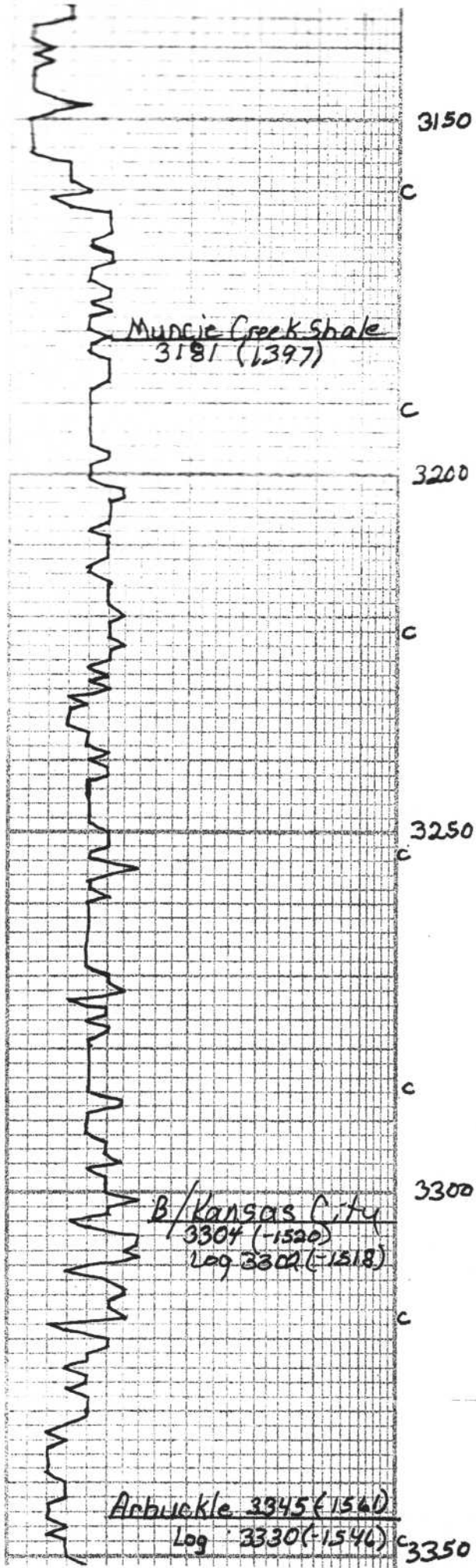
SH: gry, blk, silty
LS: wht - gry, por fxl
lt - st odor, Asphaltine

SH: gry - red - blk, blk
silty

3100

LS: gry - dk gry, f med xln,
foss, v sil odor, barren.

WT 8.8
Vis 57
LCM 1



SH: gry - lt gry, blk

3150

LS: CRM-tan, fn xln, int xln
v sl: odor, pns

LS: s a/a no sh/str

SH: blk, carb, blk, dns
LS: gry - CRM, f. med xln, m Hld,
dom Ø, v. lgy, Ø Abun Fet
Lt odor, Lt Heaven str.

3200

LS: gry - CRM,

LS: gry - wht, f. med xln, m Hld,
dom Ø, Fet

LS: CRM - wht, very dns, fn xln
vuggy Fr-stone SI SFO

LS: gry - buff, f. med xln, dense
Ft odor, Very lt stain

SH: blk, carb, few pos red.

3250

SH: dk gry, blk, Fet

LS: tan, f. med xln, dns.
vuggy - poor int xln Ø, no
NS

LS: tan - lt gry, f. med xln,
poor int xln Ø, foss
NO, NSO.

Poor Quality Samples
3270

SH: blk, carb, blk
LS: CRM - wht, f. xln, dns,
poor int xln Ø No, NSO

3300

SH: gry - blk w/interbedded
Limestone: CRM, Lt tan
f. xln.

SH: gry - dk gry, blk
interbedded,

LS: wht - buff, f. med xln,
PPP - vuggy, few int parts
very st. odor, sl: sh Oil

LS: wht - CRM, fn xln, dns.
SUCROSLIC PPP - vuggy
very few rhombic xls

3350

Pump Problems
Air in Pump

WT 8.8
Vis 49

WT 8.8
Vis 47
LCM 1
Poor Quality
Samples



TREATMENT REPORT

Acid Stage No.

Date 4-6-19 District Gr Bend P. O. No. 46769
 Company K-BAR OIL
 Well Name & No. KREBIEL #1
 Location 13-195-11W Field _____
 County BRETON State KS
 Casing: Size 8 7/8" Type & Wt. 20* Net at 321' ft.
 Formation: Perf. _____ to _____
 Formation: Perf. _____ to _____
 Formation: Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Hwung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T. H. _____ ft. P. H. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Breakdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of (H₂O) to Lead Hole: _____ Bbl./Gal. _____
 Pump Trucks No. Used: Mtd. 318 No. _____ Twin _____
 Auxiliary Equipment 367-310
 Packer: _____ Set at _____ ft.
 Auxiliary Tools DUANE TIM MIKE
 Plugging or Sealing Materials: Type _____

Company Representative _____

Treater DUANE

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
<u>5:05</u>				<u>ON LOC</u>
			<u>5</u>	<u>BREAK CIR</u>
			<u>0</u>	<u>MIX CMT</u>
			<u>56.54</u>	<u>CMT MIXED</u>
			<u>0</u>	<u>START DISP</u>
			<u>20 BBS</u>	<u>PLUG DOWN GOOD RETURNS</u>
<u>13:00</u>				<u>JOB COMPLETE</u>

250 60/40 29 gal
390 CC.



TREATMENT REPORT

Acid Stage No. _____

Date 6/14/2019 District GB F.O. No. C46921
 Company K-Bar
 Well Name & No. Krehbiel #1
 Location _____ Field _____
 County Barton State KS

Type Treatment: _____ Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Log: Size 5.5" Type & Wt. _____ Set at _____ ft.
 Completion: _____ Perf. _____ to _____
 Completion: _____ Perf. _____ to _____
 Completion: _____ Perf. _____ to _____
 Log: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Log: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Minimum Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____
 Auxiliary Equipment 367/310
 Personnel Nathan-Tim-Mike
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Mike K. Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	in./p.m. Tubing	Casing		
:00		5.5"		On Location. Tally casing and run float equipment.
				TD-3442' Centralizers- 1,3,5,7,9,51
				Baffle-3392' Baskets- 4,50
:00				Run casing in hole. Tag bottom and pick back up.
:00				Break circulation with mud pump. Circulate for 1 hour.
:10				Pump 600gal of Mud Flush.
:15				Plug Rat hole with 30sk.
:50				Mix 175sk 60/40poz 2%gel 10% Salt .75% C-37 .75% C-41p .25% C-12 5#/sk Gilsonite
				Wash out pump and lines.
:00				Displace with 82.7bbls at 6.25bpm-700# Plug landed at 1000# Release pressure. Float Held.
				Thank You!
				Nathan W.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 346-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

October 10, 2019

Hal Krehbiel
Krehbiel, Hal Gene and Alice dba K-Bar Oil
1219 TURKEY CREEK DR
MCPHERSON, KS 67460-9765

Re: ACO-1
API 15-009-26260-00-00
KREHBIEL 1
NW/4 Sec.13-19S-11W
Barton County, Kansas

Dear Hal Krehbiel:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 06/06/2019 and the ACO-1 was received on October 09, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department