

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)</i> <i>(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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	EQUINOX 1-34
Doc ID	1475566

Tops

Name	Top	Datum
B/Anhy	2854	959
Heebner	4176	-363
Cherokee	4778	-965
Atoka	4880	-1067
Mrrw Sh	5008	-1195
Mrrw Ss	5026	-1213
Mrrw Ls	5116	-1299
Miss	5172	-1359



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING Job Log

Customer:	Red Oak Energy Inc	Cement Pump No.:	38750, 19919 9.5Hrs.	Operator TRK No.:	96816
Address:	7701 E Kellogg DR Ste 701	Ticket #:	1718 19450 L	Bulk TRK No.:	19827, 37725 Sam 27808, 19883 Cory
City, State, Zip:	Wichita, Ks. 67207	Job Type:	Z-42 Cement Surface Casing		
Service District:	1718 - Liberal, Ks.	Well Type:	OIL		
Well Name and No.:	Equinox # 1-34	Well Location:	34-14S-41W	County:	Wallace
		State:	Kansas		

Type of Cmt	Sacks	Additives	Truck Loaded On		
A-Serv Lite	325	3% Calcium Chloride, 1/4# Celloflake	19827, 37725 Sam	Front	Back
60/40 Poz	100	3% Calcium Chloride	27808, 19883 Cory	Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	12.7	1.89	10.1	614.25	TT Man Hours:	68
Tail:	14.8	1.21	5.19	121	# of Men on Job:	3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
22:40							ON LOCATION
22:45							SAFETY MEETING
11:00 PM							RIG UP & WAIT
6:00 AM							RIG TO CIRCULATE
6:28 AM							RIG TO PT
6:32							PRESSURE TEST TO 400PSI
6:36		109.3 slurry					PUMP 325SX LEAD @ 12.7#
7:00 AM		21.5 slurry					PUMP 100SX TAIL @ 14.8#
7:04 AM							CEMENT RETURNS 1BBL FROM DROPPING PLUG
7:06							SHUTDOWN / DROP PLUG
7:11		10					DISPLACE
		20					
7:18		30					SLOW RATE TO 2.0BPM @ 180PSI
7:20		36.8					LAND PLUG / PRESSURE UP TO 500PSI
7:21							CLOSE IN
							JOB COMPLETE

Size Hole	12 1/4"	Depth		TYPE		Swage	
Size & Wt. Csg.	8 5/8" 24#	Depth		Packer		Depth	
Landing Press.	155.2psi	Depth		Retainer		Depth	
Shoe Jt.	40.32'	Type		Perfs		CIBP	

Customer Signature:	Basic Representative:	Daniel Beck
	Basic Signature:	
	Date of Service:	5/16/2019

MUD LOG

WeilSight Systems

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

Well Name: Equinox #1-34
 API: 15-199-20449
 Location: SW NW SE SW Sec 34-14S-41W
 License Number:
 Spud Date: 5/16/2019
 Surface Coordinates:
 Region:
 Drilling Completed: 5/21/2019

Bottom Hole Coordinates:
 Ground Elevation (ft): 3802
 Logged Interval (ft): 4000
 Formation:
 Type of Drilling Fluid: Chemical Mud
 K.B. Elevation (ft): 3813
 To: 5250
 Total Depth (ft): 5250

OPERATOR

Company: Red Oak Energy, Inc.
 Address:

GEOLOGIST

Name: Ryan Davis
 Company:
 Address:

Cores

No Cores

DSTs

No DSTs

Comments

After evaluation of drill cutting samples and E-logs, decision made to Plug & Abandon.
 Respectfully submitted,
 Ryan Davis

ROCK TYPES

Anhy	Clyst	Gyp	Mrlst	Shgy
Bent	Coal	Igne	Salt	Silst
Brec	Congl	Lmst	Shale	Ss
Cht	Dol	Meta	Shcol	Till

ACCESSORIES

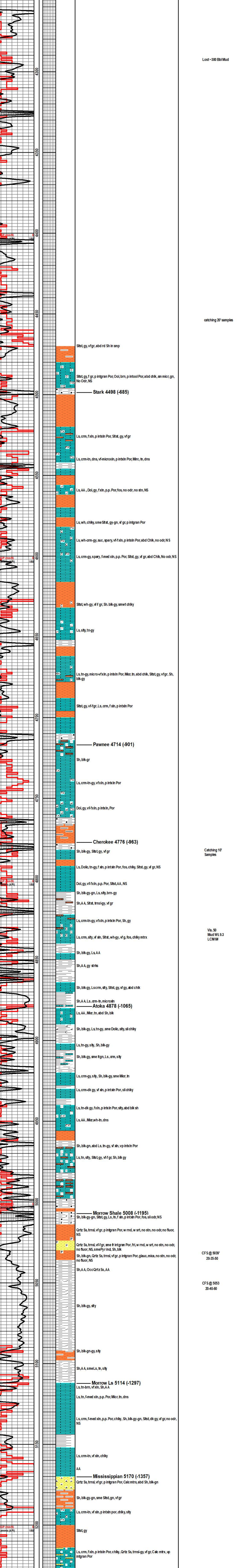
Anhy	Gyp	Algae	Ostra	Sitsstrg
Arggrn	Hvymn	Amph	Pelec	Ssstrg
Arg	Kaol	Belm	Plant	Boundst
Bent	Marl	Blocst	Strom	Chalky
Bit	Nodule	Brach	STRINGER	Cryxln
Brecfrag	Phos	Cephal	Anhy	Earthy
Calc	Pyr	Coral	Arg	Finexln
Carb	Salt	Crin	Bent	Grainst
Chtdk	Sandy	Echin	Coal	Lithogr
Chttt	Silt	Fish	Dol	Microxln
Dol	Sulphur	Foram	Gyp	Mudst
Feldspar	Tuff	Fossil	Ls	Packst
Ferral		Gastro	Mrst	Wackest
Glau		Oolite		

POROSITY

- Earthy
- Fenest
- Fracture
- Inter
- Moldic
- Organic
- Pinpoint

OTHER SYMBOLS

- Vuggy
- ROUNDING
- Well
- Moderate
- Poor
- Spotted
- Quies
- Dead
- INTERVAL
- Core
- Dst
- EVENT
- Rft
- Sidewall



RTD 5250'