

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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Customer: **Preston Price Group, LLC** Total Inv: **1,848,316.9A**

Address: _____ Job Type: **Production** P.O. No: _____

City, State, Zip: _____ Logo: _____

Well Name and Number: **Hold Price #8** Service District: **Thayer OK**

Service Date: **July 2, 2019** Substans: _____ County: **Osage** State: **Oklahoma**

Product Code	Description of Equipment & Services	Unit of Measure	Quantity	Unit Price/Unit	Gross Amount	Item Discount	Net Amount
CE0450	Pump Charge: 0-1500'	4 hrs	1.0	\$1,500.00	\$1,500.00	48.00%	\$780.00
CE0001	Pickup Mileage Charge	mile	65.0	\$3.00	\$195.00	48.00%	\$101.40
CE0002	Pump Truck/Heavy Equipment Mileage Charge	mile	65.0	\$7.15	\$464.75	48.00%	\$241.67
CE0711	Minimum Cement Delivery Charge	ea	1.0	\$660.00	\$660.00	48.00%	\$343.20
CE1063	2" Valve	ea	1.0	\$360.00	\$360.00	48.00%	\$182.00
Description of Cement & Products							
CC5844	Poz-Blend III A (65:35)	sk	86.0	\$15.50	\$1,333.00	48.00%	\$683.16
CC6077	Koleseal	lb	450.0	\$0.50	\$225.00	48.00%	\$117.00
CC6079	PhenoSeal, Formica flakes	lb	40.0	\$1.35	\$54.00	48.00%	\$28.08
CC5965	Bentonite	lb	350.0	\$0.30	\$105.00	48.00%	\$54.60
CC5326	Sodium Chloride, Salt	lb	500.0	\$1.00	\$500.00	48.00%	\$260.00
CC5155W	City Water	gal	5,460.0	\$0.03	\$163.80	48.00%	\$85.18
Description of Float Equipment							
#8176	2 7/8" Top Rubber Plug	ea	1.0	\$45.00	\$45.00	48.00%	\$23.40
Description of Other Services							
02	Water Transport (Cement Service)	hr	6	\$120.00	\$720.00	48.00%	\$374.40

Equipment, Service, Float Equipment and Product Charge: Gross \$ 6,315.55 Net \$ 3,284.09

"COST ESTIMATE" Before Applicable Local, County, and State Taxes Are Applied: Gross \$ 6,315.55 Net \$ 3,284.09

Applicable Local, County, and State Taxes (Office Use Only): **81.99**

Total Invoiced Price (Office Use Only): **3,366.08**

In advance unless QES Pressure Pumping, LLC has approved credit prior to sale. Credit terms of sale for approved accounts invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance at a rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a rate of 18% per year. If necessary to employ an agency or other attorney to affect the collection of said account, Customer shall pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with QES Pressure Pumping, LLC becomes delinquent, QES Pressure Pumping, LLC has the right to make any and all discounts previously applied in accordance with its invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and non-negotiable.

Customer Rep: _____

QES Pressure Pumping, LLC Rep: *John Wade* **John Wade**

Date: **July 2, 2019**

SERVICE ORDER: I AUTHORIZE THAT SERVICE WAS COMPLETED IN ACCORDANCE WITH TERMS AND CONDITIONS (INCLUDING INDEMNIFICATION OBLIGATIONS) LISTED HERE OR IN THE CUSTOMER CONTRACT FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.

CUSTOMER AUTHORIZED AGENT