

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

100757
40955

TICKET NUMBER 55602
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

INV # 901095

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/12/19	6370	Knabe A #5-A	SE 30	14	22	JO
CUSTOMER Petroleum Technologies Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 801 W. 47th St. Ste 412			729	Casey	✓	Safety Meeting
CITY STATE ZIP CODE Kansas City MO 64112			495	HarBec	✓	
			775	AlaMad	✓	
			675	KeiDet	✓	
JOB TYPE <u>longstring</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>970'</u>	CASING SIZE & WEIGHT <u>2 7/8" CUE</u>			
CASING DEPTH <u>934'</u>	DRILL PIPE	TUBING <u>baffle - 899'</u>	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>35'</u>			
DISPLACEMENT <u>5.20 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>			

REMARKS: held safety meeting, established circulation, mixed & pumped 230# Bentonite followed by 8 bbls fresh water, mixed & pumped 128 sks Portland IA cement w/ 2% Bentonite & 1/4 # Floreal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.20 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450 ✓	1	✓ PUMP CHARGE	1500.00	
CE0002 ✓	30 mi	✓ MILEAGE	214.50	
CE0711 ✓	min	✓ taxi mileage	660.00	
WE0853 ✓	2 hrs	✓ 80 Vac	200.00	
		trucks	2574.50	
		-40%	1029.80	
		subtotal		1544.70
51558 CC5840 ✓	128 sks	✓ Portland IA cement	1728.00	
CC5965 ✓	415 #	✓ Bentonite	124.50	
CC6075 ✓	32 #	✓ Floreal	64.00	
CP8176 ✓	1	✓ 2 1/2" rubber plug	45.00	
		materials	1961.50	
		-40%	784.60	
		subtotal		1176.90
		7.975%	SALES TAX	93.86
			ESTIMATED TOTAL	2815.46

AUTHORIZATION [Signature] TITLE _____ DATE (4692.43)

SCANNED

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.



24 S. Gold Paola, KS 66071

Allen's Holdings & Investments
 Oil & Gas Well Drilling
 Water Wells
 Geo-Loop Installation

Phone: 913-557-9083
 Fax: 913-557-9084

WELL LOG

Petroleum Technologies, Inc.
 Knabe A - #5A
 API #15-091-24504-00-00
 July 11, 2019-July 12, 2019

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
35	shale	44
5	lime	49
3	shale	52
14	lime	66
9	shale	75
8	lime	83
7	shale	90
21	lime	111
25	shale	136
27	lime	163
9	shale	172
11	lime	183
10	shale	193
30	lime	223
15	shale	238
10	lime	248
18	shale	266
7	lime	273
5	shale	278
7	lime	285
30	shale	315
5	lime	320
9	shale	329
27	lime	356
7	shale	363
24	lime	387
3	shale	390
5	lime	395
3	shale	398
7	lime	405 Base of KC, Hertha
170	shale	575
8	lime	583
2	shale	585
3	lime	588
8	shale	596
6	lime	602
2	broken sand	604 Brown sand & shale, ok bleed

13	shale	617
1	lime	618
15	shale	633
2	lime	635
90	shale	725
1	lime & shells	726
9	shale	735
2	broken sand	737 Brown sand & shale, ok bleed
4	oil sand	741 Brown sand, ok bleed
1	broken sand	742 Brown & grey sand, light bleed
3	silty shale	745
20	shale	765
4	lime	769
26	shale	795
6	sand	801 Hard grey sand, no show
4	shale	805 Few thin lime streaks
5	silty shale	810
45	shale	855
4	limy sand	859
1	broken sand	860
0.5	oil sand	860.5
0.5	limy sand	861
1.5	oil sand	862.5
2	oil sand	864.5
4.5	silty shale	869
3	shale	872
3.5	silty shale	875.5
2.5	shale	878
1	coal	879
91	shale	970
1	lime	971
8	shale	979 TD

Drilled a 9 7/8" hole to 23.1'

Drilled a 5 5/8" hole to 974'

Set 23.1' of new 7" casing threaded and coupled, cemented with 6 sacks cement.

Set 934' of new 2 7/8" 8 round upset tubing with a baffle set at 899' ran 3 centralizers, 1 float shoe, 1 clamp.

Dug 1 pit