

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

100754
40952

TICKET NUMBER 55600
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

INV# 901092

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/11/19	6370	Knabe A # 14-I	SE 30	14	22	JO
CUSTOMER Petroleum Technologies Inc.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 801 W. 47th St. Ste 412			729 Cashen ✓ Safety Meeting			
CITY STATE ZIP CODE Kansas City MO 64112			495 HarBec ✓			
			611 AlMad ✓			
			675 KeiDet ✓			

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 957' DRILL PIPE _____ TUBING baffle - 922' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 35'
 DISPLACEMENT 5.34 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, washed down 6 joints of casing, mixed & pumped 200# Bentonite followed by 5 bbls fresh water, mixed & pumped 136 sks Pozblend 1A cement w/ 2% + 1/4 # Floreal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.34 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

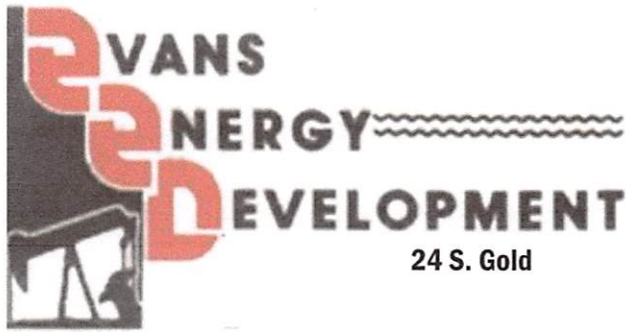
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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450 ✓	1	PUMP CHARGE	1500.00	
CE0002 ✓	30 mi	MILEAGE	214.50	
CE0711 ✓	min	ton mileage	660.00	
WE0853 ✓	3 hrs	80 Vac	300.00	
		trucks	2674.50	
		- 40%	1069.80	
		Subtotal		1604.70
CC5840 ✓	136 sks	Pozblend 1A cement	1836.00	
CC5965 ✓	428 #	Bentonite	128.40	
CC6075 ✓	34 #	Floreal	68.00	
CP8176 ✓	1	2 1/2" rubber plug	45.00	
		materials	2077.40	
		- 40%	830.96	
		Subtotal		1246.44
		7.975%	SALES TAX	99.40
			ESTIMATED TOTAL	2950.54

AUTHORIZATION No Co Rep TITLE _____ DATE (4917.57)

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 - #14i

API #15-091-24507-00-00

July 9, 2019-July 11, 2019

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
46	shale	62
3	lime	65
9	shale	74
15	lime	89
8	shale	97
8	lime	105
6	shale	111
20	lime	131
20	shale	151
24	lime	175
46	shale	221
26	lime	247
14	shale	261
10	lime	271
18	shale	289
8	lime	297
4	shale	301
9	lime	310
41	shale	351
14	lime	365 oil show
3	shale	368
10	lime	378
8	shale	386
24	lime	410 making water at 395
3	shale	413
4	lime	417
4	shale	421
6	lime	427 BKC/Hertha
29	shale	456
5	broken sand	461 grey sand & shale, good oil show
136	shale	597
5	lime	602
5	shale	607
3	lime	610
5	shale	615
2	lime	617
3	shale	620

Knabe A - #14i

1	broken sand	621 brown sand & shale, light bleed
2	oil sand	623 brown sand,ok bleed
13	shale	636
2	lime	638
7	shale	645
1	lime	646
34	shale	680 redbed
4	lime	684
2	shale	686
1	lime	687
68	shale	755
5	broken sand	760 brown sand & shale, light bleed
3	silty shale	763
21	shale	784
3	lime	787
13	shale	800
1	lime	801
15	shale	816
1	sand	817
3	oil sand	820
4	silty shale	824
37	shale	861
1	limy sand	862
14	shale	876
1	broken sand	877
5	sand	882
8	oil sand	890
1	broken sand	891
5	silty shale	896
84	shale	980

Drilled a 9 7/8" hole to 21.7'

Drilled a 5 5/8" hole to 980'

Set 21.7' of new 7" casing threaded and coupled, cemented with 5 sacks cement.

Set 957' of new 2 7/8" 8 round upset tubing with a baffle set at 922' ran 3 centralizers, 1 float shoe, 1 clamp.

Dug 1 pit