

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	Jones, Stephen C.
Well Name	ANDERSON 2B
Doc ID	1483284

All Electric Logs Run

Gamma Ray Neutron
Gamma Ray Cement Bond
Dual Induction Log
Dual Comp Porosity Log

Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
7/23/2019	4667

Bill To	
Stephen Jones J&J Lateral Corp 2332 West New Orleans St. Broken Arrow, OK 74011	
Customer ID#	1058

Job Date	7/19/2019
Lease Information	
Anderson Anderson 2B	
County	Coffey
Foreman	RM

Item	Description	Qty	Terms	Due on receipt
			Rate	Amount
C101	Cement Pump-Surface	1	890.00	890.00
C107	Pump Truck Mileage (one way)	30	4.20	126.00
C200	Class A Cement-94# sack	40	15.75	630.00T
C205	Calcium Chloride	112	0.63	70.56T
C206	Gel Bentonite	75	0.21	15.75T
C108A	Ton Mileage (min. charge)	1	365.00	365.00

Discount < 107.19
 Applied with payment on 8-24-9
 CC # 14161

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$2,097.31
Sales Tax (6.5%)	\$46.56
Total	\$2,143.87
Payments/Credits	\$0.00
Balance Due	\$2,143.87

Elite Cementing & Acidizing of KS, LLC
 PO Box 92
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Anderson #2B	
County	Coffey
Foreman	DG

Item	Description	Qty	Rate	Amount
C102	Cement Pump-Longstring	1	1,100.00	1,100.00
C107	Pump Truck Mileage (one way)	30	4.20	126.00
C203	Pozmix Cement 60/40	265	13.40	3,551.00T
C206	Gel Bentonite	1,825	0.21	383.25T
C208	Pheno Seal	265	1.30	344.50T
C201	Thick Set Cement	100	20.50	2,050.00T
C207	KolSeal	500	0.47	235.00T
C208	Pheno Seal	200	1.30	260.00T
C108B	Ton Mileage-per mile (one way)	507	1.40	709.80
C113	80 Bbl Vac Truck	3	90.00	270.00
C224	City Water	3,000	0.01	30.00T
C661	5 1/2" AFU Float Shoe	1	309.00	309.00T
C421	5 1/2" Latch Down Plug	1	242.00	242.00T
C504	5 1/2" Centralizer	5	50.00	250.00T
C604	5 1/2" Cement Basket	1	236.00	236.00T
C112	Rotating Cement Swivel	1	0.00	0.00T
D101	Discount on Services		-110.29	-110.29
D102	Discount on Materials		-394.53	-394.53T

We appreciate your business!

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November 21, 2019

Steve Jones
Jones, Stephen C.
2332 W NEW ORLEANS
BROKEN ARROW, OK 74011-1592

Re: ACO-1
API 15-031-24388-00-00
ANDERSON 2B
NE/4 Sec.14-21S-13E
Coffey County, Kansas

Dear Steve Jones:

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 07/23/2019 and the ACO-1 was received on November 21, 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

Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **4624**
 Foreman David Gardner
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-24-19	1058	Anderson # 2 B	14	21S	13E	Coffey	KS
Customer			Unit #	Driver	Unit #	Driver	
Stephen C. Jones			105	Zevi			
Mailing Address			110				
2332 W. New Orleans			112				
City			145				
Broken Arrow							
State	Zip Code						
OK	74011						

Job Type Long string Hole Depth 2316' Slurry Vol. Lead 95 Bbl / Tail 34 Bbl Tubing _____
 Casing Depth 2313.40' G.L. Hole Size 7 7/8" Slurry Wt. 12.6[#] - 13.8[#] Drill Pipe _____
 Casing Size & Wt. 5 1/2" 15.50[#] Cement Left in Casing 0' Water Gal/SK 9.0 - 9.0 Other _____
 Displacement 55 1/2 Bbl Displacement PSI 1000 Bump Plug to 1500 BPM 5

Remarks: Safety Meeting. Rig up to 5 1/2" casing. Break circulation w/ 15 Bbl fresh water. Mixed 265 sks 60/40 Pozmix Cement w/ 8% Gel, 1[#] Phenoseal/sk @ 12.6[#]/gal, yield 2.01 = 95 Bbl Slurry. Tail in w/ 100 sks Thick Set Cement w/ 5[#] Kolseal/sk, 2[#] Phenoseal/sk @ 13.8[#]/gal, yield 1.90 = 34 Bbl Slurry. Wash out Pump & Lines. Shut down. Release 5 1/2" Latch Down Plug. Displace plug to seat w/ 55 1/2 Bbl Fresh water. Final pumping pressure of 1000 PSI. Bump plug to 1500 PSI. Wait 2 mins. Release pressure. Float & Plug held good. Good circulation @ all times while cementing. Good cement returns to surface = 10 Bbl slurry to pit. Job complete. Rig down.

Note: Rotated casing during cementing procedure.
 Centralizers on #1, 5, 10, 13, 23 Basket on #11

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1100.00	1100.00
C107	30	Mileage	4.20	126.00
C203	265 sks	60/40 Pozmix Cement	13.40	3551.00
C206	1825 [#]	Gel @ 8%	.21	383.25
C208	265 [#]	Phenoseal @ 1 [#] /sk	1.30	344.50
C201	100 sks	Thick Set Cement	20.50	2050.00
C207	500 [#]	Kolseal @ 5 [#] /sk	.47	235.00
C208	200 [#]	Phenoseal @ 2 [#] /sk	1.30	260.00
C108B	16.9 Tons	Ton Mileage - Bulk Trucks	1.40	709.80
C113	3 HRS	80 Bbl Vac Truck	90.00/HR	270.00
C224	3000 gals	City Water	10.00/1000 gals	30.00
C661	1	5 1/2" AFU Float Shoe	309.00	309.00
C421	1	5 1/2" Latch Down Plug	242.00	242.00
C504	5	5 1/2" x 7 7/8" Centralizers	50.00	250.00
C604	1	5 1/2" Cement Basket	236.00	236.00
C112	1	5 1/2" Rotating Cement Swivel	n/c	0
			Sub Total	10,096.55
			Less 5%	530.47
			Sales Tax	512.90
			Total	10,078.98

Paid check #1467
 4/5 + 5/P
 Total = 12,115.66

Thank You

Authorization _____ Title _____ Total 10,078.98

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

