

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 Recompletion Date _____ 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	Packard, Lynn
Well Name	PACKARD 3-22
Doc ID	1481461

All Electric Logs Run

Dual Receiver Cement Bond
Micro Log
Dual Induction Log
Compensated Density/Neutron

Customer LYNN PACKAID	Lease No.	Date 9-10-19
Lease PACKAID	Well # 3-27	
Field Order # 18287	Station PRATT	Casing 5 1/2
		Depth 4645
Type Job 2-42 5 1/2" Long string	Formation	County BAIBAR
		State MI
		Legal Description 22-315-13W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 175 AA-2		RATE	PRESS	ISIP
Depth 4629.3	Depth	From	To	Pre Pad		Max		5 Min.
Volume 732.3	Volume	From	To	Pad		Min		10 Min.
Max Press 300	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 4675	Packer Depth	From	To	Flush 102		Gas Volume		Total Load

Customer Representative LYNN PACKAID	Station Manager WESTERMAN	Treater MATTAL
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Service Units 8335	7768	8677	70959	19860				
Driver Names MATTAL	MCGRAW		RICHARD					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:20					ON LOCATION / SAFETY MEETING
10:15					run 5 1/2" 20# CSNG BAIBAR on 4
					TUBING ON 2, 3, 5, 7, 8, 11, 16, 23, 29, 36
1:10					CSNG ON BOTTOM
2:50					hook TO CSNG / BIRAVIEW RIG
3:09	150		12	4	PUMP 12 bbl mud flush
3:11	150		5	4	PUMP 5 bbl water
3:22	175		45	5	MIX 175 SUC AA-2
3:25			8	4	WASH PUMP + LENO / DIAP PLUG
3:41	140			6.3	START DISP.
3:45	300		71	6.3	LIFT PRESSURE
3:46	580		90	3	SLOW RATE
3:48	800/1500		102		Plug down / REL/ASM + hold
4:05			7/5		Plug rat + mouse hole
					circ this job
					JOB COMPLETE
					THANK YOU!
					Mike Mattal
					Mik + RICHARD

Customer Lynn Packard	Lease No.	Date 9/2/2019
Lease Packard	Well # 3-22	
Field Order # 18022	Station Pratt, KS	Casing 8 5/8
	Depth 231	County Barber
Type Job 242/8 5/8 Surface	Formation TD-233	Legal Description 22-315-136
		State KS

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
8 5/8				Pre Pad	Max		5 Min.
Depth 231	Depth	From	To	Pad	Min		10 Min.
Volume 14.7	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush water	Gas Volume		Total Load
Plug Depth 211	Packer Depth	From	To				

Customer Representative Lynn Packard	Station Manager Justin Westerman	Treater Darin Franklin
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Service Units	92911	78982	19843	78690	19918					
Driver Names	Darin	Bieri	Bieri	Diaz	Diaz					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30am					on location / safety meeting
					185slk 60/40 P02, 3% calcium chloride
					0.25pps cellophane
					14.8pps, 1.21 yield, 5.18 water
10:45am	100		3	4	Pump 3 bbls water
	100		40	4	mix 185slk cement
	100		13 1/2	4	Displace 13 1/2 bbls water
11:00am					shut in
					Cement did circulation - 10 bbls
					Job complete / Darin & crew
					Thank you!!!



Company: Lynn Packard
Lease: Packard #3-22

SEC: 22 TWN: 31S RNG: 13W
 County: BARBER
 State: Kansas
 Drilling Contractor: Fossil Drilling, Inc.
 - Rig 3
 Elevation: 1605 EGL
 Field Name: Nurse
 Pool: Infield
 Job Number: 390
 API #: 15-007-24355

Operation:
 Uploading recovery &
 pressures

DATE
 September
08
 2019

DST #1 **Formation: Simpson Sand** **Test Interval: 4574 - 4645'** **Total Depth: 4645'**
 Time On: 21:28 09/08 Time Off: 12:11 09/09
 Time On Bottom: 23:52 09/08 Time Off Bottom: 03:52 09/09

Electronic Volume
 Estimate:
 N/A

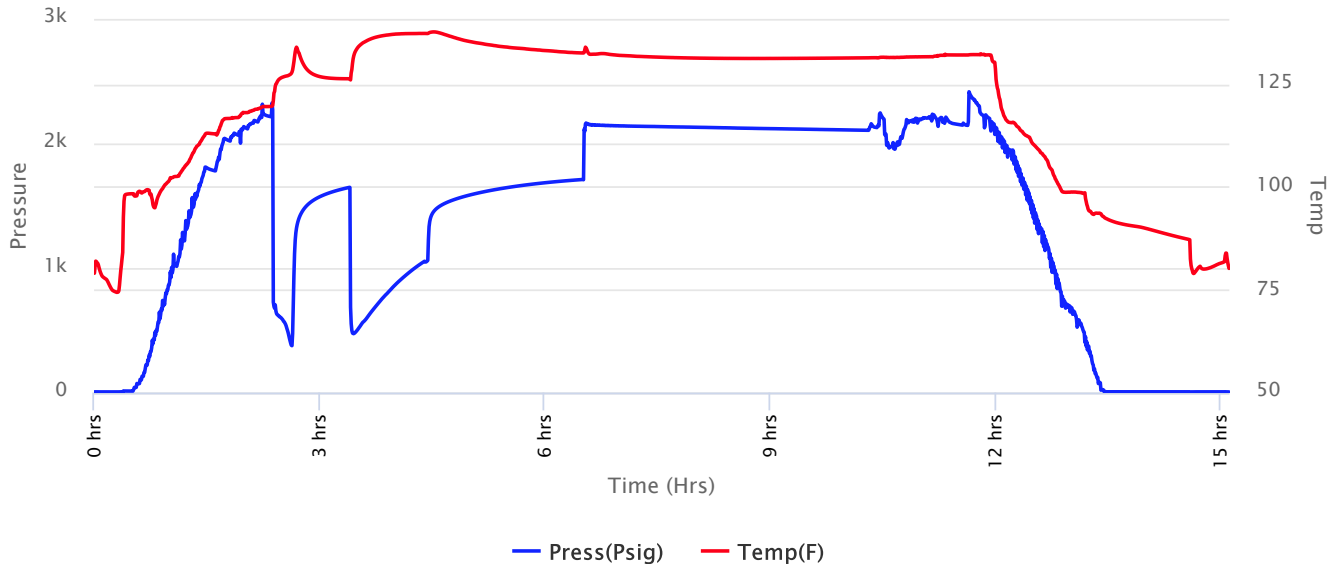
1st Open
 N/A

1st Close
 Minutes: 45
 Current Reading:
 126.3" at 45 min
 Max Reading: 126.3"

2nd Open
 Minutes: 5
 Current Reading:
 GG" at 5 min
 Max Reading: GG"

2nd Close
 N/A

Inside Recorder





Company: Lynn Packard
Lease: Packard #3-22

SEC: 22 TWN: 31S RNG: 13W
 County: BARBER
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 Drilling Contractor: Fossil Drilling, Inc.
 - Rig 3
 Elevation: 1605 EGL
 Field Name: Nurse
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Recovered

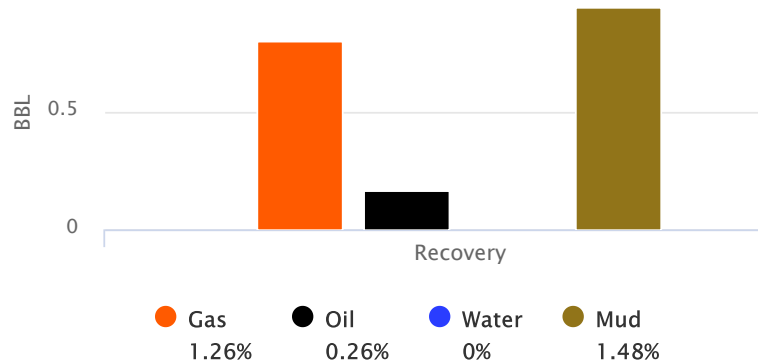
Foot	BBLs	Description of Fluid	Gas %	Oil %	Water %	Mud %
31	0.44113	G	100	0	0	0
4344	61.81512	Reversed Fluid - samples in remarks.	0	0	0	0
63	0.8804768	SLGCSLOCM	10	13	0	77
60	0.2952	SLOCSLGCM	15	10	0	75
40	0.1968	G	100	0	0	0
20	0.0984	SLWCOCHGCM	30	23	3	44

Total Recovered: 4558 ft
 Total Barrels Recovered: 63.7271268

Reversed Out
YES

Initial Hydrostatic Pressure 2325 PSI
 Initial Flow 704 to 380 PSI
Initial Closed in Pressure **1645** **PSI**
 Final Flow Pressure 474 to 1056 PSI
Final Closed in Pressure **1709** **PSI**
 Final Hydrostatic Pressure 2130 PSI
 Temperature 138 °F
 Pressure Change Initial 0.0 %
 Close / Final Close

Recovery at a glance



GIP cubic foot volume: 4.49035



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Field Name: Nurse
Pool: Infield
Job Number: 390
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BUCKET MEASUREMENT:

1st Open: Gas to surface in 1 min. 15 sec.
1st Close: Blow took 25 min. to bleed off. 1 1/2" Blow built to BoB in 5 min.
2nd Open: Fluid to surface at 58 min.
2nd Close: Bled off fluid throughout entire shut in.

REMARKS:

Waited to pull pipe/ Reverse fluid until daylight.

31' GIP Then reversed out 4344' Of fluid

Reversed fluid samples: 5 min. 40%G 60%o - 10 min. 33%G 67%o - 15 min. 25%G 75%o - 20 min. 10%G 40%o 50%m - 25 min. 5%G 25%o 70%M - 30 min. 10%G 5%O 85%M

Tool Was packed full of cuttings when breaking tool down.

Tool sample was cuttings and GIP

Tool Sample: 100% Gas 0% Oil 0% Water 0% Mud

Gravity: 34 @ 60 °F



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Elevation: 1605 EGL
Field Name: Nurse
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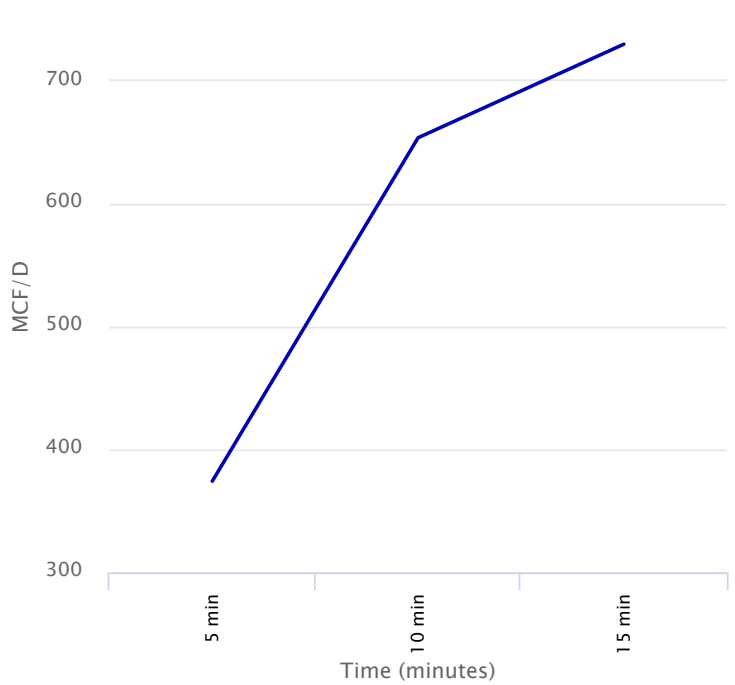
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Gas Volume Report

Remarks: Gas to surface in 1 min. 15 sec. Fluid to surface 58 min. into Final Flow Period.

1st Open			
Time	Orifice	PSI	MCF/D
5	1.25	2.5	374
10	1.25	7.0	653
15	1.25	8.5	729

2nd Open			
Time	Orifice	PSI	MCF/D
5	0.125	Too weak to measure	Weak
10	0.125	1.5	3.39
15	0.125	3.0	4.84
20	0.125	4.0	5.64
25	0.125	4.5	6.01
30	0.125	5.0	6.39
35	0.125	7.0	7.70
40	0.125	9.5	9.18
45	0.125	12	10.5
50	0.125	14	11.6
55	0.125	16	12.5
60	0.125	19	14.0



MCF/D