

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 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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December 17, 2019

Wayne Bright  
Bright, Wayne E.  
3166 CR 4000  
INDEPENDENCE, KS 67301-8564

Re: ACO-1  
API 15-125-32491-00-00  
GRUVER FP-2  
NW/4 Sec.33-32S-14E  
Montgomery County, Kansas

Dear Wayne Bright:

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 7/15/2019 and the ACO-1 was received on December 17, 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

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



**Cement or Acid Field Report**  
 Ticket No. **4668**  
 Foreman Russell McCoy  
 Camp Eureka

API - 15-125-32491-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-20-19	1223	Grover FP2	33	32	14	Montgomery	KS
Customer			Unit #	Driver		Unit #	Driver
Frog Pond Endeavors LLC % Wayne Bright			105	JASON			
Mailing Address			113	Caleb			
3166 CR 4000			140	JOSH			
City	State	Zip Code					
Independence	KS	67301					

Job Type Longstring Hole Depth 1712 Slurry Vol. 57 Tubing \_\_\_\_\_  
 Casing Depth 1711 1/2 Hole Size 6 3/4 Slurry Wt. 13.6 Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0 Water Gal/SK 6.5 Other \_\_\_\_\_  
 Displacement 27 1/2 Displacement PSI 600 Bump Plug to 1100 BPM 4

Remarks: Safety meeting, Rig to 4 1/2 8" of Bottom w/ Packer shoe get shoe w/ Elite Pump Truck @ 1050# Pump 5 Bbl water 300# gel 10 BBI spacer mix + Pump 200 SKs 60/40 Pozmix w/ 4% gel 1# Phenoseal = 57 Bbl Slurry WASH out Pump + Liner Release 4 1/2 TOP Rubber Plug Displace w/ 27 1/2 BBI Fresh water Final Pump PSI 600# Bump Plug + 1100# check float float hold 10 Bbl cement slurry to surface. Job complete Tear Down. Close casing in @ 0 PSI w/ Elite Head.  
Thank you  
Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	890.00	890.00
C-107	40	Mileage	4.20	168.00
C-203	200	SKs 60/40 Pozmix	12.75	2680.00
C-206	680#	gel = 4%	.21	142.80
C-208	200#	Phenoseal = 1# Per SK	1.30	260.00
C-108A	8.6	Ton Ton Mileage	365.00	345.00
C-114	3.5 hr	#130 Bbl water transport	115.00	402.50
C-750	1	4 1/2 X 6 3/4 TYPE A Packer shoe	1360.00	1360.00
C-403	1	4 1/2 TOP Rubber Plug	48.00	48.00
C-224	5.000	Gallon's city water	10 Per/1000	50.00
C-206	300#	gel Gel Flush Ahead	.21	63.00
			6728.55	
			- 333.43	DISCOUNT
			\$1 PAID 6392.12	6429.30
			check No# 1612	
			65% Sales Tax	299.25
Authorization	Title		Total	6,728.55

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.

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



Cement or Acid Field Report  
 Ticket No. **4668**  
 Foreman Russell McCoy  
 Camp Eureka

API - 15 - 125 - 32491-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
7-20-14	1223	Grover F P 2	33	32	14	Montgomery	KS	
Customer Frog Pond Endeavors LLC % Wayne Bright			Unit #		Driver		Unit #	Driver
Mailing Address 3166 CR 4000			109		JASON			
City Independence			113		Caleb			
State KS			140		JOSH			
Zip Code 67301								

Job Type Longstring Hole Depth 1712 Slurry Vol. 57 Tubing \_\_\_\_\_  
 Casing Depth 1711 1/2 Hole Size 6 3/4 Slurry Wt. 13.6 Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0 Water Gall/SK 6.5 Other \_\_\_\_\_  
 Displacement 27 1/2 Displacement PSI 600 Bump Plug to 1100 BPM 4

Remarks: Safety meeting, Rig to 4 1/2 8" of bottom of Packer shoe get shoe  
w/ Elite Pump Truck @ 1,050# Pump 5 Bbl water 300# gel 10 BBI spacer  
mix + Pump 200 SK's 60/40 Perm. w/ 4% gel 1# Phenoseal = 57 Bbl Slurry  
WASH OUT Pump + Lines Release 4 1/2 TOP Rubber Plug Displace w/ 27 1/2 BBI  
Fresh water Final Pump PSI 600# Bump Plug + 1100# check float float head  
10 Bbl cement slurry to surface. Job complete Tear Down. Close casing in @ 0  
PST w/ Elite Head.

THANK YOU  
 Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
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C-107	40	Mileage	4.20	168.00
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			- 333.43 DISCOUNT	
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			check # 1612	
			6.5% Sales Tax	299.25
Authorization _____ Title _____			Total	6,728.55

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