

Confidentiality Requested:

 Yes NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
January 2018Form must be Typed
Form must be Signed
All blanks must be FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

API No.: _____

Name: _____

Spot Description: _____

Address 1: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

Address 2: _____

____ Feet from North / South Line of Section

City: _____ State: _____ Zip: _____ + _____

____ Feet from East / West Line of Section

Contact Person: _____

Footages Calculated from Nearest Outside Section Corner:

Phone: (_____) _____

 NE NW SE SW

CONTRACTOR: License # _____

GPS Location: Lat: _____ (e.g. xx.xxxxx), Long: _____ (e.g. -xxx.xxxxx)

Name: _____

Datum: NAD27 NAD83 WGS84

Wellsite Geologist: _____

County: _____

Purchaser: _____

Lease Name: _____ Well #: _____

Designate Type of Completion:

Field Name: _____

 New Well Re-Entry Workover

Producing Formation: _____

 Oil WSW SWD

Elevation: Ground: _____ Kelly Bushing: _____

 Gas DH EOR

Total Vertical Depth: _____ Plug Back Total Depth: _____

 OG GSW

Amount of Surface Pipe Set and Cemented at: _____ Feet

 CM (Coal Bed Methane)Multiple Stage Cementing Collar Used? Yes No Cathodic Other (Core, Expl., etc.): _____

If yes, show depth set: _____ Feet

If Workover/Re-entry: Old Well Info as follows:

If Alternate II completion, cement circulated from: _____

Operator: _____

feet depth to: _____ w/ _____ sx cmt.

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Drilling Fluid Management Plan*(Data must be collected from the Reserve Pit)* Deepening Re-perf. Conv. to EOR Conv. to SWD

Chloride content: _____ ppm Fluid volume: _____ bbls

 Plug Back Liner Conv. to GSW Conv. to Producer

Dewatering method used: _____

 Commingled Permit #: _____

Location of fluid disposal if hauled offsite:

 Dual Completion Permit #: _____

Operator Name: _____

 SWD Permit #: _____

Lease Name: _____ License #: _____

 EOR Permit #: _____Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West GSW Permit #: _____

County: _____ Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Explain) _____				
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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)			PRODUCTION INTERVAL: Top _____ Bottom _____	
--	--	--	--	--	--	--

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)	
TUBING RECORD: Size: Set At: Packer At:						

Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	PETE OWWO 1
Doc ID	1492856

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.50	8.625	23	338	Unknown	250	Unknown



QUALITY OILWELL CEMENTING, INC.
PO BOX 32 - 740 WEST WICHITA AVE, RUSSELL KS 67665
PHONE:785-324-1041 FAX:785-483-1087
EMAIL: cementing@ruraltel.net

Date: 1/23/2020
Invoice # 1882

P.O.#:

Due Date: 2/22/2020
Division: *Russell*

Invoice

Contact:
TREK AEC, LLC
Address/Job Location:

4925 GREENVILLE AVE, SUITE 915
DALLAS TX 75206

ENTERED

Reference:

Description of Work:
PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 684.02	Yes				
Common-Class A	144	\$ 2,274.24	Yes				
POZ Mix-Standard	96	\$ 515.20	Yes				
Premium Gel (Bentonite)	9	\$ 200.10	Yes				
Bulk Truck Matl-Material Service Charge	249	\$ 190.90	Yes				
Pump Truck Mileage-Job to Nearest Camp	41	\$ 141.45	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	41	\$ 110.02	Yes				
Flo Seal	60	\$ 92.00	Yes				
Dry Hole Plug	1	\$ 64.40	Yes				

Invoice Terms:

Net 30

Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (106.81)

SubTotal for Taxable Items: \$ 4,165.52

SubTotal for Non-Taxable Items: \$ _____ -

Total: \$ 4,165.52

Tax: \$ 354.07

Amount Due: \$ 4,519.59

Applied Payments:

Balance Due: \$ 4,519.59

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%).
This does not include any applicable taxes unless it is listed.
©2008-2013 Straker Investments, LLC. All rights reserved.

This does not include any applicable taxes unless
© 2012 Standard Investments, LLC. All rights reserved.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1882

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-23-20	9	15	26	Gove	Ks		7:30 AM

Location Utica - 3w to Ard, 11N to Go. Frd

Lease	Pete OWWO	Well No.	1	Owner	IE, 15, E 1/4
Contractor	Duke #4			To Quality Oilwell Cementing, Inc.	
Type Job	Plug			You are hereby requested to rent cementing equipment and furnish	
Hole Size	7 7/8"	T.D.	1885'	cementer and helper to assist owner or contractor to do work as listed.	
Csg.		Depth		Charge To	Trek Acc, LLC.
Tbg. Size	4 1/2" D.P.	Depth	1825'	Street	200 W Douglas Suite 101
Tool		Depth		City	Wichita
Cement Left in Csg.		Shoe Joint		State	Ks 67202
Meas Line		Displace	H2O/mud		

EQUIPMENT		Common	144
Pumptrk	17 No. Cementer Helper Tim	Poz. Mix	96
Bulktrk	15 No. Driver Mike	Gel.	9
Bulktrk	P.U. No. Driver Rick	Calcium	

JOB SERVICES & REMARKS

Remarks:	1825' - 50sx
Rat Hole	775' - 100sx
Mouse Hole	400' - 50sx
Centralizers	40' - 10sx w/ plug
Baskets	Rathole w/ 30sx
D/V or Port Collar	

Cement did Circulate

Common	144
Poz. Mix	96
Gel.	9
Calcium	
Hulls	
Salt	
Flowseal	160
Kol-Seal	
Mud CLR 48	
CFL-117 or CD110 CAF 38	
Sand	
Handling	249
Mileage	

FLOAT EQUIPMENT

Guide Shoe	Dry hole plug - 1
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge

Mileage 41

Tax

Discount

Total Charge

X Signature

Hector T-ED