

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

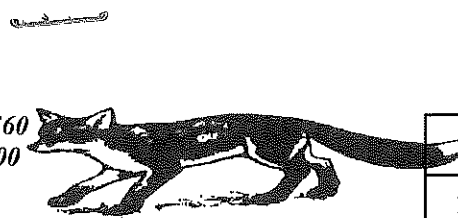
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> 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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P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



71730

Invoice

DATE	INVOICE #
10/15/2019	32622

BILL TO
Great Plains Energy, Inc. 6121 South 58th Street Suite B Lincoln, NE 68516

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#11	Savage	Decatur	STP	Oil	Development	Longstring	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				120	Miles	5.00	600.00
579D	Pump Charge - Two-Stage & Top To Bottom LongString				1	Job	1,900.00	1,900.00
290	D-Air				4	Gallon(s)	42.00	168.00T
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
281	Mud Flush				500	Gallon(s)	1.50	750.00T
402-5	5 1/2" Centralizer				7	Each	75.00	525.00T
403-5	5 1/2" Cement Basket				2	Each	275.00	550.00T
406-5	5 1/2" Latch Down Plug & Baffle				1	Each	250.00	250.00T
407-5	5 1/2" Insert Float Shoe With Auto Fill				1	Each	325.00	325.00T
411-5	5 1/2" Recipo Scratcher				10	Each	45.00	450.00T
330	Swift Multi-Density Standard (MIDCON II)				350	Sacks	17.00	5,950.00T
276	Flocele				87	Lb(s)	3.00	261.00T
581D	Service Charge Cement				350	Sacks	1.85	647.50
583D	Drayage				1,979	Ton Miles	0.95	1,880.05
	Subtotal							14,306.55
	Sales Tax Decatur County						7.50%	695.93

Cement Production Casings

We Appreciate Your Business!	Total	\$15,002.48
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FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

NET NUMBER 0102

LOCATION Horta KS

FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-9-19		Sauvage 11	26	4S	30W	Deatur

CUSTOMER Great Plains Energy
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
P1	Preston D		
B3	Jack T		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 209 CASING SIZE & WEIGHT 8 5/8" 23#
 CASING DEPTH 269 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.75 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and Rig up on STP Drilling Circulate casing mix 200 sc Surface blend Class A 3tz Displace 15.75 bbls Cement Did Circulate 4 bbls to Pit

Thanks Miles + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE	1150.00	1150.00
M001	35	MILEAGE	6.50	227.50
M003	9.9	Ton mileage Min	600.00	600.00
CB004	200	Surface blend	24.50	4900.00
			Subtotal	6877.50
		less discount	30%	2063.25
		new	Subtotal	4814.25
			SALES TAX	257.25
			ESTIMATED TOTAL	5,071.50

AUTHORIZATION *Miles Shaw* TITLE _____ DATE _____

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.

TERMS

In consideration of the prices to be charged for Franks Oilfield Service (FOS) services, equipment and products and for the performance of services and supplying of materials, Customer agrees to the following terms and conditions.

Terms. Cash in advance unless satisfactory credit is established. On credit sales, invoices are payable within 30 days of the invoice date. On all invoices not paid within 30 days, Customer agrees to pay FOS interest at the rate of 18% per annum or the maximum rate allowed by law, whichever is higher. In the event FOS retains an attorney to pursue collection of any account, Customer agrees to pay all collection costs and attorney's fees incurred by FOS.

Any applicable federal, state or local sales, use occupation, consumer's or emergency taxes shall be added to the quoted price. All process license fees required to be paid to others will be added to the scheduled prices.

All FOS prices are subject to change without notice.

SERVICE CONDITIONS

Customer warrants that the well is in proper condition to receive the services, equipment, products and materials to be supplied by FOS. The Customer shall at all time have complete care, custody, and control of the well, the drilling and production equipment at the well, and the premises about the well. A responsible representative of the Customer shall be present to specify depths, pressures, or materials used for any service which is to be performed.

(a) FOS shall not be responsible for any claim, cause of action or demand (hereinafter referred to as a "claim") for damage to property, or injury to or death of employees and representatives, of Customer or the well owner (if different from Customer), unless such damage, injury or death is caused by the willful misconduct or gross negligence of FOS, including but not limited to sub-surface damage and surface damage arising from sub-surface damage.

(b) Unless a claim is the result of the sole willful misconduct or gross negligence of FOS, Customer shall be responsible for and indemnify and hold FOS harmless from any claim for: (1) reservoir loss or damage, or property damage resulting from sub-surface pressure, losing control of the well and/or a well blowout; (2) damages as a result of a subsurface trespass, or an action in the nature thereof, arising from a service operation performed by FOS; (3) injury to or death of persons, other than employees of FOS, or damage to property (including, but not limited to, injury to the well), or any damages whatsoever, irrespective of cause, growing out of or in any way connected with the use of radioactive material in the well hold; and (4) well damage or reservoir damage caused by (i) loss of circulation, cement invasion, cement misplacement, pumping cement or cement plugs on wells with loss of circulation, including the failure to displace plug to proper depth, (ii) sub-surface pressure and resulting failure to complete pumping of cement or cement plug, including dehydration of cement slurry or flashing, plugged float shoe, annulus bridging or plugging, or (iii) down hole tools being lost or left in the well, or becoming stuck in the well for any reason and by any cause. FOS may furnish down hole tools and may supply supervision for the running and placement of such tools but will not be liable for any damage, loss or result caused by the use of such tools. Furthermore, Customer will be responsible for the cost to replace such tools if they are lost or left in the well.

(c) FOS makes no guarantee of the effectiveness of any FOS' products, supplies or materials, or the results of any FOS' treatment or services.

(d) Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, FOS is unable to guarantee the accuracy of any chart interpretation, research analysis, job recommendation or other data furnished by FOS. FOS' personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that FOS shall not be responsible for any damage arising from the use of such information except where due to FOS' gross negligence or willful misconduct in the preparation or furnishing of it.

(e) FOS may buy and re-sell to Customer down hole equipment, including but not limited to float equipment, DV tools, port collars, type A & B packers, and Customer agrees that FOS is not an agent or dealer for the companies who manufacture such items, and further agrees that Customer shall be solely responsible for and indemnify FOS against any claim with regard to the effectiveness, malfunction of, or functionality of such items.

WARRANTIES - LIMITATION OF LIABILITY

FOS warrants title to the products, supplies and materials, and that the same are free from defects in workmanship and materials. THERE ARE NO OTHER WARRANTIES EXPRESS OR IMPLIED, NOR ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. FOS's liability and Customer's exclusive remedy in any claim (whether in contract, tort, breach of warranty or otherwise,) arising out of the sale or use of FOS' products, supplies, materials or services is expressly limited to the replacement of such products, supplies, materials or services or their return to FOS or, at FOS' option, an allowance to Customer of credit for the cost of such items.

Customer waives and releases all claims against FOS for any special, incidental, indirect, consequential or punitive damages.



CHARGE TO: *Great Plains Energy*
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 032622

PAGE 1 OF

SERVICE LOCATIONS
 1. *Hess*
 2. *Mess*
 3.
 4.

WELL/PROJECT NO. *#11*
 LEASE *Savage*
 COUNTY/PARISH *Declar*
 STATE *LA* CITY

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR *STP*
 RIG NAME/NO.
 SHIPPED *Y* DELIVERED TO *LOCATION*

WELL TYPE *D11*
 WELL CATEGORY *development*
 JOB PURPOSE *Long String*
 WELL PERMIT NO.
 WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT								
575											
579				MILEAGE <i>Tuck # 110</i>		120	mi			5.00	600.00
290				<i>Ramp Change - TPO to Bottom</i>		1	ea			1900.00	1900.00
221				<i>A-air</i>		4	gal			42.00	168.00
281				<i>Liquid Gel</i>		2	gal			25.00	50.00
402				<i>Mudfish</i>		500	gal			1.50	750.00
403				<i>Centrifuge</i>		7	ea			75.00	525.00
406				<i>Convent Bore 4</i>		2	ea			275.00	550.00
403				<i>Land Down Plug & Recirc</i>		1	ea			250.00	250.00
411				<i>Insert Floor She w/ Auto Fill</i>		1	ea			325.00	325.00
				<i>Drill Pipe Separators</i>		10	ea			45.00	450.00
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions. MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS. X					REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300						

DATE SIGNED _____ TIME SIGNED _____

A.M. P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR _____ APPROVAL _____

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT GREASING?	AGREE	UNRECORDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL *P.1* 8738.55
 TOTAL 15002.48

02/11/2020 13:11 SWIFT SERVICES - NESS CITY (FAX)7857982384 P.001/004

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 38622

PRIME REFERENCE	SECONDARY REFERENCE	ACCOUNTING			LINE	DESCRIPTION	WEIGHT				DATE	UNIT PRICE	AMOUNT	
		LOC	QTY	UNIT			QTY	UNIT	QTY	UNIT				QTY
330		2				Swift Mth - Density	350	54			12	00	5950	00
236		2				Flare	87	lbs			3	00	211	00
581		2												
582		2												

SERVICE CHARGE: 1 amount
 DATE AGED: 02/11/20
 TIME AGED: 10:00
 TIME CHANGED: 05/18/87
 CREDIT FEEL: 350 54
 TON INCREASE: 1979
 DATE: 02/11/20
 UNIT PRICE: 185
 AMOUNT: 612 50
 CONTINUATION TOTAL: 8738.55

SWIFT Services, Inc.

JOB LOG

DATE: 10-15-19
PAGE NO.:

CUSTOMER: Great Plains
WELL NO.: # 11
LEASE: Savage
JOB TYPE: Long string
TICKET NO.: 32627

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	5:50							On location
								CSG - 5 1/2 x 17 # RTD - 4700 Shot - 19 7/8 Baffle @ 4/180 Centralizers - 1, 3, 5, 7, 9, 38, 67 Basket - 37 & 11 Recipe Scratchers - 2 on on 4, 5, 6, 7, 8
	6:30 8:45							Start Pumping Csg Circ on Bottom
	9:45	2.5	8			0		plug rat hole - 30 sts out
		5.5	12			300		pump mud flush - 500 gal
		5.5	20			300		pump hot spacer
	10:00	6	0			400		Start CRT - 220 sts @ 11/2 APG
		6	127			400		Raise wt to 14 # for 100 sts
		6	155			300		End CRT
								Drop plug - Wash P&I
		5.5	0			400		START DISP
	1:00	5.5	100			800/1500		Land plug - 1.44 psi - 800 land psi - 1500 Release psi - Def JIT Bellac - CRT circ
								Job Complete
								Thanks David, Zach & Tracy