

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](mailto: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	Spess Oil Company, a General Partnership
Well Name	L L JONES 5R
Doc ID	1387227

All Electric Logs Run

Dual Induction Log
Dual Comp. Por. Log
Microlog
Borehole Comp. Sonic Log
Cement Bond Log

Form	ACO1 - Well Completion
Operator	Spess Oil Company, a General Partnership
Well Name	L L JONES 5R
Doc ID	1387227

Tops

Name	Top	Datum
Toronto	3917	-961
Iola Lime	4146	-1190
Dewey Lime	4211	-1255
Marmaton	4502	-1546
Fort Scott Lime	4585	-1629
Morrow Sand	4917	-1961
Miss-St Genevieve	4977	-2021
Miss-St Louis	5079	-2123





Liberal Yard #171r - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING

Job Log

Customer:	SPESS OIL COMPANY	Cement Pump No.:	38117, 19919 8Hrs.	Operator TRK No.:	78938
Address:		Ticket #:	1718 14514 L	Bulk TRK No.:	14355, 37724 YOSIMAR 27808, 19883 SANTIAGO
City, State, Zip:		Job Type:	Z42 - Cement Surface Casing		
Service District:	1718 - Liberal Ks	Well Type:			
Well Name and No.:	LL JONES-5R	Well Location:	19,25,33	County:	FINNEY State: KS

Type of Cmt	Sacks	Additives	Truck Loaded On	
A-Con' Blend	440	3%CALCIUM CHLORIDE, 1/4#POLYFLAKE, 2%WCA1	14355, 37724 YOSIMAR	Front Back
Premium Plus Cement	150	2%CALCIUM CHLORIDE, 1/4#POLYFLAKE	27808, 19883 SANTIAGO	Front Back
				Front Back

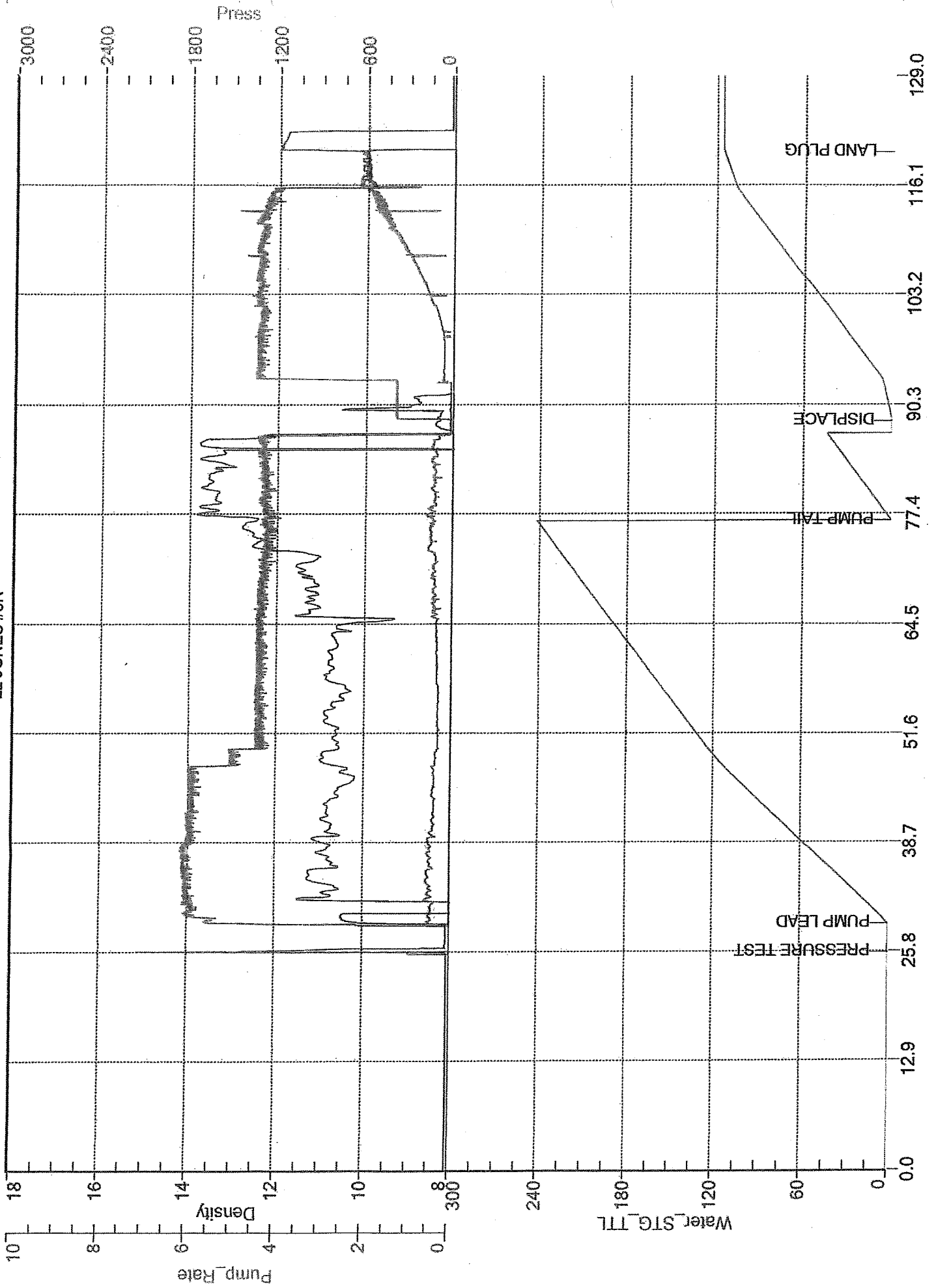
Lead/Tail:	Weight #1 Gal.	Yield	Water Requirements	CU. FT.	Man Hours / Personnel	
<b>Lead:</b>	11.4	2.95	18.1	1298	TT Man Hours:	67.5
<b>Tail:</b>	14.8	1.34	6.33	201	# of Men on Job:	5

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
0:01							ON LOCATION
0:15							SAFETY MEETING
12:45 AM							RIG UP
4:45 AM							CIRCULATING HOLE
5:10 AM							RIG TO P.T
5:19							PRESSURE TEST 2200PSI
5:22	5	231.1 slurry				110	PUMP 440SX LEAD@11.4#
6:11 AM	4.3	35.7 slurry				140	PUMP 150SX TAIL@14.80#
6:21							SHUTDOWN /DROP PLUG
6:23	4.5	10				70	DISPLACE
	4.5	20				70	
	4.4	30				80	
	4.5	40				160	
	4.5	50				190	
	4.4	60				250	
	4.5	70				340	
	4.5	80				440	
	4.3	90				550	
6:50	4	97				590	SLOW RATE TO 2.0BPM @ 550PSI
	2	100				600	
6:55	2	107.7				610	LAND PLUG / PRESSURE UP TO 1200PSI
6:57							RELEASE BACK -- FLOAT HELD
							JOB COMPLETE

Size Hole	12.25"	Depth			TYPE	Plug Container	
Size & Wt. Csg.	8.625" 23#	Depth	1723.73'	New / Used	Packer	Depth	
Landing Press.	339.7psi	Depth			Retainer	Depth	
Shoe Jt.	42.18'	Type			Perfs	CIBP	

Customer Signature: <i>X Kenneth M. [Signature]</i>	Basic Representative:	Ruben Martinez
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	10/21/2017

SPESSOIL COMPANY  
LL JONES #5R





**BASIC**  
ENERGY SERVICES

Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

**PRESSURE PUMPING**

**Job Log**

Customer:	Spess Oil Company	Cement Pump No.:	37223-19570	Operator TRK No.:	39878
Address:	200 South Broadway Street	Ticket #:	1718-14549 L	Bulk TRK No.:	27808-19883 30463-37547
City, State, Zip:	Cleveland Ok 74020	Job Type:	Z42 - Cement Production Casing		
Service District:		Well Type:	OIL		
Well Name and No.:	LL Jones #5R	Well Location:	19,25,33	County:	Finney State: Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
A-CON	150	1/4# POLYFLAKE	27808-19883	Front	Back
AA2	250	5%W-60,10%SALT, .5%C-17, 1/4#C41P, 5#GILSONITE	30463-37547	Front	Back
				Front	Back

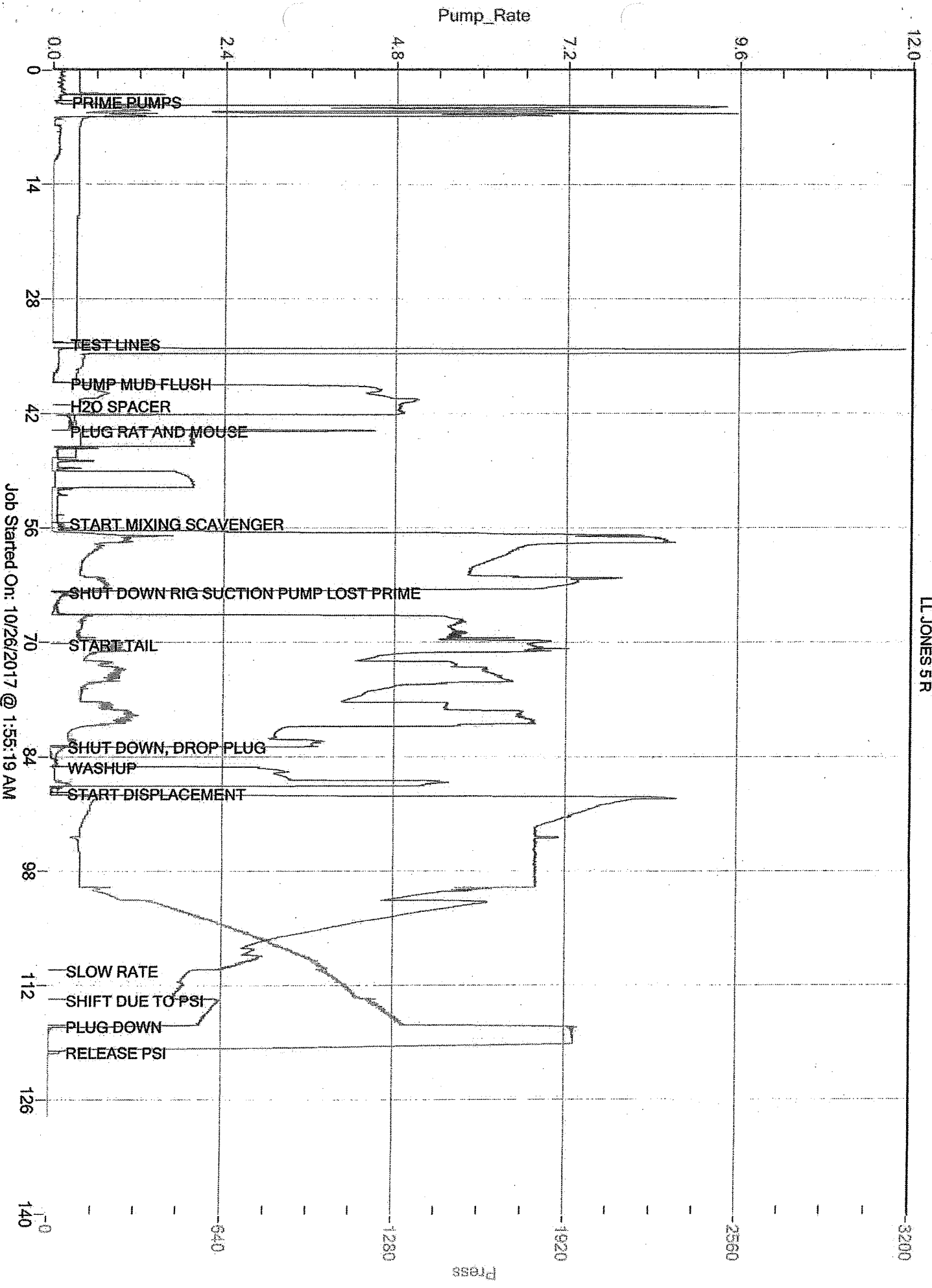
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
<b>Lead:</b>	11.4	2.89	17.82	433.5	Man Hours:	
<b>Tail:</b>	14.8	1.51	6.65	377.5	# of Men on Job:	4

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
20:30							ON LOC, SAFTEY MTG, R.U.
2:25						3200	TEST LINES
2:27 AM	5	12				150	PUMP MUD FLUSH
2:29 AM	5	5				150	H2O SPACER
2:35 AM							PLUG RAT AND MOUSE
2:47	7.2					160	START MIXING SCAVENGER@ 11.4#
3:00	6.7	51				170	ON TAIL @ 14.8#
3:15 AM		67					SHUT DOWN, DROP PLUG, WASHUP
3:20	8					170	START DISPLACEMENT
3:42	2	118				1040	SLOW RATE
3:49		129				1380-1950	PLUG DOWN
3:51						1950-0	RELEASE PSI, FLOAT HELD
							JOB COMPLETE
							THANK YOU FOR YOUR BUSINESS!!!

Size Hole	7 7/8	Depth	5425'		TYPE	
Size & Wt. Csg.	5 1/2 15.5	Depth	5416.28	New / Used	Packer	Depth
tbg.		Depth			Retainer	Depth
Top Plugs		Type			Perfs	CIBP

Customer Signature:		Basic Representative:	CHAD HINZ
		Basic Signature:	
		Date of Service:	10/27/2017





Job Started On: 10/26/2017 @ 1:55:19 AM