

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) (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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802 N. Industrial Rd.  
 P.O. Box 664  
 Toia, Kansas 66749  
 Phone: (620) 365-5588

Payless Concrete Products, Inc.

NOTICE TO OWNER  
 Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

CONDITIONS  
 Concrete to be delivered to the nearest accessible point over passable road under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allowed time for unloading truck is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request. Contractor must provide place for truck to wash out. A \$30 charge will be added per truck if contractor does not supply a place to wash truck out. (ow charges are buyer's responsibility)

SOLD TO:  
 F1004  
 MIKE FINPROCK  
 2189 45TH  
 BRONSON  
 KS 66716

LEASE:  
 CALL FOR NEW TOTAL !!!  
 54 E TO HWY 3 N 6MI TO VALLEY RD  
 E 2.5MI CURVE S 1/2MI TO UNITY  
 RD E 1ST TANK BATTERY SSD

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	BATCH#	DRIVER/TRUCK	PLANT/TRANSACTION #
3:07 PM	WELL	7.50	7.50		LE 36	BROBB
DATE	PO NUMBER	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	TICKET NUMBER
11/20/17	WELL#	1	7.50	10	0.00	43659

WARNING  
 IRRITATING TO THE SKIN AND EYES

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Skin. In Case of Contact With Skin or Eyes Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any sums owed.  
 All accounts not paid within 30 days of delivery will bear interest at the rate of 2 1/2% per annum.  
 Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.  
 A \$30 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.  
 Excess Delay Time Charged @ \$90/Hr.

PROPERTY DAMAGE RELEASE  
 Dear Customer: The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of the truck may possibly cause damage to the premises and/or adjacent property if it passes the material in the load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE, retaining him and his property from any responsibility from any damage to the premises and/or adjacent property which may be caused by anyone to have arisen out of delivery of this order.  
 I do hereby agree to help him remove mud from the wheels of the vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be caused by anyone to have arisen out of delivery of this order.

WEIGHMASTER  
 NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.  
 LOAD RECEIVED BY: \_\_\_\_\_  
 SIGNED: \_\_\_\_\_

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
7.50	WELL	WELL (10 SACKS PER UNIT)	\$70.00	\$525.00
7.50	MIX&HAUL	MIXING AND HAULING	\$25.00	\$187.50
2.50	TRUCKING	TRUCKING CHARGE	\$60.00	\$150.00
RETURNED TO PLANT				\$862.50
LEFT JOB				\$76.76
LEFT PLANT				\$939.26
TOTAL ROUND TRIP				\$939.26
TOTAL AT JOB				
UNLOADING TIME				
DELAY TIME				
ADDITIONAL CHARGE 1				
ADDITIONAL CHARGE 2				
GRAND TOTAL				

- DELAY EXPLANATION/CYLINDER TEST TAKEN
1. JOB NOT READY
  2. SLOW POUR OR PUMP
  3. TRUCK AHEAD ON JOB
  4. CONTRACTOR BROKE DOWN
  5. ADDED WATER
  6. TRUCK BROKE DOWN
  7. ACCIDENT
  8. CITATION
  9. OTHER

TIME ALLOWED  
 \* TRX 8.90  
 TIME DUE  
 \$939.26

THE NEW KLEIN LUMBER COMPANY  
 201 W. MADISON  
 P.O. BOX 805  
 IOLA, KS 66749  
 PHONE: (620) 365-2201

\*\*\*CASH\*\*\*

CUST # \*5  
 TERMS: CASH/CHECK/BANKCARD

INV # D82381  
 DATE : 10/18/17  
 CLERK: BE  
 TERM # 551

*Johnson Leis Well IA*

TIME : 12:15  
 \*\*\*\*\*  
 \* INVOICE \*  
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QUANTITY	UM	ITEM	DESCRIPTION	SUG. PRICE	PRICE/PER	EXTENSION
6	EA	PC	PORTLAND CEMENT		9.45 /EA	56.70
** PAYMENT RECEIVED ** ** PAID IN FULL ** CHECK PAYMENT CK# 3732 ABA#				61.66	TAXABLE	56.70
					NON-TAXABLE	0.00
					SUB-TOTAL	56.70
				61.66	TAX AMOUNT	4.96
					TOTAL INVOICE	61.66