

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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Sutherlands

Sutherland High Plains, LLC #3702
5520 10th Street
Great Bend, KS 67530
620-792-2900

3702 03 002579 01-17-2020 15:09:00
OPERATOR SUSAN 072 Basic Sale

400C4985560/4985560 1x 20.00 20.00
PALLET PALLET CHARGE

79613200020/0282467 1x 332.15
4124 95 MONARCH PORTLAND 94LB

SUBTOTAL 352.15
TAX01 (0.092500)..... 32.57
TOTAL 384.72
CARD TENDER 384.72
CHANGE DUE 0.00

WWW.SUTHERLANDS.COM

Sutherlands High Pla 3702
5520 10th Street
Great Bend KS 675306320
Clerk ID: 072

Card Number: XXXX-XXXX-XXXX-9256
MCCALED DONALD L
Ref Number: 001725108663 [S]
Auth Number: 090491 [VISA]
Card Total: 384.72

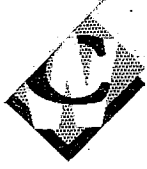
Tran Type: Basic Sale

SUBTOTAL: 352.15
TOTAL: 384.72

CHARGE TENDER: 384.72
*** Customer Copy ***
01-17-2020 03 072 15:09:00
002579 3702



Result: CAPTURED
Merchant ID: 000006631208
Terminal ID: 0102
*****9256
AID: 4000000003101001



2001-0028 Jan

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. **008146**

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)** b. Generating Location: **ELK CREEK**
 c. Address: **P.O. Box 871 (MD 6-1)** d. Address: **38.520874, -98.35975**
Tulsa, OK 74102-0871 **BURTON KS 67427**
 e. Phone No.: **918-732-1382** f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ Owner's Phone No.: _____

i. WCI WASTE CODE: **PT 19113** Containers: _____
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **9580** Units: **PTL** No. _____ TYPE _____

2	0	0	0
6	0	1	1
0	1	1	0
0	0	0	0

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL PLASTIC BAG OR WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Clay Davis Generator Authorized Agent Name
Clay Davis Signature
211620 Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter complete e-n)

TRANSPORTER I
 a. Name: **SET Environmental Inc.**
 b. Address: **1100 N. Main Street**
Noble, OK 73068
 c. Driver Name / Title: **TODD BURZETTE**
 d. Phone No.: **405-872-1400** e. Truck No.: **1414**
 f. Vehicle License No. / State: **P647695**
 Acknowledgement of Receipt of Materials.
[Signature] g. Driver's Signature
211620 Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name / Title: _____
 k. Phone No.: _____ i. Truck No.: _____
 m. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials.
 _____ n. Driver's Signature
 _____ Shipment Date

Section III DESTINATION (Generator complete a-d; Destination site completes e-f)

a. Site Name: **PLUMB THicket LANDFILL** c. Phone No.: **620-896-2229**
 b. Physical Address: **440 N/E 150TH ROAD** d. Mailing Address: **PO BOX 495**
HARPER, KS 67058 **HARPER, KS 67058**

e. Discrepancy Indication: Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. **MC** Name of Authorized Agent
Morgan & Clark Signature
211620 Receipt Date

Section IV ASBESTOS (Generator completes a-d, f, g; Operator * completes e.)

a. Operator's * Name: _____ b. Operator's * Phone No.: _____
 c. Operator's * Address: _____
 d. Special handling instructions and additional information: _____

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations

e. Operator's Name & Title: _____ Operator's * Signature: _____ Date: _____
 f. Name & address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable
 * Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.





NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. **008147**

If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)** b. Generating Location: **ELLCREEK**
 c. Address: **P.O. Box 871 (MD 6-1)**
Tulsa, OK 74102-0871 d. Address: **32-520 874 - 1E-3517**
BOSTON KS 67427
 e. Phone No.: **918-732-1382** f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ Owner's Phone No.: _____

i. WCI WASTE CODE: **PT 19113** Containers: _____
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **2000 G** Units: **6** No.: **017220** TYPE: **TL**
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL PLASTIC BAG OR WRAP, T - TRUCK, O - OTHER
 UNITS: P - POUNDS, Y - YARDS, M³ - CUBIC METERS, Y³ - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above-named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.
 Generator Authorized Agent Name: **Chad Davis** Signature: _____ Shipment Date: **01/22/20**

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-n)

TRANSPORTER I
 a. Name: **SET Environmental Inc.** h. Name: _____
 b. Address: **1100 N. Main Street** i. Address: _____
Noble, OK 73068
 c. Driver Name / Title: **TODD BURKETT** j. Driver Name / Title: _____
 d. Phone No.: **405-872-1400** Print / Type: _____ e. Truck No.: **1414** k. Phone No.: _____ I. Truck No.: _____
 f. Vehicle License No. / State: **1647095** m. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials: _____
 g. Driver's Signature: **[Signature]** Shipment Date: **01/22/20** n. Driver's Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: **PLUMB THICKET LANDFILL** c. Phone No.: **620-896-2229**
 b. Physical Address: **440 N/E 150TH ROAD** d. Mailing Address: **PO BOX 495**
HARPER, KS 67058 HARPER, KS 67058
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: **[Signature]** Signature: _____ Receipt Date: **01/22/20**

Section IV ASBESTOS (Generator completes a-d, f, g; Operator completes e)

a. Operator's * Name: _____ b. Operator's * Phone No.: _____
 c. Operator's * Address: _____
 d. Special handling instructions and additional information: _____
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations
 e. Operator's Name & Title: _____ Print / Type: _____ Operator's * Signature: _____ Date: _____
 f. Name & address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable
 * Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. **008143**
7401-0073

Section I GENERATOR (Generator completes all for Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)** b. Generating Location: **ELK CREEK, KS NL-7**
 c. Address: **P.O. Box 871 (MD 6-1)** d. Address: **39.520674, -98.35975**
Tulsa, OK 74102-0871 **BUSHTON KS 67427**
 e. Phone No.: **918-732-1382** f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ Owner's Phone No.: _____

i. WCI WASTE CODE: **FT 19113** Containers: _____
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **4040** Units: **PTL** No.: _____ TYPE: _____
1200 G C I T T
 TYPE
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL PLASTIC BAG OR WRAP
 T - TRUCK
 O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. **AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.**

Generator/Authorized Agent Name: **Mark Davis** Signature: _____ Shipment Date: **021920**
 UNITS
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - OTHER

Section II TRANSPORTER (Generator completes a-d; Transporter completes e-g)

TRANSPORTER I
 a. Name: **SET Environmental Inc.** b. Address: **1100 N. Main Street**
Noble, OK 73068
 c. Driver Name / Title: **THOMAS BUDGETTE**
 d. Phone No.: **405-872-1400** e. Truck No.: **1417**
 f. Vehicle License No. / State: **PC47095**
 Acknowledgement of Receipt of Materials: **021920**
 g. Driver's Signature: _____ Shipment Date: _____

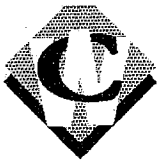
TRANSPORTER II
 h. Name: _____ i. Address: _____
 j. Driver Name / Title: _____ k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials: _____
 n. Driver's Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: **PLUMB THICKET LANDFILL** c. Phone No.: **620-896-2229**
 b. Physical Address: **440 N/E 150TH ROAD** d. Mailing Address: **PO BOX 495**
HARPER, KS 67058 **HARPER, KS 67058**
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: **021920**

Section IV ASBESTOS (Generator completes a-d, f, g; Operator completes e)

a. Operator's * Name: _____ b. Operator's * Phone No.: _____
 c. Operator's * Address: _____
 d. Special handling instructions and additional information: _____
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations
 e. Operator's Name & Title: _____ Operator's * Signature: _____ Date: _____
 f. Name & address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable
 * Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. **008144**

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is: NOT asbestos waste, complete only Sections I, II and III.

50001-0028

Section I GENERATOR (Generator complete all of Section I)

a. Generator Name: **ONEOK Partners, LLC (Attn: Coy Pyle)** b. Generating Location: **ONEOK EIK Creek T.S.**
 c. Address: **P.O. Box 871 (MD 6-1)** d. Address: **21439 IRD - 400925760 NLT**
Tulsa, OK 74102-0871
 e. Phone No.: **918-732-1382** f. Phone No.: **36520874 - 48-35975**
 If owner of the generating facility differs from the generator, provide: **Bushton, KS 67427**
 g. Owner's Name: _____ Owner's Phone No.: _____

i. WCI WASTE CODE: **FT 19113** Containers: _____
 j. Description of Waste: **Drilling Mud and Water** k. Quantity: **14700** Units: _____ No: **17** TYPE: _____
2500 0 1 7

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

- TYPE**
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 6 MIL PLASTIC BAG OR WRAP
 - T - TRUCK
 - O - OTHER
- UNITS**
- P - POUNDS
 - Y - YARDS
 - M³ - CUBIC METERS
 - Y³ - CUBIC YARDS
 - O - OTHER

Generator Authorized Agent Name: *Coy Pyle* Signature: *[Signature]* Shipment Date: **021820**

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-j)

TRANSPORTER I
 a. Name: **SET Environmental Inc.**
 b. Address: **1100 N. Main Street**
Noble, OK 73068
 c. Driver Name / Title: **Bryan Hood**
 d. Phone No.: **405-872-1400** Print / Type e. Truck No.: **1080**
 f. Vehicle License No. / State: **2L**
 Acknowledgement of Receipt of Materials: **021820**
 g. Driver's Signature: _____ Shipment Date: _____

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name / Title: _____
 k. Phone No.: _____ PRINT / TYPE l. Truck No.: _____
 m. Vehicle License No. / State: _____
 Acknowledgement of Receipt of Materials: _____
 n. Driver's Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator complete a-d; destination site completes e-f)

a. Site Name: **PLUMB THicket LANDFILL** c. Phone No.: **620-896-2229**
 b. Physical Address: **440 N/E 150TH ROAD** d. Mailing Address: **PO BOX 495**
HARPER, KS 67058 **HARPER, KS 67058**
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: *[Signature]* Signature: *[Signature]* Receipt Date: **021720**

Section IV ASBESTOS (Generator completes a-d; f; Operator completes e)

a. Operator's * Name: _____ b. Operator's * Phone No.: _____
 c. Operator's * Address: _____
 d. Special handling instructions and additional information: _____
 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations
 e. Operator's Name & Title: _____ Print / Type Operator's * Signature: _____ Date: _____
 f. Name & address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable
 * Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.