

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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**MIDWEST SURVEYS**  
 LOGGING - PERFORATING - CONSULTING SERVICES  
 P.O. Box 68, Osawatomie, KS 66064  
 913 / 755 - 2128

**GAMMA RAY / NEUTRON / CCL**

File No.

API# 15-125-32,499

Company **Gerald Wehmeyer**  
 Well **Wehmeyer No. - 8**  
 Field **Tyro**  
 County **Montgomery** State **Kansas**

Location **4507' FSL & 2828' FEL  
 NE-SE-NE-NW**

Sec 4 Twp 35S Rge 15E  
 Permanent Datum GL Elevation 861'  
 Log Measured From GL  
 Drilling Measured From GL

Other Services  
 Perforate

Elevation  
 K.B. NA  
 D.F. NA  
 G.L. 861'

Date 01-07-2020

Run Number	One
Depth Driller	555.0
Depth Logger	550.0
Bottom Logged Interval	549.0
Top Log Interval	20.0
Fluid Level	Full
Type Fluid	Water
Density / Viscosity	NA
Salinity - PPM Cl	NA
Max Recorded Temp	NA
Estimated Cement Top	0.0
Equipment No.	107
Location	Osawatomie
Recorded By	Steve Windisch
Witnessed By	Gerald Wehmeyer

**BORE-HOLE RECORD**

**CASING RECORD**

Run No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	12.25"	0.0	22.7	8.00"	29.0#	0.0	22.7
Two	5.875"	22.7	555.0	2.875"	6.5#	0.0	550.0

<<< Fold Here >>>

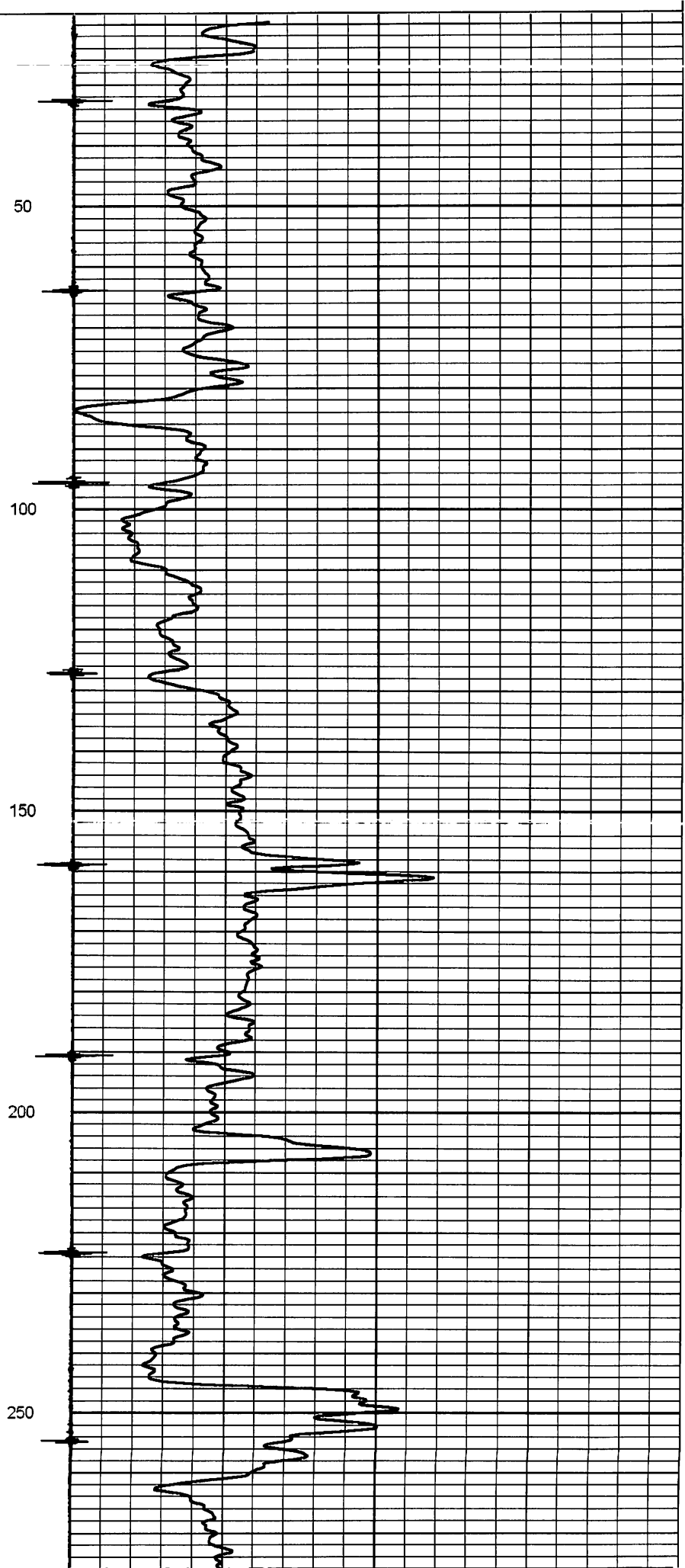
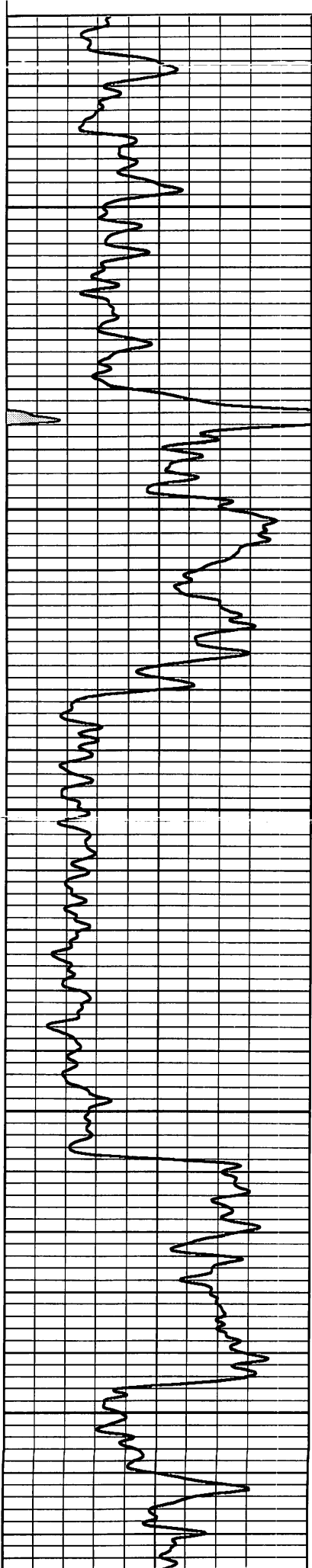
All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

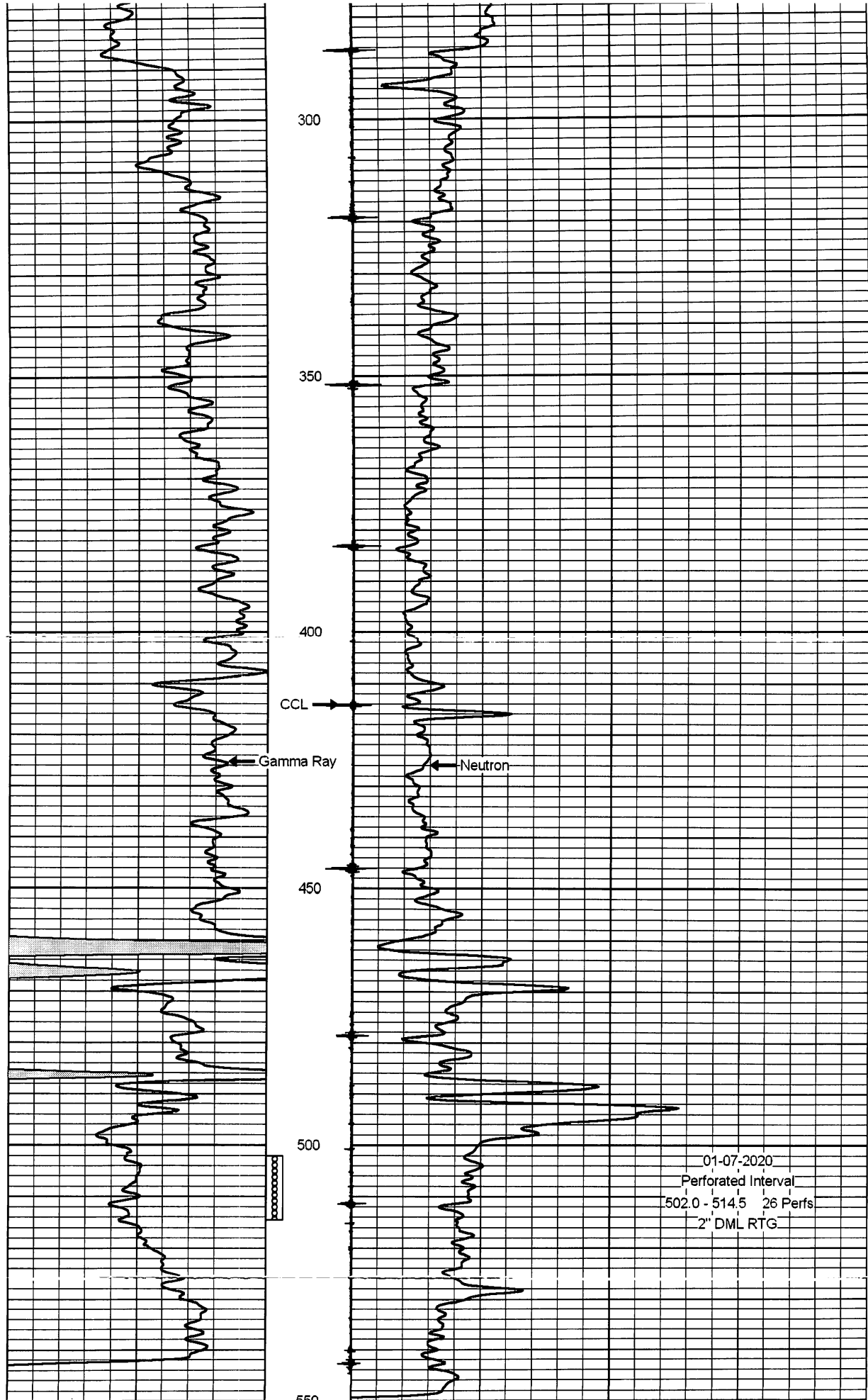
**Comments**

Drilling Contractor :  
 Finney Drilling Company.

Database File: wehmeyer 8.db  
 Dataset Pathname: pass1  
 Presentation Format: gr-n-ccl  
 Dataset Creation: Tue Jan 07 09:02:14 2020 by Log SCH 111116  
 Charted by: Depth in Feet scaled 1:240

0	Gamma Ray (cps)	150	-1 CCL 1		
150	Gamma Ray (cps)	300	10	Neutron (cps)	2100





CCL

Gamma Ray

Neutron

01-07-2020  
 Perforated Interval  
 502.0 - 514.5 26 Perfs  
 2" DML RTG

0 Gamma Ray (cps) 150  
 150 Gamma Ray (cps) 300

-1 CCL 1  
 10

Neutron (cps)

2100

**MAXIMIZE**  
 PRODUCTION SERVICES, LLC  
 PO Box 542  
 Winfield, KS 67156  
 620-222-1235

# Invoice/Bill of Lading

**EMERGENCY 24 HOUR RESPONSE**  
 1-800-535-5053

Date	Invoice#
1/13/2020	29714

Bill To
Weymeyes Oil 2439 CR 3300 Independence, KS 67301

Lease/Well Name: **Weymeyer #8**

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Driver	County
Net 30	2/12/2020		Winfield, KS	1/7/2020	701	Billy	Montgomery

No. of Package	HM	Item Code	Description	Quantity (Gallons)	Unit Price	Amount	
1 cargo tank	X	HCl	UN1789, Hydrochloric acid solution, 8, PG II	150	1.80	270.00	
		S-2040	-2% Gel				
		SN-1220	DOT (Not Regulated), Frac Sand, 20x40	3,000	0.28	840.00	
			Chemicals, NOS, PG III, (Not Regulated),	200	0.47	94.00	
			Frac Sand - 12/20				
			MFRA-53	Not Regulated, Friction Reducer	7	36.00	252.00
			BallGun	Ball Injector Charge		125.00	125.00
			BioBall	Dissolvable Ball	37	5.00	185.00
			FracTrkSm	Frac Truck Charge under 3000#		550.00	550.00
			Miles	Miles One Way	20	3.00	60.00
			SandTrk	Sand Truck & Trailer #705		450.00	450.00
			Miles	Miles One Way	20	3.00	60.00
		X	MKLA-2W	NA 1993, nos, Combustible Liquid, III (Contains: Methly Alcohol), KCL	4	25.00	100.00
			Subtotal			2,986.00	
			New Well				

*Well 8*

15% NE-FE Acid		<b>Subtotal</b>	\$2,986.00
Thank you for your business!	Customer Representative	Date	
LIMITATION OF LIABILITY Seller shall not be liable for, and buyer assumes responsibility for all personal injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services that are the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by materials sold to buyer hereunder.			<b>Sales Tax (6.5%)</b>
			\$0.00
<b>Total</b>			\$2,986.00

1 1/2% Interest per month charged on all past due accounts



**STATEMENT**

14210

**ELMORE'S INC.**

Box 87 - 776 HWY 99  
 Sedan, KS 67361  
 Cell: (620) 249-2519  
 Eve: (620) 725-5538

Date  
 12-4-19

Customer Gerald Waymire  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qty.	Description	Price	Amount
3	hr Cement Pump	125.00	375.00
3	hr Water Truck	85.00	255.00
74	SKS Cement	12.50	925.00
1	2 1/2 Rubber Plug	25.00	25.00
1	2 1/2 Plug Container	50.00	50.00
			1630.00
	Cemented 550' 2 1/2 Casing	<sup>m</sup> Tax <sup>6%</sup>	105.95
	IN New Well With 65SK	\$	1735.95
	Pumped Plug Coot Cement		
	Back Felt Back 20' Mixed		
	9 SKS Cement Topped off		
	Well 12-18-19.		
	Well 8		

pd 1-4-20  
 ck 0630

*Thank You - We appreciate your business!*

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.