

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) (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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Mud Rotary Drilling
Andrew King - Manager/Driller

Bar Drilling, LLC
Phone: (719) 210-8806

1317 105th Rd.
Yates Center, KS 66783

Company/Operator C&S Oil		Well No. 18	Lease Name Diver		Well Location 2815' fsl, 3885' fel		1/4 SW	1/4 SW	1/4 NE	Sec. 33	Twp. 23	Rge, 17E
1607 Main St Neosho Falls, KS 66758		Well API # 15-207-29748	Type/Well Oil	County Woodson		State KS	Total Depth 1225	Date Started 12/11/2019	Date Completed 12/14/2019			
Job/Project Name/No.		Surface Record			Bit Record			Coring Record				
Driller/Crew Andy King		Bit Size: 11 1/4	Type PDC	Size 11 1/4	From 0'	To 20'+	Core #	From	To			
		Casing Size: 8 5/8	Type PDC	Size 5 7/8	From 20	To 1225						
		Casing Length: 20'										
		Cement Used: 14SX										
		Cement Type: Portland										

From	To	Formation	From	To	Formation	From	To	Formation
0	27	overburden	1160	1162	good oil			
27	136	shale	1162	1164	good oil			
136	261	lime	1164	1166	oil			
261	309	shale	1166	1200	white lime			
309	443	lime	1200	1225	lime			
443	604	shale						
604	640	lime						
640	696	shale						
696	716	lime						
716	726	shale						
726	730	lime						
730	764	shale						
764	768	lime						
768	821	shale						
821	822	lime						
822	834	shale						
834	841	oil show						
841	1145	shale						
1145	1148	dark shale						
1148	1149	muck						
1149	1152	broken lime						
1152	1156	lime						
1156	1158	good oil						
1158	1160	lime (oder)						

ran 1216' 2 1/2" pipe

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **4864**
 Foreman David Gardner
 Camp Eureka, KS

ADI # 15-207-29748

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
12-13-19	1308	Diver #18				Woodson	KS	
Customer			Unit #		Driver		Unit #	Driver
C4S Oil Company			105		Jason			
Mailing Address			110		Josh			
1607 Main			145		David			
City			120		Gary			
Neosho Falls								
State		Zip Code						
KS		66758						

Job Type Logging Hole Depth 1225' Slurry Vol. 40 Bbl Tubing _____
 Casing Depth 1216' Hole Size 5 7/8" Slurry Wt. 14# Drill Pipe _____
 Casing Size & Wt. 2 7/8" Cement Left in Casing 0 Water Gal/SK 8.0 Other _____
 Displacement 7 1/4 Bbl Displacement PSI 750 Bump Plug to 1250 BPM _____

Remarks: Safety Meeting. 2 7/8" Tubing set @ 1216' w/ Flapper Type float shoe. Perak circulation w/ 5 Bbl fresh water. Mix & Pump 200# Gel Flush, 5 Bbl water spacer, 5 Bbl Dye. Mix 150 sacks D.W.C. Cement @ 14#/gal, yield 1.50 = 40 Bbl slurry. Shut down. Wash out pump & lines. Drop 2 2 7/8" Top Rubber Plugs. Displace plugs to seat w/ 7 1/4 Bbl fresh water @ 1.2 BPM. Final pump pressure of 750 PSI. Bump plugs to 1250 PSI. Bleed down to 250 PSI. Shut well in @ 250 PSI per customer request. Good circulation until shut down to Drop plugs. No circulation while displacing.
Sub complete Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1100.00	1100.00
C107	40	Mileage	4.70	168.00
C202	150 sacks	D.W.C. Cement	20.00	3000.00
C108B	7.87 Tons	Ton Mileage - Bulk Truck	1.40	440.72
C206	200#	Gel Flush	.21	42.00
C113	2 1/2 HRS.	80 Bbl Vac Truck	90.00	225.00
C224	3300 Gals	City Water	10.00/1000	33.00
C400	2	2 7/8" Top Rubber Plugs	30.00	60.00
<u>Thank You</u>			Sub Total	5068.72
			Less 5%	265.19
			7.5% Sales Tax	235.12
Authorization by <u>Bob</u> Title _____			Total	5,038.65

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.