

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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CHARGE TO: Larsen Engineering
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET 031227

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City KS</u>	WELL/PROJECT NO. <u># 15-30</u>	LEASE <u>Rosenan Owwo</u>	COUNTY/PARISH <u>Lane</u>	STATE <u>KS</u>	CITY <u>Dighton</u>	DATE <u>2-2-18</u>	OWNER <u>Same</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Wild West Well Service</u>	RIG NAME/NO.	SHIPPED VIA <u>KT</u>	DELIVERED TO <u>Location</u>	ORDER NO.		
3. WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement 4 1/2" Port Collar</u>	WELL PERMIT NO.	WELL LOCATION <u>Dighton - 6E, 1 1/2s, E info</u>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY. U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF					
575		1			MILEAGE		30 mi	5 ⁰⁰	150 ⁰⁰
576 D		1			Pump Change - Port Collar		1 job	1300 ⁰⁰	1300 ⁰⁰
330		1			SMB Cement		200 sks	16 ²⁵	3250 ⁰⁰
276		1			Flacole	1/4	50 lbs	2 ⁵⁰	125 ⁰⁰
290		1			D-Air		2 gal	42 ⁰⁰	84 ⁰⁰
288		1			Sand (20140 Brady)		2 sks	22 ⁰⁰	44 ⁰⁰
581		1			Service Charge Cement		300 sks	1 ⁷⁵	525 ⁰⁰
583		1			Drayage	28875	lbs 448.13 TM	00 ⁸⁵	380 ⁹¹

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X

DATE SIGNED 2-2-18 TIME SIGNED 1230 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY				AGREE	UNDECIDED	DISAGREE		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?							PAGE TOTAL	5858 ⁹¹
WE UNDERSTOOD AND MET YOUR NEEDS?							10% Disc	-585 ⁸⁹
OUR SERVICE WAS PERFORMED WITHOUT DELAY?							51%	5273 ⁰²
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?							Lane 10 TAX	236 ⁴⁵
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO							TOTAL	5509 ⁴⁷
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND								

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR David Kuehn

APPROVAL _____ Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-2-18 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Larson Engineering		#15-30		Rosenan aqua		Port Collet		#31227	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0830								on location 2 3/8" x 4 1/2"
									P.C. - 2032' RBP - 4025' spot sand @ 3100'
	0915	4	50	✓		400			Load Hde
		∅	∅	✓		1000			Pressure test *Hold*
	0930	2	10	✓		200			Spot 2 sks sand (100's)
	0940								Pull to P.C.
	1030								Open P.C.
		3 1/2	5	✓		300			Injection Rate
	1035	3 1/2	110	✓		400			mix 200 sks SMD 1/4" Fl @ 11.2 pps circulate cement to pit - 20 sks
	1105	3 1/2	7	✓		600			Displace Cement
	1110	∅	∅	✓		1000			Close P.C. Test *Hold*
									Run 5 sks *200 sks Total* *20 sks to pit*
	1120	2 1/2	20	✓		300			Reverse clean
	1135								wash up truck TIH for sand
	1220	2	30	✓		400			Reverse out sand
	1245								Job Complete Thank You Dave Preston Isaac



CHARGE TO: LARSON Engineering
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 031144

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>Up by KS</u>	WELL/PROJECT NO. <u>15-30</u>	LEASE <u>Rosemead</u>	COUNTY/PARISH <u>Lane</u>	STATE <u>K</u>	CITY <u>Dighton</u>	DATE <u>21 Jan 18</u>	OWNER
2. TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>SOUTHWARD</u>		RIG NAME/NO. <u>8</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>location</u>	ORDER NO.	
3. WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement log string 4 1/2"</u>	WELL PERMIT NO.	WELL LOCATION <u>30-18-27</u>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF						
575		1			MILEAGE <u>TRK 114</u>	30		mi	5.00	150.00
578		1			Pump Charge <u>long string</u>	1		ea	1250.00	1250.00
325		1			Standard cement <u>(for 2A-2)</u>	200		sk	12.25	2450.00
284		1			causal	9		sk	30.00	270.00
283		1			salt	1000		lb	0.20	200.00
292		1			halad -322	200		lb	8.00	1600.00
276		1			Fluocel	25		lb	2.25	56.25
277		1			Gilsonite	1400		lb	0.75	1050.00
280		1			Fluocel 21	500		gal	3.00	1500.00
221		1			KCL liquid	2		gal	25.00	50.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X

DATE SIGNED _____ TIME SIGNED _____ A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 8576.25
~~757.16~~
~~9389.41~~
~~-952.14~~
 TAX 1570
 Lane 8394.67
497.90
 TOTAL 8892.57

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR ABell APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 21 Jun 18 PAGE NO. 1

CUSTOMER *Laram Engineering* WELL NO. 15-30 LEASE *Rosemead* JOB TYPE *Cement long string* TICKET NO. 31144

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200sk SA-2 cement w/ Gilsomite 4 1/2" x 11.6" casing 4393' shoejt 42.56 Port collar 2032'
	1030							on loc TRR 114
	1115							Running 4 1/2" casing drop ball - circulate - ROTATE
	1215	5	32			280		Pump flocculated & KCL flush
			7					Plug RH - WH 30 sk - 20 sk
	1230 1230	4 4				200		MIX SA-2 w/ Gilsomite 150 sk @ 15.4 ppq
	1247							Drop latch down plug wash plug & line
	1252	5 1/2				200		Displace plug
		5 1/2	61			650		
	1315	5 1/2	68			1500		Land plug
								Release pressure to truck - dried up
	1320							wash truck
								Rack up
	1345							job complete Thanks Flint, Blaine & Russell