

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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Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	MCCASKEY 3-20
Doc ID	1403712

All Electric Logs Run

Sonic Log
Micro Log
Dual Induction Log
Compensated Density/Neutron PE Log

Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	MCCASKEY 3-20
Doc ID	1403712

Tops

Name	Top	Datum
Onaga Shale	2767	-904
Wabaunsee	2814	-951
Stotler Lime	2956	-1093
Topeka	3360	-1497
Heebner	3711	-1848
Brown Lime	3908	-2045
Stark Shale	4204	-2341
Base/KC	4339	-2476
Mississippian	4530	-2667
Kinderhook	4772	-2909
Viola	4918	-3055

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
3-19-2018	C-1718

Bill To
Trek AEC, LLC 4925 Greenville Ave, Ste.915 Dallas, TX 75206

P.O. No.	Terms	Lease Name
		McCaskey #3-20

Description	Qty	Rate	Amount
8 5/8 Wooden Plug	1	85.00	85.00T
Common	165	15.50	2,557.50
Poz	110	9.50	1,045.00
Gel	5	22.00	110.00
Calcium	10	60.00	600.00
Flo-Seal	68.75	3.70	254.38
SFC 0-500'	1	600.00	600.00
Hauling	290	2.10	609.00
.08 * sacks * miles	5,800	0.08	464.00
Service Supervisor	1	150.00	150.00
LMV	20	3.75	75.00
Heavy Equipment Mileage	40	8.00	320.00
Customer Discount		-34.00	-34.00
Customer Discount		-2,713.95	-2,713.95
Discount Expires after 30 days from the date of the invoice		0.00	0.00
McCaskey #3-20 Pratt Co.			
Thank You for your business!		Subtotal	\$4,121.93
		Sales Tax (8.25%)	\$6.98
		Total	\$4,128.91

QUALITY WELL SERVICE, INC.

6808

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	3-23-18	Sec.	20	Twp.	29	Range	11	County	Pratt	State	KS	On Location	8:30 AM	Finish	10:30 AM		
Lease	McCaskey	Well No.	3-20			Location											
Contractor	Fossil				Owner												
Type Job	Rotary Plug				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.												
Hole Size					T.D.												
Csg.					Depth												
Tbg. Size					Depth												
Tool					Depth												
Cement Left in Csg.					Shoe Joint												
Meas Line					Displace												
EQUIPMENT												Charge To				Trck	
Pumptrk	8	No.	Dawic		Common											105	
Bulktrk	10	No.	Shay		Poz. Mix											70	
Bulktrk		No.			Gel.											6	
Pickup		No.			Calcium												
JOB SERVICES & REMARKS												Hulls					
Rat Hole 30sx												Salt					
Mouse Hole 20sx												Flowseal					
Centralizers												Kol-Seal					
Baskets												Mud CLR 48					
D/V or Port Collar												CFL-117 or CD110 CAF 38					
1st Pumped 50sx 60/40 4% Gel @ 800'												Sand					
												Handling				181	
												Mileage				20	
2nd Pumped 50sx 60/40 4% Gel @ 375'												GUIDE EQUIPMENT					
												Guide Shoe					
												Centralizer					
3rd Pumped 25sx 60/40 4% Gel @ 60' to surface.												Baskets					
												AFU Inserts					
												Float Shoe					
4th Pumped 50sx 60/40 4% Gel Rat + Mouse hole.												Latch Down					
												LMV				20	
												Service supervisor					
												Pumptrk Charge				Rotary Plug	
												Mileage				40.	
												Tax					
												Discount					
X Signature <i>Richard A. Lawrence</i>												Total Charge					

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
3/26/2018	C-1723

Bill To
Trek AEC, LLC 4925 Greenville Ave, Ste.915 Dallas, TX 75206

P.O. No.	Terms	Lease Name
		McCaskey #3-20

Description	Qty	Rate	Amount
Common	105	15.50	1,627.50T
Poz	70	9.50	665.00T
Gel	6	22.00	132.00T
Plug	1	950.00	950.00T
Handling	181	2.10	380.10T
.08 * sacks * miles	3,750	0.08	300.00T
Service Supervisor	1	150.00	150.00T
LMV	20	3.75	75.00T
Heavy Equipment Mileage	40	8.00	320.00T
Customer Discount		-1,609.86	-1,609.86
Discount Expires after 30 days from the date of the invoice		0.00	0.00
McCaskey #3-20 Pratt Co.			

Thank You for your business!	Subtotal	\$2,989.74
	Sales Tax (8.25%)	\$246.65
	Total	\$3,236.39



David Barker
CONSULTING GEOLOGIST

Geologist's Report
Drilling Time and Sample Log

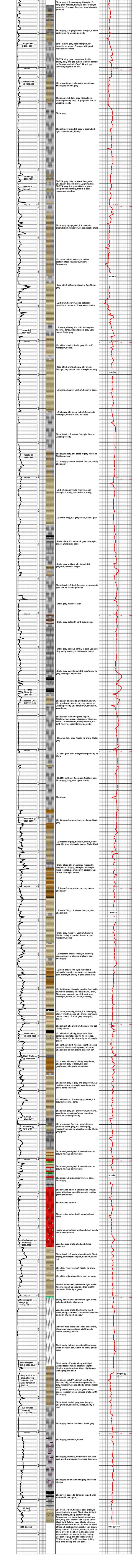
Geologist Name: David A. Barker
Company: Trok AEC, LLC
Address: 4925 Greenville Ave. Suite 915 Dallas, Tx 75206
Location: SE 1/4 SW 2715 & 10267th Ln, C-20, T-95, R-2E, T-95, S-32E, R-2E, T-95, S-32E
County: Fossil, State: Kansas
Well No.: 15-151-22669
Operator: Trok AEC, LLC

Name: David A. Barker
Address: 212 N. Market, Suite# 320 Wichita, Kansas 67202
Company: Trok AEC, LLC
Address: 4925 Greenville Ave. Suite 915 Dallas, Tx 75206

Contractor: Fossil Drilling Rig #2
P.O. Box 464 Pratt, KS 67124-0464

Remarks: Due to the low structural position of the Mississippian formation in the McCaskey 3-20 and the lack of commercial oil and gas shows in this well the McCaskey 3-20 was plugged and abandoned on 02/22/2018. Etaged this well to 4714', after the log decision was made to drill to the Viola formation at 4914' with a RTD of 4934'

Legend tables for Fossil, Mineral, Accessories, Textures, Rounding, Other Symbols, Rock Types, and Lithology types.



Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
3/19/2018	C-1718

Bill To
Trek AEC, LLC 4925 Greenville Ave, Ste.915 Dallas, TX 75206

P.O. No.	Terms	Lease Name
		McCaskey #3-20

Description	Qty	Rate	Amount
8 5/8 Wooden Plug	1	85.00	85.00T
Common	165	15.50	2,557.50
Poz	110	9.50	1,045.00
Gel	5	22.00	110.00
Calcium	10	60.00	600.00
Flo-Seal	68.75	3.70	254.38
SFC 0-500'	1	600.00	600.00
Handling	290	2.10	609.00
.08 * sacks * miles	5,800	0.08	464.00
Service Supervisor	1	150.00	150.00
LMV	20	3.75	75.00
Heavy Equipment Mileage	40	8.00	320.00
Customer Discount		-34.00	-34.00
Customer Discount		-2,713.95	-2,713.95
Discount Expires after 30 days from the date of the invoice		0.00	0.00
McCaskey #3-20 Pratt Co.			

Thank You for your business!	Subtotal	\$4,121.93
	Sales Tax (8.25%)	\$6.98
	Total	\$4,128.91

QUALITY WELL SERVICE, INC.

6805

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-16-18	20	29	11	Pratt	KS	6:00 AM	10:45
Lease <i>McCasky</i>	Well No. <i>3-20</i>		Location				
Contractor <i>Fossil Drilling</i>				Owner			
Type Job <i>Surface</i>				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size <i>12 1/4</i>	T.D. <i>345</i>			Charge To <i>Trek</i>			
Csg. <i>8 5/8</i>	Depth <i>345</i>			Street			
Tbg. Size	Depth			City			
Tool	Depth			State			
Cement Left in Csg. <i>20'</i>	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace <i>20.7</i>			Cement Amount Ordered <i>65/35 2% Gel 32cc</i>			
EQUIPMENT				<i>1/4 C.F. 275 sx</i>			
Pumptrk <i>8</i> No. <i>D-216</i>				Common <i>165</i>			
Bulktrk <i>10</i> No. <i>Dillon</i>				Poz. Mix <i>110</i>			
Bulktrk No.				Gel. <i>5</i>			
Pickup No.				Calcium <i>10</i>			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal <i>68.75</i>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>Ran 8 1/2 8 5/8 csg. broke</i>				Sand			
<i>circulation with Rg. mixed 275 sx</i>				Handling <i>290</i>			
<i>65/35 2% gel 32cc 1/4 C.F.</i>				Mileage <i>20</i>			
<i>released plug pumped 20.7 bbls</i>				FLOAT EQUIPMENT			
<i>1 3/4 cement circulated to surface.</i>				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch-Down <i>8 5/8 wooden Plug</i>			
				<i>LMV 20</i>			
				<i>Service expense</i>			
				Pumptrk Charge <i>surface</i>			
				Mileage <i>240</i>			
				Tax			
				Discount			
				Total Charge			
X Signature							