

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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Ackarman Hardware & Lumber
 Ackarman Inc
 160 East Main St
 Sedan, KS 67361
 620-725-3103
 Fax: 620-725-5688

CUSTOMER COPY



INVOICE

1801-112379 PAGE 1 OF 1

SOLD TO	JOB ADDRESS
MATT JONES JONES OIL EXPLORATION P. O. BOX 68 Sedan KS 67361	MATT JONES JONES OIL EXPLORATION P. O. BOX 68 Sedan KS 67361


ACCOUNT	JOB
00624	0
SOLD ON	1/22/2018 1:51:21 PM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	BROOKS LEASE
STATION	A2
CASHIER	DK
SALESPERSON	CM
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
9	EACH	MP30080	300.80 CONCRETE MIX 80#	N	Y	5.3500	EACH	48.15

Payment Method(s) Buyer: MATT JONES

Charge to Acct 52.97

SubTotal	48.15
Sales Tax	4.82
Deposit	
Please Pay This Amount	52.97


 Signature MATT JONES



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice#

812316

Invoice Date: 01/31/18

Terms: C.O.D.

Page 1

Jones Oil Exploration, LLC

P.O. Box 68
 Sedan KS 67363
 USA

MISC-Jones Oil (Brooks #26)

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	40.000	900.00
CE0002	Equipment Mileage Charge - Heavy Equipment	75.000	7.1500	40.000	321.75
CE0001	Equipment Mileage Charge - Light Equipment	75.000	3.0000	40.000	135.00
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	40.000	396.00
CC5844	Poz-Blend III A (65:35)	150.000	15.5000	40.000	1,395.00
CC5965	Bentonite	250.000	0.3000	40.000	45.00
CC5326	Sodium Chloride, Salt	750.000	1.0000	40.000	450.00
CC6077	Kolseal	750.000	0.5000	40.000	225.00
CC6079	PhenoSeal Formica Flakes	80.000	1.3500	40.000	64.80
CC5965	Bentonite	200.000	0.3000	40.000	36.00
WS2400	Water Transport	3.000	120.0000	40.000	216.00
CC6159W	City Water	5,460.000	0.0300	40.000	98.28
CP8178	4 1/2" Top Rubber Plug	1.000	75.0000	40.000	45.00

Subtotal 7,213.05

Discounted Amount 2,885.22

SubTotal After Discount 4,327.83

Amount Due 7,547.25 If paid after 01/31/18

Tax: 200.52

Total: 4,528.35



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

9950/9843

TICKET NUMBER 54470
LOCATION Eldorado
FOREMAN Brad Butler

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #812316

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-18	9999	Brooks #26	28	34s	12E	CHAUTAUQUE
CUSTOMER Jones Oil Exploration, LLC			TRUCK #		DRIVER	
MAILING ADDRESS P.O. Box 68			760		Chris	
CITY Sedan			491		MARK	
STATE KS			679-1102		RYAN	
ZIP CODE 67363			702		Brad	

JOB TYPE LongStems HOLE SIZE 6 3/4" HOLE DEPTH 1088" CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 1074" DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14 pps SLURRY VOL 37 WATER gal/sk 6 CEMENT LEFT in CASING 0
DISPLACEMENT 17 Bbls DISPLACEMENT PSI 600 MIX PSI _____ RATE 3 bpm

REMARKS: Rig up to 4 1/2" casing, pumped 10 Bbls city water ahead, pumped 8 Bbl. Gel Flush followed with 10 Bbls Dye water. Mixed 150 sacks 65/35 Pozmix cement/chemicals @ 14 pps shut down - wash out pump & lines. Release Plug, displaced Plug with 17 Bbls water. Signal pumping @ 600 psi - Pumped Plug In 1100 psi. Release Pressure - Float Held - closed casing w/ BPSI.

Job complete with good cement returns = 4 1/2 Bbls to pit
NOTE: wait 15 minutes then top off well with cement
Wash up & Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	75	MILEAGE	7.15	536.25
CE0001	75	P.U. mileage	3.00	225.00
CE0711	m/c	Bulk Truck charge	660.00	660.00
CC5844	15486	150 sack 65/35 Pozmix cement	15.50	2325.00
CC5965	250 lbs	Gel 2%	.30	75.00
CC5326	750 lbs.	SALT 10% water weight	1.00	750.00
CC6077	750 lbs.	KOI-SEAL 5 1/2 P/SK	.50	375.00
CC6079	80 lb.	Pheno-SEAL Y21b P/SK	1.35	108.00
CC5965	200 lbs	Gel - Flush Ahead	.30	60.00
WS2400	3 Hrs	Water Transport	120.00	360.00
CC6159W	5460 gal	City Water	.03	163.80
CP8178	1	4 1/2" Top Rubber Plug	75.00	75.00
			4327.83	7213.05
			40% discount	-2885.22
			8.52	200.52
			ESTIMATED TOTAL	4528.35

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.