

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

JM-10813
PO-16846
FT-10704

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 54029
LOCATION Ottawa, KS
FOREMAN Casen Kennedy

Invoice # 813300

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/31/18	2890	Dart et al #7-20	NE 20	27	16	WJL
CUSTOMER Domestic Energy Partners			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 296			729 /	Cas Ken	✓ Safety	Meeting
CITY Fredonia			495 /	Kei Car	✓	
STATE KS			558 /	Har Rec	✓	
ZIP CODE 66736						

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 1237' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 1211.50' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.5 #/gal SLURRY VOL 45 bbls WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 19.32 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 100 # Caustic Soda followed by 15 bbls fresh water, mixed & pumped 150 sks Thixoblend II cement w/ 5 # Kolsal & 1/2 # Phenoseal per sk, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 19.32 bbls water cement to surface, pressured to 200 PSI, well held pressure, released pressure to set float valve.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
LE0450	1	PUMP CHARGE	1500.00	✓
CE0002	65 mi	MILEAGE	464.75	✓
CE0711	min	ton mileage	600.00	✓
		trucks	21624.75	
		-25%	656.19	
		Subtotal		1968.56
CC5861	150 sks	Thixoblend II cement	4050.00	✓
CC5965	200 #	Gel	60.00	✓
CC6072	750 #	Kol seal	375.00	✓
CC6079	75 #	Phenoseal	101.25	✓
CC6151	100 #	Caustic soda	200.00	✓
CP8178	1	4 1/2" rubber plug	75.00	✓
		materials	4861.25	
		-25%	1215.31	
		Subtotal		3645.94
		6.5%	SALES TAX	236.99
		ESTIMATED TOTAL		5851.49
		DATE		(7801.98)

AVIN 3737 AUTHORIZATION J. Morris 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.



Operator CHEROKEE WELLS LLC.		Well No. 7-20	Lease DART ET AL	Loc. 1/4 1/4 1/4	Sec. 20	Twp. 27S	Rge. 16E					
		County WILSON	State KS	Type/Well 1237'	Depth	Hours	Date Started 5/29/18	Date Completed 5/31/18				
Job No.	Casing Used 42' OF 8 5/8"	Bit Record			Coring Record							
Driller DAVE	Cement Used 11	Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller	Rig No.			6 3/4"								
Driller	Hammer No.											

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	4	OVERBURDEN	525	531	LIMEY BLACK SHALE	835	837	LIME	1074	1096	SAND
4	41	LIME	531	587	SHALE	837	841	SHALE	1075		OIL ODOR OIL IN PIT
41	148	SHALE	587	600	BLACK SHALE	841	869	BLACK SAND	1087		GAS TEST (13# 3/8")
60		WENT TO WATER	600	603	LIME	861		GAS TEST (24# 1/4")	1096	1097	COAL
148	168	LIME	603	620	SHALE/SANDY SHALE	869	871	SHALE	1097	1139	SAND
168	219	SHALE	620	622	LIME	871	892	SANDY SHALE	1100		WATER SAND
219	258	LIME	622	630	SHALE	892	893	LIME	1139	1146	SAND/ SANDY SHALE
258	260	BLACK SHALE	630	656	LIME (ALTAMONT)	893	894	SHALE	1146	1165	SAND (WATER SAND)
260	270	GRAY SHALE	640		OIL ODOR	894	895	COAL (1/2" THICK)	1165	1170	SHALE
270	288	SANDY SHALE	656	664	SHALE	895	907	SHALE	1170	1173	SAND/ SANDY SHALE
288	289	COAL	664	682	SAND	907	909	LIME	1173	1206	WATER SAND
289	310	SHALE	676		GAS TEST (2 1/2# 1/4")	909	917	BLACK SHALE	1206	1216	CHAT (MISSISSIPPI)
310	316	LIME	682	727	SANDY SHALE	917	930	SAND	1216	1225	LIME
316	341	SHALE	727	730	LIME	930	955	SANDY SHALE	1225	1229	BLACK SHALE
341	361	LIME	730	731	SHALE	955	958	LIME	1229	1237	LIME
361	362	SHALE	731	732	COAL	958	967	BLACK SHALE			
362	402	LIME	732	733	SHALE	967	969	LIME			
402	404	BLACK SHALE	733	746	LIME (PAWNEE)	969	970	SHALE			T.D. 1237'
404	420	LIME	736		GAS TEST (2 1/2# 1/4")	970	971	COAL?			
420	425	BLACK SHALE	746	749	BLACK SHALE	971	972	SHALE			
425	436	LIME	749	752	LIME	972	978	SAND (OIL/GAS ODOR)			
435		GAS TEST (9 1/2# 1/4")	752	769	BLACK SHALE	978	1019	SHALE			
436	451	SANDY SHALE/SHALE	769	783	GRAY SHALE	987		GAS TEST (13# 3/8")			
451	461	LIME	783	799	LIME (OSWEGO)	1019	1022	SAND/ SANDY SHALE			
461	468	SHALE/ BLACK LIMEY SHALE	788		GAS & OIL ODOR	1022	1023	COAL			
468	477	LIME	799	806	BLACK SHALE	1023	1026	BLACK SHALE			
472		GAS TEST (9 1/2# 1/4")	806	810	LIME	1026	1031	SHALE			
477	479	SHALE	810	831	SHALE	1031	1038	SANDY SHALE			
479	491	LIME	811		GAS TEST (18# 1/4")	1038	1048	SAND			
491	507	BLACK SHALE	816	835	SAND	1048	1072	SHALE			
507	525	GRAY SHALE	819		OIL ODOR	1072	1074	SANDY SHALE			