

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	Phillips Oil Company, LLC
Well Name	CAMPIE 1-15
Doc ID	1411935

Tops

Name	Top	Datum
Anhydrite	1481	+719
B Anhydrite	1511	+689
Heebner SH	3613	-1413
Toronto	3632	-1432
Lansing	3654	-1454
BKC	3935	-1735
Pawnee	4016	-1816
Ft. Scott	4100	-1898
Cherokee SH	4111	-1911
Congl SD	4148	-1948

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C45963-IN

BILL TO:
PHILLIPS OIL CO, LLC
650 E GILBERT
WICHITA, KS 67211

LEASE: CAMPIE 1-15

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/31/2018	C45963		05/25/2018		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	PRICE AS AGREED TO SET AND CEMENT 307' OF 8 5/8 CASING PRICE QUOTED		0.00	3,348.62	3,348.62
REMIT TO:		COP		Net Invoice: 3,348.62 NESCO Sales Tax: 217.66 Invoice Total: 3,566.28		
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.				
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER N° C 45963

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5-25 20 18

IS AUTHORIZED BY: Phillips Oil Co. LLC (NAME OF CUSTOMER)
 Address 650 E Gilbert City Wichita State KS. 67211
 To Treat Well As Follows: Lease Campie Well No. 1-15 Customer Order No. _____
 Sec. Twp. Range 15-17S-21W County Ness State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	1	Price as agreed to set/cement 307' of 8 5/8" casing		\$ 3348.62
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		\$ 3348.62

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Greg Curtis
 Station GB

Tom/Skytop Drilg.
 Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

OPERATOR
 Company: Phillips Oil Company, LLC
 Address: 650 E. Gilbert
 Wichita, KS 67211

Contact Geologist: Jason Phillips
 Contact Phone Nbr: (316)-265-7779
 Well Name: Campie # 1-15
 Location: Section 25-12S-27W: 2300' FNL - 1900' FEL
 API: 15-135-26005-00-00
 Pool: Oil
 State: Kansas

Field: McGaughey
 Country: USA

Scale 1:240 Imperial

Well Name: Campie # 1-15
 Surface Location: Section 25-12S-27W: 2300' FNL - 1900' FEL
 Bottom Location: Same as above
 License Number: 35516
 Spud Date: 5/28/2018
 Region: Ness County, Kansas
 Drilling Completed: 6/2/2018
 Surface Coordinates: 2300' FNL & 1900' FEL
 Bottom Hole Coordinates:
 Ground Elevation: 1993.00ft
 K.B. Elevation: 2200.00ft
 Logged Interval: 4200.00ft
 Total Depth: 2200.00ft
 Formation: Lansing/Kansas City
 Drilling Fluid Type: Chemical and Polymer

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude:
 Latitude:
 N/S Co-ord: 2300' FNL
 E/W Co-ord: 1900' FEL

LOGGED BY

Company: 1407 N. Stratford Ln.
 Address: Wichita, KS 67206
 Phone Nbr: (316)-619-5574
 Logged By: Geologist
 Name: Patrick J Denihan

CONTRACTOR

Contractor: Sky Top Drilling
 Rig #: 16
 Rig Type: mud rotary
 Spud Date: 5/28/2018
 TD Date: 6/2/2018
 Rig Release: 6/3/2018

ELEVATIONS

K.B. Elevation: 2200.00ft
 K.B. to Ground: 207.00ft
 Ground Elevation: 1993.00ft

NOTES

Campie #1-15 SUMMARY:

The Campie #1-15 ran flat to 2' low until we encountered the Cherokee Shale. We had no show of oil in the entire well.

The Cherokee Shale is the main structural horizon when mapping for the potential of the Cherokee Sand to develop. Typically, in this area, the Cherokee Shale is a 4' Black Carboniferous shale with 2'-3' of Gray shale. Our Cherokee Shale had no Black shale and was 10' thick with gray shale. At this point there was a strong indication we were drilling a "sink hole". From this point the samples contained about 95% shale with little to no sand, and trace amounts of chert.

The only "Glimmer of Hope" was a log indication of a sand body developing at approximately 4150' in the Conglomerate Formation. Unfortunately, we only carried a few medium to coarse pieces of barren sandstone. The only Conglomerate Production in the area had a fair to good show of live free oil; in addition it had an actual body of sand developed, and it had higher Porosity and higher Resistivity and it was 20' high to the Campie #1-15.

As we got deeper we had shales of various colors such as Gray; Maroon; Purple and Brown. In addition we had small amounts of various Colored fresh opaque chert. In the 4160' sample we also encountered Yellow shale and chert. This was "The Kiss of Death" for any productive Mississippian. When yellow shale or chert appears the Mississippian formation commonly runs structurally 60'-150' low if it is there at all.

In summary no Drill Stem Tests were necessary, The E-Log varified our conclusion and it was recommended that the Campie #1-15 be plugged and abandoned on June 2, 2018.

ROCK TYPES

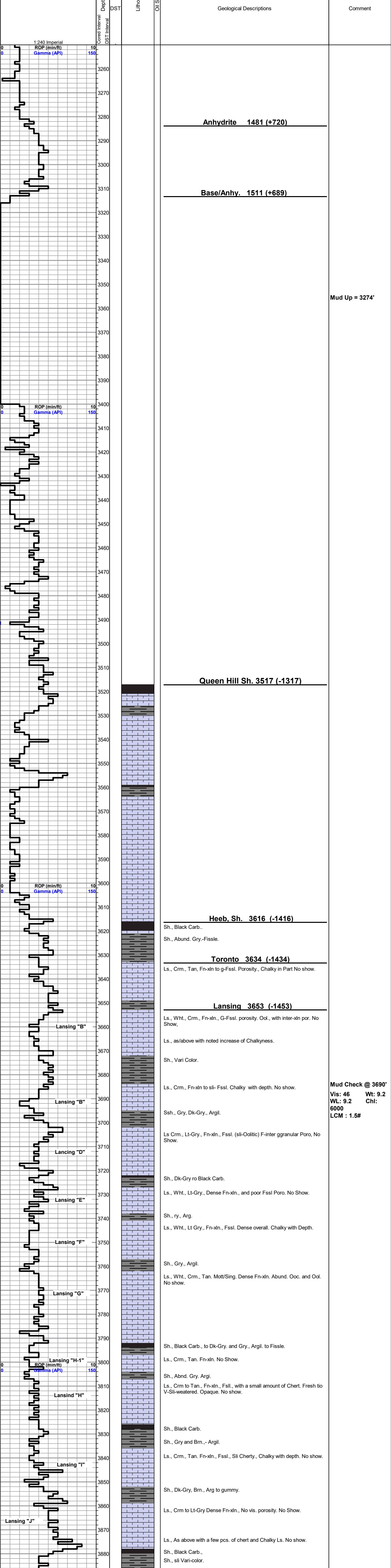
Coal Congl Lmst fw7> shale, gry

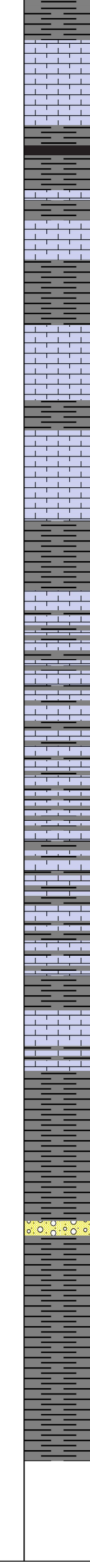
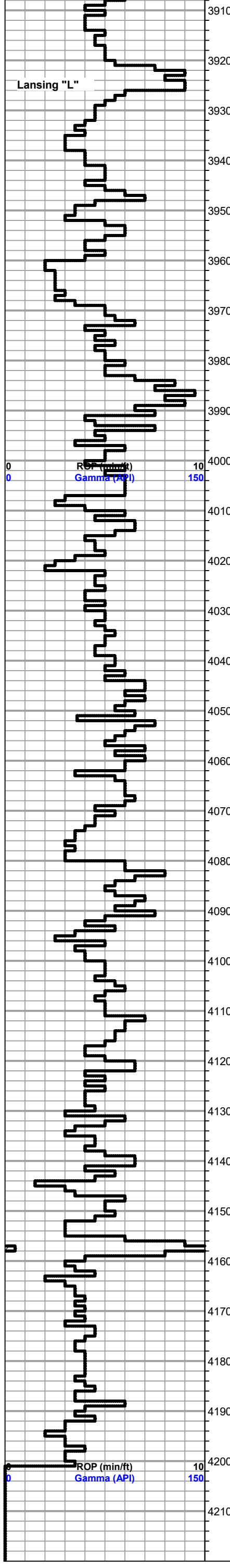
OTHER SYMBOLS

OIL SHOWS
 ● Even Stn
 ● Spotted Stn 50 - 75 %
 ● Spotted Stn 25 - 50 %
 ○ Spotted Stn 1 - 25 %
 ○ Questionable Stn
 D Dead Oil Stn
 ■ Fluorescence

DST
 ■ DST Int
 ■ DST alt
 ■ Core
 ■ tail pipe

Printed by GEOstrip VC Striplog version 4.0.8.15 (www.grsi.ca)





Sh., Vari-Color.

Sh., Crm. Tan., Lt-Gry. Dense Micro-xln. Cherty and Chalky with depth.

B. K. C. 3934 (-1734)

Sh., Black Carb.

Sh., Pred. Gry with some Vari-Color Argil.

Sh., Crm., Dense Fn-xln. No Show

Sh., Vari-Color. Argil.

Marmaton 3969 (-1769)

Sh., Lt-Gry., Gry., Trc. of Crm., dense Fn-xln., Shi Cherty and Chalky. No Show.

Sh., Gry., Argil.

Altamont 3992 (-1792)

Sh., Lt-Gry., Crm. P-Micro-Porosity. Gry., Opaque Fresh to sli-Weathered Chert ans Cherty LS. No Show

Pawnee 4022 (-1822)

Sh. Wht., Gry., Dense Fn-xln., with Dense Gry. Opaque chert. Samples though Pawnee Primarily Gry Shale.

Ft. Scott 4109 (-1909)

Sh., Crm., Tan Dense Fn-xln., P-Fssl. to tight Ool. No show.

Cher. Sh. 4122 (-1922)

Sh., Dk-Gry., Gry., Argil.

Sh., & 5 pcs of Barren clustered SS. Med To Lg., Sub-Rd Fri-to Non-Friable No odor. No Fluor. No show.

Sh., Adund. Vari-Color.

Sh., Dk-Gry., Purple, Green, Brown, Maroo, Argil.

Sh., As Above with Yellow Gummy shale.

Rotary Total Depth = 4200' (-2000')

E-Log Total Depth = 4196' (-1996')

Mud Check @ 3969'

Vis: 58 Wt: 9.4
WL: 9.6 Chl:
7000
LCM: 1#

Mud Check @ 4145"

Vis: 55 Wt: 9.4
WL: 9.2 Chl:
6000
LCM: 1.5#