

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](mailto: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	Larson Engineering, Inc. dba Larson Operating Company
Well Name	TROST 2-31
Doc ID	1410831

Tops

Name	Top	Datum
Anhydrite	2076	+654
B/Anhydrite	2106	+624
Heebner	3958	-1228
Lansing	3998	-1267
Stark	4268	-1538
BKC	4350	1620
Marmaton	4379	-1649
Pawnee	4466	-1736
Ft Scott	4524	-1794
Cherokee Sh	4547	-1817
Mississippi Dol	4622	1891





CHARGE TO: Larsen Engineering  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

TICKET 30988

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, KS</u> 2. <u>Ness City, KS</u>	WELL/PROJECT NO. <u>#2</u>	LEASE <u>Trout</u>	COUNTY/PARISH <u>Lane</u>	STATE <u>KS</u>	CITY <u>Location</u>	DATE <u>02/20/18</u>	OWNER
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Wild West</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO	ORDER NO.	
	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Port Collar</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE <u>Truck #113</u>	30		mi		5.00	150.00
576D		1			<u>Pump Charge - Port Collar</u>	1		EA		1300.00	1300.00
290		1			<u>D-Air</u>	4		gal		42.00	168.00
330		2			<u>Swift Multi-Density Standard</u>	250		SKS		16.25	4062.50
276		2			<u>Flocele</u>	62		lbs		2.50	155.00
581		2			<u>Service Charge Cement</u>	325		SKS	32343 lbs	1.75	568.75
583		2			<u>Drayage</u>	30		mi	485 TM	0.25	412.25

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 \_\_\_\_\_ 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	UN-DECIDED	DIS-AGREE	PAGE TOTAL	6816.50	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						- 681.65		
WE UNDERSTOOD AND MET YOUR NEEDS?						10% Disc	6134.85	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						Lane CO		
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?						TAX 7.50	296.02	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO					TOTAL	6430.87	
<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 [Signature]

APPROVAL \_\_\_\_\_

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12/20/18 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Larsen Engineering		#2		Troost		Cement Port Collar		30988	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1100								On location, set up trucks
									2 3/8 x 5 1/2 Port Collar - 2053
	1115						1000		Hook up to backside Test Casing + tubing Open Port Collar
	1120	3	3			400			Pump 3 Bbl Start Hook up to tubing
	1125	3				400			Start Cmt Mix @ 11.2 ppq
	1135	3 1/2	37			600			Start Circulating mud.
	1200	3 1/2	120			650			Cement Circulating to surface. Bring Weight up to #14
	1205	3	130			650			Finish Mixing Cmt
		3				650			Start Displacement
	1210	2 1/2	7			650			Finish Displacement, shut Down Close Port Collar
	1220						1000		Test, Held. Run SJTs.
	1230						300		Reverse Out.
	1245	3	18				200		Fin Reverse Out Wash up truck Rack up
	1300								Job Complete
									Thanks, Jon, Austin, ISAAC
									250 SKS total 20 SKS - to pit



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

TICKET U31233

SERVICE LOCATIONS 1. <u>Ness City, KS</u>	WELL/PROJECT NO. <u>2-31</u>	LEASE <u>Trout owned</u>	COUNTY/PARISH <u>Lane</u>	STATE <u>KS</u>	CITY <u>Dighton</u>	DATE <u>2-14-18</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Southwind Drilling</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 4 1/2" Longstring</u>	WELL PERMIT NO.		WELL LOCATION <u>Dighton - S E, 3 1/2 E, 2 1/2 N</u>	
4.	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT		
		LOC	ACCT	DF		U/M	U/M				
<u>575</u>		<u>1</u>			MILEAGE	<u>Trk # 115</u>	<u>30</u>	<u>mi</u>	<u>5<sup>00</sup></u>	<u>150<sup>00</sup></u>	
<u>578</u>		<u>1</u>			Pump Charge - Longstring		<u>4 1/2</u>	<u>in</u>	<u>1</u>	<u>job</u>	<u>1300<sup>00</sup></u>
<u>419</u>		<u>1</u>			Rotating Head Rental		<u>4 1/2</u>	<u>in</u>	<u>1</u>	<u>job</u>	<u>200<sup>00</sup></u>

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

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	<u>1650<sup>00</sup></u>
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	<u>8548<sup>96</sup></u>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<u>10<sup>00</sup> Dica</u>	<u>10198<sup>96</sup></u>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<u>30%</u>	<u>-1019<sup>90</sup></u>
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		<u>Lane</u>	<u>9179<sup>06</sup></u>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	<u>544<sup>32</sup></u>
					<u>9179<sup>38</sup></u>

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.  
 X  
 DATE SIGNED 2-14-18 TIME SIGNED 1750  A.M.  P.M.

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 [Signature]

Thank You!



PO Box 466  
Ness City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 31233

CUSTOMER Larson Engineering WGLL Trost #2-31 owaco DATE 2-14-18 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
325		1				Standard Cement (EA-2)	200	sk			13.00	2600.00
284		1				Calscal	5	%	9	sk	35.00	315.00
283		1				Salt	10	%	1000	lbs	00.20	200.00
292		1				H-lcal 322	1	%	200	lbs	8.00	1600.00
277		1				Coal Seal (Gilsonite)	7	lbs	1400	lbs	00.85	1190.00
276		1				Flocelec	1/4	lbs	50	lbs	2.50	125.00
290		1				D-Air			2	gal	42.00	84.00
Es 221		1				Liquid KCl			2	gal	25.00	50.00
280		1				Flocheck 21			500	gal	3.50	1750.00
581		1				SERVICE CHARGE			200	CUBIC FEET	1.75	350.00
583		1				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES			
							22350	30	335.25		00.85	284.96
CONTINUATION TOTAL											8548.96	



JOB LOG

SWIFT Services, Inc.

DATE 2-14-18 PAGE NO. 3/233

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Larson Engineering		#2-31		Trust Ollavo		4 1/2" Longstring			
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1430								on location 4 1/2" 11.6"
									RTD - 4420' TP - 4415'
									sch @ 4412' SJ - #1 41.25"
									P.C. - 2053'
									Rig Running 4 1/2" 11.6" casing
	1510								Drop Ball circulate *Rotate* wait on water tank to fill
	1635	6 1/2	15		✓	300			Pump 15 bbl KCl Flush
		6 1/2	12		✓	300			Pump 500 gal Flocheck 21
		6 1/2	5		✓	300			Pump 5 bbl KCl Flush
			7-5						Plug RH-MH (30-20)
	1650	4 1/2	38		✓	200			mix 150 sls EA-2 @ 15.3 ppb
									wash out Pump + Lines Release latch Down Plug
	1710	6 1/2	∅		✓	100			Start Displacement
		6 1/2	50		✓	250			lift Pressure
		6 1/2	67		✓	750			max lift Pressure
	1725	6 1/2	67.7		✓	1700			land latch Down Plug
									Release Pressure *Plug Hold*
									wash up truck
	1800								Job Complete

Thank You  
Dave Preston Kirby