

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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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# 813360

Invoice Date: 06/08/18

Terms: Net 30

Page 1

D & Z EXPLORATION

P.O. Box 159
 ST. ELMO IL 62458
 USA
 6188293274

SUGAR RIDGE FARM #27

DEV-11DC

Tax: 120.10

Total: 3,428.30



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

SM - 10837
PO - 16884
FT - 10729

TICKET NUMBER 54034
LOCATION Ottawa, KS
FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813360

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/6/18	3392	Sugar Ridge Farms #27	SE 29	14	22	JO
CUSTOMER						
D+Z Exploration						
MAILING ADDRESS						
901 N Elm St						
CITY						
St Elmo		STATE	ZIP CODE			
		IL	62458			
TRUCK # DRIVER TRUCK # DRIVER						
729 - Cas Ken ✓ Safety Meeting						
467 - Kei Car ✓						
548 - Har Bec ✓						
675 - Kei Det ✓						

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 940' CASING SIZE & WEIGHT 2 3/8" EUE
 CASING DEPTH 915 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.3 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed and pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 110' sls Pozblend 1A cement w/ 2% gel, 5% salt, + 5 # Kalsad per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450 ✓	1	PUMP CHARGE	1500.00 ✓	
CE0002 ✓	30 mi	MILEAGE	214.50 ✓	
CE0711 ✓	min ton	mileage	600.00 ✓	
WE0853 ✓	2 hrs	80 vac	200.00 ✓	
		trucks	2574.50	
		- 30%	772.35	
		subtotal		1802.15
CC5840 ✓	110 sks	Pozblend 1A cement	1485.00 ✓	
CC5965 ✓	385 #	Gel	115.50 ✓	
CC5326 ✓	231 #	Salt	231.00 ✓	
CC6077 ✓	550 #	Kalsad	275.00 ✓	
CP8176 ✓	1	2 1/2" rubber plug	45.00 ✓	
		materials	2151.50	
		- 30%	645.45	
		subtotal		1506.05
		7.975%	SALES TAX	120.10 ✓
			ESTIMATED TOTAL	3428.30 ✓
				(4897.58)

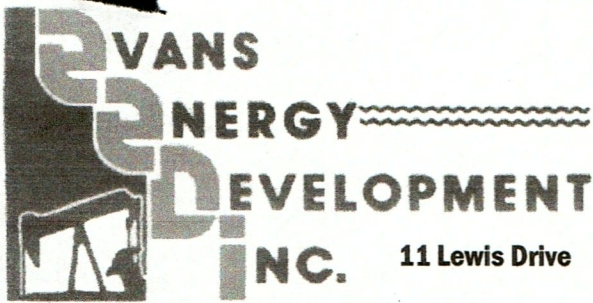
SCANNED

Ravin 3737

AUTHORIZATION *[Signature]* 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.



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

D & Z Exploration, Inc.
Sugar Ridge Farms #27
API # 15-091-24,497
June 5 - June 6, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
34	shale	40
5	lime	45
4	shale	49
15	lime	64
10	shale	74
9	lime	83
8	shale	91
22	lime	113
16	shale	129
22	lime	151
8	shale	159
11	lime	170
7	shale	177
38	lime	215
15	shale	230
10	lime	240
19	shale	259
8	lime	267
5	shale	272
6	lime	278
33	shale	311
4	lime	315
9	shale	324
25	lime	349
7	shale	356
23	lime	379
5	shale	384
15	lime	399 base of the Kansas City
175	shale	574
5	lime	579
3	shale	582
2	lime	584
6	shale	590
7	lime	597
16	shale	613
3	lime	616
14	shale	630 few thin lime seams
3	lime	633
15	shale	648

2	lime	650
6	shale	656 dark
2	lime	658
4	shale	662
1	lime	663
62	shale	725
2	lime & shells	727
9	shale	736
6	broken sand	742 light brown, gas slight oil show
111	shale	853
2	white lime	855
11	oil sand ✓	866
74	shale	940 TD

Drilled a 9 7/8" hole to 22.65'

Drilled a 5 5/8" hole to 940'

Set 22.65' of new 7" surface casing, cemented with 6 sacks of cement.

Set 919.60' of new 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, 1 seating nipple