### KOLAR Document ID: 1418361

Confiden	tiality Re	quested:
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	- DESCRIP	WEII &	IFASE
	INSIONI			LLASL

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:     SWD Permit #:	
SWD Permit #:      EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West
Recompletion Date Recompletion Date	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:			

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Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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 (Attach Additional Sh	eets)	Y	es 🗌 No			og Formatio	n (Top), Depth	and Datum	Sample
Samples Sent to Geolog	*		és 🗌 No	Ν	lame	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:			ies No ies No ies No						
		Repo	CASING I		] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing tt (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Туре	e of Cement	# Sacks Used	k		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the is</li> <li>Was the hydraulic fractu</li> <li>Date of first Production/Inj</li> </ol>	total base fluid of the h ring treatment informa	nydraulic fra tion submit	acturing treatment	al disclosure regis	-	Yes Yes Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Injection:			Flowing	Pumping		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		M	ETHOD OF COM	<b>IPLE</b>	TION:			ON INTERVAL:
Vented Sold (If vented, Subm	Used on Lease		Open Hole		-		mingled	Тор	Bottom
	oration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	KEITH 103
Doc ID	1418361

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	20	47	Portland	10	None
Production	6.75	4.50	11.60	1612	50/50 POZ, OWC	210	6% Gel

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



**INVOICE** 

1806-121534

PAGE 1 OF 1

SOLD TO	JOB ADDRESS	ACCOUNT	JOB
STAN MILLER	STAN MILLER	00680	0
SM OIL & GAS	JOB ADDRESS STAN MILLER SM OIL & GAS P. O. BOX 189 SKIATOOK OK 74070 918-396-3020	SOLD ON	6/7/2018 9:17:18 AM
P. O. BOX 189 SKIATOOK OK 74070		CUST PICKUP	
		BRANCH	1000
	310-390-3020	CUSTOMER PO#	
		STATION	A1
		CASHIER	JL
		SALESPERSON	СМ
		ORDER ENTRY	

	UM	Item	Description	D	T	Price	Per	Amount
10	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	- E	500 EAC	
1	EACH	7215213	MT-810 8X10 BL POLY TARP		Y	4.5	900 EAC	
			1					
			5					
			54 (Sec. 1997)					
ayment Me	ethod(s	s) Buyer: TOM OAST					SubTotal	162.09
						KS 10.00%	Sales Tax	16.21
narge to Acc	ct	178.30				10.00%	Dentri	
			-	Pla	ase	Pay This	Deposit	
				r Ie	Am	ount		178.30

Keith 103 Om OAST

Signature TOM OAST

PO I EUREKA	E 7 <sup>™</sup> 3ox 92 , KS 67045 583-5561	C	EMENTING & ACID	SERVICE,	LLC		Ticket N	or Acid Fie 0. 393 M <u>Kevin M</u> Eureka	30
Date	Cust. ID #	Le	ase & Well Number		Section	Township	Range	County	State
6-13-18	1180	Kie	th #103					CQ	Ks
Customer				Safety Meeting <i>KM</i> <i>D6</i> <i>JH</i>	Unit# 105 110 113			Unit #	Driver
City SKIAtor	ok	State	Zip Code 74070	ZA					
Job Type <u>Lon</u> Casing Depth <u>-</u> Casing Size & Displacement <u>-</u>	N95+RIN9 1612' WI. <u>412" 11.</u> 25.5 BK	Hole E Hole 60 <sup>#</sup> Cemer Displa	Depth $\frac{1630'}{63/4''}$ Size $\frac{63/4''}{63/4''}$ at Left in Casing $0'$ accement PSI $\frac{800}{4}$		Slurry Vol. 24 Slurry Wt. 24 Water Gal/SK Bump Plug to	1200	Dr Ot BF	bing ill Pipe ther PM	

FOR A TOTAL CASING depth of 1612. PUMP 500 "Gel Flush w/ Fresh water. Wash down 15 41/2 Hulls 10 BbL WATER SPACER. Shut down. Rig up Cement HEAd. 135 5K5 50/50 POZMIX Mixed 16% Gel 2ª Pheno Seal Ist @ 12.8 # /gal = 36 Bbl Sturry. TAIL IN W/ 755KS OWC Cement w \* Pheno SEAL /SK @ 14 #/ gal = 20 BBL Sturry. Wash out fump & Lines. Shut down. Cement al 2 Plug to SEAT W/ 25.5 BEL FRESH WATER. FINAL PUMPING PRESSURE Plug. Displace Release Shut Held. 0 PSI. WAIT 2 MINS. Release PRESSURE. FLOAT 0 Bump Plug 1200 RS1. 70 800 RetURNS to SURFACE = 10 BBL STURRY to Pit. Complete. Kig 106 down. Cement 6000

Code	Qty or Units	Description of Product or Services	Unit Price	Total
2 102	1	Pump Charge	1050.00	1050.00
0 /07	30	Mileage	3.95	118.50
204	135 SKS	50/50 Pozmix Cement	11.25	1518.75
2 206	680 #	Gel 6% > Lead Cement	. 20 *	136.00
C 208	270 *	Pheno Seal 2# /sk	1.25 *	337.50
C 202	75 SKS	OWC CEMENT \ TAIL CEMENT	19.15	1436.25
C 208	150 *	Pheno Seal 2# 15K	1.25 *	187.50
206	500 *	Gel Flush	. 20 *	100.00
C 214	40 #	Hulls	. 45 #	18.00
C 108 A	9.57 Tows		M/c x Z	690.00
C 113	3 HRS	TON MILEAGE BULK TRUCKS X 2 80 BBL VAC TRUCK (C&E OIL)	85.00	255.00
C 224	3300 9Als		10.00/1000	33.00
C 403	1	City WAter 41/2 Top Rubber Plug	45.00	45.00
an a second statement of all second strategies and all				
			Sub TotAL	5925.50
		THANK YOU	Less 5%	312.48
			Sales Tax	324.02
		red By Toby Title	Total	5937.04

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.