# KOLAR Document ID: 1418190

Confident	tiality Re	equested:
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 #	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: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
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 #:      Dual Completion Permit #:	Dewatering method used:
SWD     Permit #:	Location of fluid disposal if hauled offsite:
EOR         Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 Nam	ie:			Lease Name:	Well #:
Sec	Twp	S. 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	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate Top Bottom Protect Casing		Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	mingled	юр	
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	KEITH 105
Doc ID	1418190

# 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	43	Portland	10	None
Production	6.75	4.50	10.50	1611	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





1806-122011

ORDER ENTRY

PAGE 1 OF 1

SOLD TO	JOB ADDRESS	ACCOUNT	JOB
STAN MILLER	STAN MILLER	00680	0
SM OIL & GAS	ISM OIL & GAS	SOLD ON	6/14/2018 8:21:41 AM
P. O. BOX 189	P. O. BOX 189	CUST PICKUP	
SKIATOOK OK 74070	SKIATOOK OK 74070	BRANCH	1000
	918-396-3020	CUSTOMER PO#	
		STATION	A1
		CASHIER	DK
		SALESPERSON	СМ
			and an an and a second seco

Quantity	UM	Item	Description	D	T	Price	Per	Amount
L	L	Item MP10092	PORTLAND CEMENT 92.6#		<u>7</u> Y	Price 15.75		Amount 157.50
Payment M Charge to Ac		<i>(s)</i> Buyer: TOM OAST 173.25				KS 10.00%	SubTotal Sales Tax	157.50 15.75
Gharge to At		175.25		P	lease An	Pay This nount	Deposit	173.25

Keith # 105

Signature TOM OAST

				a mani menerinti teti			A series		
PO I EUREKA	) E 7 <sup>™</sup> Box 92 A, KS 67045 583-5561	CEM	IENTING & ACID	SERVICE,	LLC		Ticket No	Russell	0
Date	Cust. ID #	Leas	e & Well Number		Section	Township	Range	County	State
6-19-18	1180	Kiet	4 # 105					CQ	Ks
Customer		1775		Safety	Unit #		river	Unit #	Driver
S.M. OIL + GAS INC.			Meeting	10.5	Ali				
Mailing Address			ALAN	110		iso a			
P.O. B	0x 180	7		zeui	,				
City		State	Zip Code	JASON					
SKIAt	FOOK	OK	74070						
Casing Depth Casing Size & Displacement	1611 WI.472 1 252	Displace	ze <u>63/4</u> .eft in Casing <u>0</u> ement PSI <u>95</u>	0-#	Slurry Vol. 3 Slurry Wt. 1 Water Gal/Sk Bump Plug to	<u>14</u> <u>(</u> <u>(500<sup>#</sup></u>	# Dri Ott BP	bing II Pipe her M4	
Short T	Thint cet	U'M A	Rig to 41/ 1611 Mix 50 Pozmix c	+ Pur	MP 5007	Gelt	Hulls Yun	np 5 85	SPACER.
Si	Tail wit	75 545 C	LUC Comput	w/ 2ª	" Phenuse	A1 @ 14-	# = 20 f	BOI Sluiry.	
WASH D	JT PUMP	+ Lines	Release 4 AST 950#	R.mo	Plus to	1500 th C	hecil F	IDAT FLOAT	- HeiD.
Fresh wi	COMPACT	Shure to	SUIFACE.	ANIN	NS FUIL.	JUB CO	molete,	Tear Dow	<del>م</del> .
8 1001	Center	510119 10	- our mete		THANK	. UNO			
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Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1050.00	10.50.00
2-102	30	Mileage	3.95	118.50
2-204	135	SK'S 50/50 POZMIX CEMENT LEAD	11.25	1518.75
-206	680#	Cel = 12 Cement	. 20	136.00
-208	270#	Phenuseral = 2 # Perfair	1.25	337.50
	75	ski owe coment TAil	19.15	1436.25
-202	150#	Phenoseral = 2 # Perisic / Cement	1.25	187.50
6-206	500 #	Gel Flush	.20	160.00
	40#	Hulls	.45	18.00
2-214	9.57	TON TON Milenge Bulk Truck X2	MICX2	690.00
2-108A		BO BOI VAC Trick C+E Dil	85.00	255.00
C-113	3 hr	city water	10 00/,000	33.00
0-224 0-403	3,300	4'2 TOP Rubber Plug	45.00	45.00
			SUS TOTAL	5,925.50
			-5%	312.00
			Sales Tax	324.02
	1	Nessed by Toby Title to Rep	Total	5.937.04

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.