

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 Recompletion Date 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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PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8678

SM-11161
PO-17413, 17414
FT-11047

TICKET NUMBER 55225
LOCATION Cakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE #813677

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-18-18	7173	Gothusen SWD #1	30	16 ^s	31 ^w	Scott	
CUSTOMER <u>Ritchie Exp</u>		4889 ft E to Redo 3 N 1/2 E S 1/4		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. BOX 783188</u>		528-7-127		731	Cory D	697	Walt D
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67278-3188</u>	566	Cory D		
				535	Jerry Y		

JOB TYPE log string HOLE SIZE 7 7/8 HOLE DEPTH 2362 CASING SIZE & WEIGHT 5 1/2 15.5 #
CASING DEPTH 2362 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.5/14.5 SLURRY VOL 1.89/1.18 WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 55 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon Marlin 21 run float gear turbolizers on 1, 3, 5, 11
basket on 15 run casing to bottom pump ball thru & circ. 30 min pump 5 bbl H₂O
mix 375 sks 60/40 88 # 5/8 lead & tail in with 100 sks class A shut down
release plug clean pump lines dis place with 5 bbl fresh water final lift 200 #
plug landed @ 1850 wait 5 min release back & float held press back to 500 #
& shut in

Cement Done
witnessed by Walt D
Jerry Y

Thank you
Jerry & crew

30 sks R6 20 sks MH

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0453	1	PUMP CHARGE	2800.00	2800.00
CE0002	40	MILEAGE	7.15	286.00
CE0710	20.83	ton mileage delivery	1.75	1458.10
CC5831	375 sks	60/40 88 1-tobland VII	17.50	6562.50
CC6075	94 #	Fluorcel	3.00	282.00
CC5800A	100 sks	class A	20.00	2000.00
CP8485	1	5 1/2 AFU float shoe	585.00	585.00
CP8254	1	5 1/2 latch down assy	400.00	400.00
CP8576	4	5 1/2 turbolizers	110.00	440.00
CP8629	1	5 1/2 basket	385.00	385.00
			Subtotal	15798.00
			-308	4559.58
			Subtotal	10639.02
			8.0	63394
			SALES TAX	63394
			ESTIMATED TOTAL	11,272.96

Rev'n 3737

AUTHORIZATION Gay W Row 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.



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

SM-11157
PO-17411
FT-11045

TICKET NUMBER 55223
LOCATION Oakley KS
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813675 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-17-10	7173	Grothusen SWD #1	30	16S	31W	Scott
CUSTOMER <u>Ritchie Exp</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. BOX 763188</u>			483 jet to Kodo			
CITY <u>Wichita</u>			3 N 1/2 E 3rd			
STATE <u>KS</u>			731 ✓ <u>Cory D</u>			
ZIP CODE <u>67278-3188</u>			693 ✓ <u>Billy R</u>			
			535 ✓ <u>Jerry Y</u>			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 265 CASING SIZE & WEIGHT 8 7/8 23 #
CASING DEPTH 265 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 15 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon Martin 21 circulate casing mix 190 lbs
com 3 & 2 wash up displac with 15 1/2 bbl fresh water & shut in
found cement in celler

Cement disp
circulate
Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0474</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1150.00</u>	<u>1150.00</u>
<u>CE0002</u>	<u>40</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>286.00</u>
<u>CE0711</u>	<u>8.93</u>	<u>for mileage delivery</u>	<u>66.00</u>	<u>660.00</u>
<u>CC5871</u>	<u>190.5ks</u>	<u>Surface blend II</u>	<u>24.00</u>	<u>4560.00</u>
			<u>Subtotal</u>	<u>6656.00</u>
			<u>-30%</u>	<u>1996.80</u>
			<u>Subtotal</u>	<u>4659.20</u>
			<u>8.5</u>	<u>SALES TAX</u>
				<u>271.32</u>
			<u>ESTIMATED</u>	
			<u>TOTAL</u>	<u>4930.52</u>

Rayh 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.