KOLAR Document ID: 1417775

Confiden	tiality 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 #	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 #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Location of fluid disposal if hauled offsite:
☐ EOR Permit #:	Location of huid disposal in hadred 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:					

KOLAR Document ID: 1417775

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:		Y	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									
 Did you perform a hydra Does the volume of the is Was the hydraulic fractu Date of first Production/Inj 	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	IPLE	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 116
Doc ID	1417775

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	8	0
Production	6.75	4.50	10.50	1595	50/50 POZ, OWC	200	6% Gel

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





1807-124650

PAGE 1 OF 1

COLD TO	JOB ADDRESS	ACCOUNT	JOB
SOLD TO	The state is a state of the sta	00680	0
STAN MILLER SM OIL & GAS	STAN MILLER	SOLD ON	7/23/2018 9:05:52 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	CM
2		ORDER ENTRY	an ann an tartha ann ann an ann an ann an ann an ann an a

Quantity	UM	ltem	Description		D	T	Price	Per	
		<i>Item</i> MP10092	PORTLAND CEMENT 92.6#		D	Y	Price 15.75	Per DO EACH	Amount 126.00
Payment N		, <i>((s)</i> Buyer: TOM OAS 138.60	Т				KS 10.00%	SubTotal Sales Tax Deposit	126.0 12.6
<u> </u>				-	P	leas A	e Pay This mount	Deposit	138.6

Keith # 116

OASI on Signature TOM OAST

				一场
		T		- 段
				家
CEMENTIN	G & ACI	D SERV	ICE, LI	-V

810 E 7TH PO Box 92 EUREKA, KS 67045 (620) 583-5561 Cement or Acid Field ReportTicket No.4042ForemanRickLedfordCampEukka

Date	Cust. ID #	Lea	se & Well Number		Section	Township	Range	County	State
7-26-18	1180	Keith	+ 116					Ca	Ks
Customer				Safety	Unit #	Dri	tore distances a second second	Unit #	Driver
5.	M. 011	+ GAS .	Inc.	Meeting	105		B.		
Mailing Address	1. Box 12	79		- RL AB	110 112 121	Sam Rici	2.6.		
City		State	Zip Code	-00-	121	Lai	eb C.		
SK	APUOK	OK	74070						and the second statement of the second statement of the second statement of the second statement of the second
Job Type Casing Depth Casing Size & V Displacement Remarks:	1595' Vt. 4'1/2" 25.3 Bbs	Hole Si Cement I Displac	pth <u>1630'</u> ze <u>634</u> , " .eft in Casing <u>0'</u> ement PSI <u>360</u> <u>φ 5 44</u> ."	Casing	Slurry Vol. 2 Slurry Wt. 2 Water Gal/SK Bump Plug to Break	2.8°-14" 1200 Cuculation	Dri Ott BP	bing II Pipe ner M <u>Ab -Fresk</u>	woter.
- pup 3	Sel + 2"	ahenoseel 15	113, 5 Bbl 2 @ 128"/go	1. Tai	in wi	75 545 0	UC (ema	t wi 2ª nh	Marc . Marc .
@ 14#	Igol. Wa	shout pury	+ Ines, rel	loose p)	igei (). gu	acc w/ 2	5.3 Bbl	fresh wate	2.
Final	lunp press	Une 800 1	23I. Bunp pl	to to	1200 0:2	Relase	pressure	, - Chat + p)	lug held.
Good	comment cert	was to su	Alace = 25 B	bi stur	y to pit.	Job cono	Jett. Rio	down.	-
						,			

" THANK Yor"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1100.00	1100.00
C107	30	Mileage	4.20	126.00
2204	125 585	50/50 Puzmin cement	11.80	1475.00
206	645#	690 ge) 7 Lead camest	.21	135.45
208	250#	2t prenoser / SV	1.30	325.00
202	75585	OWC comet tail comat	20.00	1500.00
208	150#	2 phoses Jsk	1.30	195.00
206	500#	gel-flush	.21	105.00
:214	4511	hulls	.50	22.50
108A	9.15	ton millinge bulk tres	m/cx2	730.00
:113	3 hrs	80 Bbl JAC. TRK	90.00	270.00
224	3300 gels		10.00/1000	33.00
C 403	,	Y12" top sitter plus	48.00	48.00
			らいうきからり	6064.95
			590 DIEC	<319.562
	1		Sales Tax	326.31
Authori	zation	Title	Total	601170

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.