

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](mailto: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) (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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810 E 7th  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. **4100**  
 Foreman Russell Mccoy  
 Camp EUREKA

Date	8-20-18	Cust. ID #	1087	Lease & Well Number	Kramer # 10
Customer	German Oil Company	City	Neosho Falls	State	KS
Mailing Address	211 W 6th				
City	Neosho Falls	State	KS	Zip Code	66458
Safety Meeting	Unit #	Driver	Unit #	Driver	Unit #
AM	104	Alan-M	110	Russ	141
PM				Rick	
REG				Greg	
Section		Township		Range	
County		State		County	KS

Job Type Logging Hole Depth 1225 Slurry Vol. 40 Tubing 2 1/8  
 Hole Size 5 7/8 Slurry Wt. 14 #  
 Cement Left in Casing 0 Water Gal/SK 7  
 Displacement PSI 500 Bump Plug to 900 # BPM 4  
 Remarks: SAFETY meeting + Job procedure tubing set @ 1218 sent nipple @ 1170 w/ Flapper type float shoe. Break circulation w/ 5 Bbl dye water. Mix + Pump 200 # Gel, Follow w/ 10 Bbl water, Follow w/ 5 Bbl dye water. Wash out pump + liners Dip a 2 1/8 TOP Rubber Plugs. Displace w/ 7.3 Bbl water @ 1 BPM Final Pump PSI 500 # Bump Plug to 900 # 4 Bbl Cement Slurry to Pit. Annulus stayed Full. Close tubing FW w/ 900 # Job complete. TBR Down. Thank you. Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-101	1	Pump Charge NOTE SPD Charge	\$90.00	\$90.00
C-107	40	Mileage	4.20	168.00
C-202	140	(Gel Flush)	20.00	2800.00
C-206	200 #		.21	42.00
C-400	2	2 1/8 TOP Rubber Plugs	30.00	60.00
C-113	2 1/2	Lrs @ Bbl VAC TANK	90.00	225.00
C-224	3,000	Gallons CITY WATER	10 Per 1,000	30.00
C-108	7.28	TOT MILEAGE	365.00	365.00
		Sub TOTAL		4,580.00
		Sales Tax - 5%		229.99
		Total		4,809.99

Authorization by Row German Title owner

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.

Mud Rotary Drilling  
 Andrew King - Manager/Driller

**Bar Drilling, LLC**  
 Phone: (719) 210-8806

1317 105th Rd.  
 Yates Center, KS 66783

<b>Company/Operator</b> German Oil Co. 211 W 16th Neosho Falls, KS		<b>Well No.</b> 10	<b>Lease Name</b> Kramer	<b>Well Location</b> 640ftnl, 198ftwl	<b>1/4 SW</b>	<b>1/4 NW</b>	<b>1/4 NW</b>	<b>Sec.</b> 3	<b>Twp.</b> 24	<b>Rge,</b> 17e	
<b>Well API #</b> 15-207-29649		<b>Type/Well</b> Oil	<b>County</b> Woodson	<b>State</b> KS	<b>Total Depth</b> 1225	<b>Date Started</b> 8/16/2018	<b>Date Completed</b> 8/20/2018				
<b>Job/Project Name/No.</b>		<b>Surface Record</b>		<b>Bit Record</b>				<b>Coring Record</b>			
<b>Driller/Crew</b>	<b>Bit Size:</b>	11 1/4	<b>Type</b>	PDC	<b>Size</b>	11 1/4	<b>From</b>		<b>To</b>	<b>% Rec.</b>	
<b>Andy King</b>	<b>Casing Size: 7"</b>	<del>8-5/8</del>	<b>PDC</b>	<del>6.314</del>	<b>5 7/8 Bit</b>						
	<b>Casing Length:</b>	20'									
	<b>Cement Used:</b>	8sx									
	<b>Cement Type:</b>	Portland									

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0		Overburden						
17		lime						
70		shale						
152		lime						
273		shale						
324		lime						
467		shale						
628		lime						
662		sandy shale						
734		lime						
813		shale						
851		sand						
861		shale						
1177	1182	Miss. Lime						
1182	1184							
1184	1186	white lime						
1186	1189	oil show						
1189	1192	white lime (oil show)						
1192	1197	" "						
1197	1203	lime						
1203	1209	hard lime						
1209	1225	hard brown lime, no oil						
1225		lime						

**Well Notes:**  
 ran 2 7/8" casing, s/n @1170