

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 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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Dreiling Oil
Dreiling F #2 SWD-Inj
Ellis Co

12-12-17

Pulled tubing and tested casing. Found good pipe above 1440. Tested tubing One bad jt'

12-13-17

Ran Sand pump found TD at 3660 Heavy fluid. Ran 9 jts of 2 7/8 fiber glass and redressed PK. Hunted holes Hole between 2400 and 2460. Swung Pk at 2927.

12-14-17

Rigged up Swift and pumped 7 bbls An-Gaurd spotted over hole Set PK ar 2927 in tension.

12-15-17 Pressured up, had to work to get to hold at 290# Pat Stabb passed for 3 months. Set well to taking water.

2 7/8 fiber glass tubing	9 jts	270	3197
5 1.2 AD-1 seall-tight PK		2.50	2927
2 3/8 seal-tight	105 jts	2925	

8-28-18

Rigged up Express Released Pk did not dump fluid. Dug pit. Pulled tubing swabbing fluid and an-gaurd into pit. Came out of hole w/ no fiber glass tubing. Ran 2 3/8 spear. Did not feel any thing until 3318 Came out of hole and set Compost Bridge plug at 2927. Moved in work string and 2957' of 4 1/2 welded liner. SD

8-29-18

Ran 46 jts of 4 1/2 liner set at 2926' Welded into 5 1/2 SD

8-30-18

Rigged up Swift and cemented liner w/ 50 sxs SMD at 11.5 # and 50 sxs @ 14# cement. Good cir at all times. Cir 40 sxs cement to pit. KCC rep Ray Dinkel. SD

8-30-18

Rigged up Golden B and drilled out liner and plug. Lost Cir wekk taking fluid at 2.5 BPM. Pulled out tubing and bit.

8-31-18

Ran 4 1/2 Packer and 104 jts and 2 10' subs. Set Pk at 2917. Loaded w/ treated fresh water. Pressured to 340# Paset MIN. Rigged down



CHARGE TO: Drilling 01
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET NO. 000000
 PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Drilling 01</u> KS	WELL/PROJECT NO. <u>#2</u>	LEASE <u>Drilling 1.5"</u>	COUNTY/PARISH <u>Ellis</u>	STATE <u>KS</u>	CITY <u>Victoria</u>	DATE <u>8-30-18</u>	OWNER <u>Same</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Express</u>	RIG NAME/NO.	SHIPPED <input checked="" type="checkbox"/> W/CT	DELIVERED TO <u>Location</u>	WELL PERMIT NO.	ORDER NO.	
3. WELL TYPE <u>STP</u>	WELL CATEGORY <u>Leakover</u>	JOB PURPOSE <u>General 48" Liner</u>					
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS					WELL LOCATION <u>Blue Hill School 16 Inches</u>	

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		UM	UM		
575					MILEAGE			25.00	125.00
578					Trk #112			1.00	1300.00
330					Pump Charge - Deep Square			16.25	1218.75
290					SPB / cement			75.00	42.00
410					D-Air			1.00	42.00
418					Top Plug			4 1/2 in	75.00
					2 1/2" - 2 3/4" Flush Joint Head Shoe			4 1/2 in	300.00
581					Service Charge Cement			1.75	175.00
582					Minimum Driveway Charge			100.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X [Signature]
 DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UNDETERMINED	DISAGREE	PAGE TOTAL	3465
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				TOTAL	3465
WE UNDERSTOOD AND MET YOUR NEEDS?				TAX	15
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR _____ APPROVAL _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 830-18
TICKET NO. 3176

CUSTOMER
Dredging Oil

WELL NO.
2

LEASE
Dredging "F"

JOB TYPE
4 1/2 Lines

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							on location 4 1/2" 5 1/2"
								4 1/2" - 2926'
	0845	4	Ø	✓		Ø		Load liner
		4	46 1/2	✓		Ø		Loaded
	0855	2	3	✓		400		Injection Rate
	0900	2	28	✓		500		mix 50 lbs SMD @ 11.2 ppg
		2	7	✓		200		mix 25 lbs SMD @ 14 ppg
								wash out Pipes & Lines Release Top Plug
	0920	2	Ø	✓		Ø		Start Displacement
		2	10	✓		800		Load
		2	28	✓		1200		circulate Cement to surface - *30 lbs
	0935	Ø	46.5	✓		1500		Load Top Plug
								Release Pressure *Flat Hold*
								wash up truck
	1010							Job Complete
								Thank You Dave Preston Gilson