

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. 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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
| | | | | | |
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|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: | |
|----------------|-------|---------|------------|--|

STATEMENT

13670

ELMORE'S INC.

Box 87 - 776 HWY 99
Sedan, KS 67361
Cell: (620) 249-2519
Eve: (620) 725-5538

Date

6-21-18

Customer Jones Oil Exploration
Address _____
City _____ State _____ Zip _____

| Qty. | Description | Price | Amount |
|------|----------------|-------|--------------------|
| 10 | Sks Cement | 1250 | 1250.00 |
| | | | |
| | | | 1250.00 |
| | | | 1250.00 |
| | Butcher #27 | | |
| | Cement Surface | | |
| | 40' @ 58 | | |
| | | | |
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Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



REMIT TO

QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice#

813855

Invoice Date: 08/16/18

Terms: Net 30

Page 1

J. B. D. % P. J. BUCK

P.O. BOX 68
 SEDAN KS 67361
 USA
 6207253636

BUTCHER #27

| Part No | Description | Quantity | Unit Price | Discount(%) | Total |
|---------|---|-----------|------------|-------------|----------|
| CE0001 | Equipment Mileage Charge - Light Equipment | 55.000 | 3.0000 | 53.000 | 77.55 |
| CE0002 | Equipment Mileage Charge - Heavy Equipment | 55.000 | 7.1500 | 53.000 | 184.83 |
| CE0450 | Cement Pump Charge 0 - 1500' | 1.000 | 1,500.0000 | 53.000 | 705.00 |
| CE0710 | Cement Delivery Charge | 400.000 | 1.7500 | 53.000 | 329.00 |
| CE1200 | 4 1/2" Cement Head | 1.000 | 350.0000 | 53.000 | 164.50 |
| CC5800A | Class A Cement - Sack | 155.000 | 20.0000 | 53.000 | 1,457.00 |
| CC5965 | Bentonite | 600.000 | 0.3000 | 53.000 | 84.60 |
| CC6077 | Kolseal | 800.000 | 0.5000 | 53.000 | 188.00 |
| CC5326 | Sodium Chloride, Salt | 950.000 | 1.0000 | 53.000 | 446.50 |
| CC6079 | PhenoSeal Formica Flakes | 80.000 | 1.3500 | 53.000 | 50.76 |
| CC6159W | City Water | 8,820.000 | 0.0300 | 53.000 | 124.36 |
| CP8178 | 4 1/2" Top Rubber Plug | 1.000 | 75.0000 | 53.000 | 35.25 |
| CP8407 | 4 1/2" Float Shoe, Non Auto Fill (Regular Ball) | 1.000 | 340.0000 | 53.000 | 159.80 |
| CP8553 | 4 1/2" Centralizer | 4.000 | 78.0000 | 53.000 | 146.64 |
| WS2402 | Water Transport (Cement Service) | 4.000 | 120.0000 | 53.000 | 225.60 |

11332
11218



Invoice # 813855

| Customer Jones Oil Co. | | Ticket No. 1,320.3308C | | | | | |
|--|---|-----------------------------------|----------|---------------------|--------------|------------------------|------------|
| Address #4211 | | Job Type Production | | P.O. No. | | | |
| City, State, Zip | | Legals Sec25 | | 33 | | 10 | |
| Well Name and Number Butcher #27 | | Service District Thayer | | KS | | | |
| Service Date August 8, 2018 | | Salesman | | County CQ | | State Kansas | |
| Product Code | Description of Equipment & Services | Unit of Measure | Quantity | List Price/Unit | Gross Amount | Item Discount | Net Amount |
| CE0001 | Pickup Mileage Charge | mile | 55.0 | \$3.00 | \$165.00 | 53.00% | \$77.55 |
| CE0002 | Pump Truck/Heavy Equipment Mileage Charge | mile | 55.0 | \$7.15 | \$393.25 | 53.00% | \$184.83 |
| CE0450 | Pump Charge; 0-1500' | 4 hrs | 1.0 | \$1,500.00 | \$1,500.00 | 53.00% | \$705.00 |
| CE0710 | Cement Delivery Charge | tm | 400.0 | \$1.75 | \$700.00 | 53.00% | \$329.00 |
| CE1200 | 4 1/2" Cement Plug Container | ea | 1.0 | \$350.00 | \$350.00 | 53.00% | \$164.50 |
| Description of Cement & Products | | | | | | | |
| CC5800A | Standard Cement, Class A, 94 lbs. | sk | 155.0 | \$20.00 | \$3,100.00 | 53.00% | \$1,457.00 |
| CC5965 | Bentonite | lb | 600.0 | \$0.30 | \$180.00 | 53.00% | \$84.60 |
| CC6077 | Kolseal | lb | 800.0 | \$0.50 | \$400.00 | 53.00% | \$188.00 |
| CC5326 | Sodium Chloride, Salt | lb | 950.0 | \$1.00 | \$950.00 | 53.00% | \$446.50 |
| CC6079 | PhenoSeal, Formica flakes | lb | 80.0 | \$1.35 | \$108.00 | 53.00% | \$50.76 |
| CC6159W | City Water | gal | 8,820.0 | \$0.03 | \$264.60 | 53.00% | \$124.36 |
| Description of Float Equipment | | | | | | | |
| CP8178 | 4 1/2" Top Rubber Plug | ea | 1.0 | \$75.00 | \$75.00 | 53.00% | \$35.25 |
| CP8407 | 4 1/2" Float Shoe, Non Auto Fill (Regular Ball) | ea | 1.0 | \$340.00 | \$340.00 | 53.00% | \$159.80 |
| CP8553 | 4 1/2" Centralizer | ea | 4.0 | \$78.00 | \$312.00 | 53.00% | \$146.64 |
| Description of Other Services | | | | | | | |
| WS2402 | Water Transport (Cement Service) | hr | 4 | \$120.00 | \$480.00 | 53.00% | \$225.60 |
| WE0853 | 80 Bbl. Vacuum Truck (Cement Service) | hr | 4 | \$100.00 | \$400.00 | 53.00% | \$188.00 |

SCANNED

| | | | | | | | | | |
|--|--|--|--|--------------|-----------|-----------------|------------|-----------|-----------------|
| Equipment, Service, Float Equipment and Product Charge: | | | | Gross | \$ | 9,717.85 | Net | \$ | 4,567.39 |
| Total "COST ESTIMATE" Before Applicable Local, County, and State Taxes Are Applied: | | | | Gross | \$ | 9,717.85 | Net | \$ | 4,567.39 |

| | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|----------|
| 8.5% Applicable Local, County, and State Taxes (Office Use Only): | | | | | | | | | 228.90 |
| | | | | Total Invoiced Price (Office Use Only): | | | | | 4,796.29 |

TERMS: Cash in advance unless QES Pressure Pumping, LLC has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with QES Pressure Pumping, LLC becomes delinquent, QES Pressure Pumping, LLC has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Customer Rep.
QES Pressure Pumping, LLC Rep. **John Wade**
Date **August 8, 2018**

SERVICE ORDER: I AUTHORIZE THAT SERVICE WAS COMPLETED IN ACCORDANCE WITH TERMS AND CONDITIONS (INCLUDING INDEMNIFICATION OBLIGATIONS) LISTED HERE OR IN THE CUSTOMER CONTRACT FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.

[Signature]
CUSTOMER AUTHORIZED AGENT



| | | |
|--|---|------------------------------|
| Customer: Jones Oil Co. | PO#: _____ | Date: August 8, 2018 |
| Well Name: Butcher #27 | Field: <u>Sec25</u> <u>33</u> <u>10</u> | Type of Well: <u>Oil/Gas</u> |
| County: <u>CQ</u> State: <u>Kansas</u> | Stages: <u>Single</u> | |
| Type of Job: <u>Production</u> | District: <u>Thayer</u> <u>KS</u> | |

| WELL DATA | Well Data Comments: |
|---|--|
| Casing: <u>4.50" 9.5#</u> From: <u>0'</u> To: <u>1,360'</u> <input type="checkbox"/> Conductor <input type="checkbox"/> Surface Open hole: <u>6 3/4"</u> From: <u>0'</u> To: <u>0'</u> <input type="checkbox"/> Liner <input checked="" type="checkbox"/> Production _____ From: _____ To: _____ <input type="checkbox"/> Squeeze <input type="checkbox"/> Whipstock _____ From: _____ To: _____ <input type="checkbox"/> Plug to Abandon <input type="checkbox"/> Intermediate _____ From: _____ To: _____ <input type="checkbox"/> Other | 659 john wade, 398 donnie tate, <u>68 Corbin,</u> <u>W32 - JACOBB</u> <u>W32 - T95 - JOSL</u> |

| FLOAT EQUIPMENT | Capacities |
|---|---------------------------|
| On location and washed 3 joints casing down and ran a 200# gel sweep. Shut down and hooked up to well | Capacity of Each : |
| | Casing: <u>22.03</u> |
| | Open hole: <u>#VALUE!</u> |

| SPACER/CEMENT DATA | Total Capacities To: |
|--|---------------------------|
| Spacer: <u>5</u> bbl <u>Fresh Water</u> | Casing: <u>22.03 bbls</u> |
| Lead Slurry: <u>10</u> sks <u>Gel Sweep</u> | Open hole: <u>#VALUE!</u> |
| Tail Slurry: <u>35</u> sks <u>Class A + 4% gel, 10% salt, 5# Kalseal, 4# Pheno Seal 14ppg, 7.33 water, 1.5 yield</u> | |

Additional Job Comments:
Hooked up to well and pumped 10bbl ahead . Ran 155sks lead cement. Shut down and washed pump and lines. Dropped plug and displaced 21.9bbl to land plug at 1000psi. Tested plug and plug held. Topped off well and washed up pump truck. Circulated 4bbl cement to pit

| STAGE | TIME | RATE & PRESSURE | | VOLUMES | | COMMENTS |
|-------|----------|-----------------|---------|-------------|-----------|----------|
| | | RATE | PSI | STAGE BBLs. | TOTAL | |
| 1 | 11:00 AM | | | | 0.00 bbls | |
| 2 | 11:30 AM | 0.0 bpm | 0 psi | | 0.00 bbls | |
| 3 | 11:32 AM | 3.0 bpm | 0 psi | | 0.00 bbls | |
| 4 | 11:34 AM | 3.0 bpm | 0 psi | | 0.00 bbls | |
| 5 | 11:35 AM | 3.0 bpm | 50 psi | | 0.00 bbls | |
| 6 | 11:40 AM | 3.0 bpm | 0 psi | | 0.00 bbls | |
| 7 | 11:50 AM | 4.5 bpm | 300 psi | | 0.00 bbls | |
| 8 | 12:00pm | 3.0 bpm | 800 psi | | 0.00 bbls | |
| 9 | 10:58 AM | 0.0 bpm | 0 psi | | 0.00 bbls | |
| 10 | 11:00 AM | | | | 0.00 bbls | |
| 11 | 11:15 AM | | | | 0.00 bbls | |
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|-------------------------------|--|---|-----------------------------------|
| Average Rate: <u>2.4 bpm</u> | Circulation: <u>Yes</u> | OPERATORS MAXIMUM PRESSURE: <u>3,000 psi</u> | |
| Minimum Rate: <u>3.0 bpm</u> | Cement To Surface: <u>Yes</u> | QES PP SERVICE REPRESENTATIVE: <u>John Wade</u> | CUSTOMER REPRESENTATIVE: <u>0</u> |
| Maximum Rate: <u>5.0 bpm</u> | Plug Bump: <u>Yes</u> | | |
| Average PSI: <u>144 psi</u> | Float Holding: <u>Yes</u> | | |
| Minimum PSI: <u>350 psi</u> | <input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No - <input type="checkbox"/> Noft: <u>8 5/8" Head & Manifold</u> | | |
| Maximum PSI: <u>1,500 psi</u> | | | |