

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

**CUSTOMER COPY**



**INVOICE**

1808-125405 PAGE 1 OF 1

SOLD TO
JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361

JOB ADDRESS
JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361 620 725-3636


ACCOUNT	JOB
00234	0
SOLD ON	8/3/2018 8:09:11 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	HYDER LEASE #12
STATION	A2
CASHIER	CAM
SALESPERSON	
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
8	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	15.7500	EACH	126.00

Payment Method(s) Buyer: MIKE JONES

Charge to Acct 138.60

KS 10.00%	SubTotal	126.00
	Sales Tax	12.60
	Deposit	
<b>Please Pay This Amount</b>		<b>138.60</b>

  
 Signature MIKE JONES

Customer	Kansas Energy Company LLC.			Ticket No.	1,319.3157C			
Address	Box 68			Job Type	Production			
City, State, Zip	Sedan Kansas 67361 #4291			Legals	Section 32 34 13E			
Well Name and Number	Hyder JBD #12			Service District	Cushing OK			
Service Date	August 7, 2018			Salesman	County	Chautauqua	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	40.0	\$3.00	\$120.00	53.00%	\$56.40
CE0002	Pump Truck/Heavy Equipment Mileage Charge	mile	80.0	\$7.15	\$572.00	53.00%	\$268.84
CE0450	Pump Charge; 0-1500'	4 hrs	1.0	\$1,500.00	\$1,500.00	53.00%	\$705.00
CE0711	Minimum Cement Delivery Charge	ea	1.0	\$660.00	\$660.00	53.00%	\$310.20
CE0525	Blending Charge	cu ft	171.0	\$1.80	\$307.80	53.00%	\$144.67
CE1200	4 1/2" Cement Plug Container	ea	1.0	\$350.00	\$350.00	53.00%	\$164.50
Description of Cement & Products							
CC5844	Poz-Blend III A (65:35)	sk	125.0	\$15.50	\$1,937.50	53.00%	\$910.63
CC5326	Sodium Chloride, Salt	lb	650.0	\$1.00	\$650.00	53.00%	\$305.50
CC5965	Bentonite	lb	400.0	\$0.30	\$120.00	53.00%	\$56.40
CC6077	Kolseal	lb	650.0	\$0.50	\$325.00	53.00%	\$152.75
CC6079	PhenoSeal, Formica flakes	lb	40.0	\$1.35	\$54.00	53.00%	\$25.38
CC6159W	City Water	gal	4,620.0	\$0.03	\$138.60	53.00%	\$65.14
Description of Float Equipment							
CP8178	4 1/2" Top Rubber Plug	ea	1.0	\$75.00	\$75.00	53.00%	\$35.25
Description of Other Services							
WS2402	Water Transport (Cement Service)	hr		\$120.00		53.00%	

17568

Equipment, Service, Float Equipment and Product Charge:				Gross	\$	6,809.90	Net	\$	3,200.65
<b>Total "COST ESTIMATE" Before Applicable Local, County, and State Taxes Are Applied:</b>				Gross	\$	6,809.90	Net	\$	3,200.65
8.5% Applicable Local, County, and State Taxes (Office Use Only):									131.84
<b>Total Invoiced Price (Office Use Only):</b>									<b>3,332.50</b>

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.

*[Signature]*  
CUSTOMER AUTHORIZED AGENT

Customer Rep.	John Wade
QES Pressure Pumping, LLC Rep.	John Wade
Date	August 7, 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.	

SCANNED

