

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
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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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Form	ACO1 - Well Completion
Operator	Redtail Investments LLC
Well Name	REDTAIL 4
Doc ID	1530493

All Electric Logs Run

Comp Density
Neutron
Bond Log
Micro Elect Gamma Ray

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **5063**
 Foreman KEVIN McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-6-20	1150	RedTAIL #4				Cowley	Ks	
Customer	Mailing Address		City	State	Zip Code	Safety Meeting	Unit #	Driver
RedTAIL Investments	8045 SW 36 TH ST.		Oklahoma City	OK	73179	KM AM ZA	104	ALAN M.
							112	Zevi A.

Job Type SURFACE Hole Depth 325' K.B. Slurry Vol. 47 BBL Tubing _____
 Casing Depth 315' K.B. Hole Size 12 1/4" Slurry Wt. 14.8 # Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23 # Cement Left in Casing 20' +/- Water Gal/SK _____ Other _____
 Displacement 18.9 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: Rig up to 8 5/8" casing. BREAK Circulation w/ 10 BBL FRESH WATER. Mixed 190 SKS CLASS 'A' Cement w/ 3% CaCl2, 2% Gel 1/4 # FloSeal/SK @ 14.8 #/GAL, yield 1.35 = 47 BBL Slurry. Displace w/ 18.9 BBL Fresh Water. Shot casing in. Good Cement Returns to SURFACE = 14 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	890.00	890.00
C 107	60	Mileage	4.20	252.00
C 200	190 SKS	CLASS 'A' Cement	15.75	2992.50
C 205	535 #	CaCl2 3%	.63 #	337.65
C 206	350 #	Gel 2%	.21 #	73.50
C 209	50 #	FloSeal 1/4 #/SK	2.35 #	117.50
C 108	8.93 TONS	Ton Mileage	1.40	750.12
			Sub Total	5412.67
			Less 5%	282.08
			Sales Tax 6.5%	228.84
Authorization <u>By Steve Howard</u> Title _____			Total	5,359.43

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.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. 5072

Foreman Russell McLow

Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-9-20	1150	RedTail # 4				cowley	Ks
Customer RedTail			Safety Meeting Rm JASON AB JOSH	Unit #	Driver	Unit #	Driver
Mailing Address 8045 SW 36 th St.				105	JASON		
City OKLAHOMA CITY				110	JOSH		
State OK				113	AB		
Zip Code 73179				123	Russell		

Job Type Longstring Hole Depth 3277 KR. Slurry Vol. _____ Tubing _____
 Casing Depth 3264 G.L. Hole Size 778 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 17" Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 78 Bbl Displacement PSI 1300# Bump Plug to 1850# BPM 5

Remarks: Safety Meeting Run FLOAT EQ + set CASING 5 1/2 17" @ 3264 G.L.
 Circulate 45 min, Rig to 5 1/2 to cement Break Circulation w/ 10 Bbl
 Fresh water Mix 135 SK's 60/40 Pozmix cement w/ 6% Gel 2nd Phenoseal
 @ 13.3# yield 1.58 = 38 1/2 Slurry TAIL w/ 100 SK's Thickset cement w/ 5th Kol Seal
 1st Phenoseal per/sk @ 13.8 # per/gallon yield 1.85 = 33 Bbl Slurry WASH OUT Pump
 + Line's Release 5 1/2 Latch Down Plug Displace Plug to seat w/ 77 Bbl
 Fresh water (First 40 Bbl KCL mix) Final Pump PSI 1300# Bump Plug to 1850#
 Wait 2 min Release PSF Float + Plug Held. Job complete Tear Down.
 NOTE Good circulation During Cementing Procedure. THANK YOU Russell McLow
 Centralizers #1, 3, 5, 7, 9, 12, 18, 21, 27, 30 Baskets on top of 13 # 25

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1100.00	1100.00
C-107	60	Mileage	4.20	252.00
C-203	135	SK's 60/40 Pozmix	13.40	1809.00
C-206	700#	Gel = 6%	.21	147.00
C-208	270#	Phenoseal 2 nd per/sk	1.30	351.00
C-201	100	SK's Thickset cement	20.50	2050.00
C-207	500#	Kolseal 5 th per/sk	.47	235.00
C-208	100 #	Phenoseal 1 st per/sk	1.30	130.00
C-1082	11.30	Tons Ton Mileage Bulk Trucks 60 miles	1.40	949.20
C-222	5	gallons KCL mixed IN 40 Bbl Displacement	30.00	150.00
C-601	1	5 1/2 AFU FLOAT SHOE	309.00	309.00
C-421	1	5 1/2 Latch Down Plug	242.00	242.00
C-604	2	5 1/2 cement BASKETS	236.00	472.00
C-504	10	5 1/2 x 7 7/8 Centralizers	50.00	500.00
			SUBTOTAL	8696.20
Witnessed by <u>Jermany w/ Dan D Orig</u>			- 5%	434.81
			Sales Tax	

Authorization by Steve Howard Title owner Total 8,656.29

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.