

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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P.O. Box 398
Great Bend, KS 67530
620-793-7400

DATE 7-24-18 INVOICE 24019

B
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L
L
T
O

Toto Energy LLC
25815 Oak Ridge Drive
Spring, Texas 77380

FIELD _____
LEASE Parkin
WELL # F
COUNTY Kiowa
STATE Kansas

Tubing Size & Thread
2 3/8 EUE
Casing Size & Weight
4 1/2, 9.5#
Packer Make & Type
A/C
Legal Description
32-29S-18W
Company Representative
Tim

ITEM	PRODUCT NUMBER	DESCRIPTION	DISC	QTY. ORDERED	UNIT PRICE	EXTENSION
1	4020	Service of 4 1/2, 9.5-13.5# x 2 3/8 CST Packer	20%	1	2333.00	1866.00
2	4020	Service of 4 1/2, 9.5-13.5# TS Bridge Plug	20%	1	1245.00	996.00
3	4041	Round Trip Mileage	40%	128	2.50	192.00
4	4041	Round Trip Mileage 7-25-18	40%	128	2.50	192.00
5	4025	Call Back Charge 7-26-18	20%	1	745.00	633.00
6	4041	Round Trip Mileage 7-26-18	40%	128	2.50	192.00
Field Estimate						4071.00

TOOLS/S/N
CST# 207
RT# _____
TS# 194

Thank You
[Signature]

Old Well

New Well

7.50%
SALES TAX 302.55
TOTAL 4336.55

TERMS NET 30 DAYS FROM INVOICE DATE

Invoice Date: July 27, 2018

ACCEPTED BY: _____
(NAME IN FULL)
AUTHORIZED AGENT OF CUSTOMER

THE ABOVE MATERIALS OR SERVICES HAVE BEEN RECEIVED SUBJECT TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

ALL PRICES ARE SUBJECT TO CORRECTION BY OUR INVOICING DEPARTMENT IN ACCORDANCE WITH LATEST PRICE SCHEDULES AND THE ADDITION OF APPLICABLE STATE & LOCAL SALES / USE TAXES IF NOT LISTED ABOVE.

[Signature]
MIDCON OIL TOOLS AUTHORIZED REPRESENTATIVE

GENERAL TERMS AND CONDITIONS OF SALE

AGREEMENT - These General Terms and Conditions of Sale and supplemental related writings agreed by MIDCON constitute the entire and complete agreement of the parties and apply to all products and services provided by MIDCON to Customer hereunder. Any attempt to change this agreement by purchase order, course of dealings or other means shall not be valid unless in writing and signed by an officer of MIDCON.

CUSTOMER RESPONSIBILITY TOOLS, PARTS, & EQUIPMENT - The customer assumes full responsibility for all tools, parts & equipment run in their well. In the event tools are lost, parts damaged, due to well condition or customer neglect will be charged to customer as new at replacement price. These charges are not included in rental charge.

WARRANTIES - It is recognized that conditions associated with any well or work may involve hazards to life and property over which MIDCON has no knowledge and control. Customer will at all times have complete care, custody, supervision and control of the work or well and the recommendations of MIDCON are only advisory and without representations as to results. Therefore, MIDCON warrants only that the products will be free from defects in workmanship and materials and in good working order on the day delivered (or installed if installed by MIDCON) and that they will conform to manufacturer's published specifications.

MIDCON further warrants that MIDCON services provided to Customer hereunder will be performed by competent personnel in a workmanlike manner.

THE FOREGOING WARRANTIES ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

LIMITATION OF LIABILITY - MIDCON'S LIABILITY FOR DAMAGES TO CUSTOMER FOR ANY CAUSE WHATSOEVER SHALL BE LIMITED TO AN AMOUNT EQUAL TO MIDCON'S TOTAL CHARGES FOR PRODUCTS AND SERVICES IN CONNECTION WITH THIS AGREEMENT.

IN NO EVENT WILL MIDCON BE LIABLE FOR ANY DAMAGES CAUSED BY CUSTOMER'S FAILURE TO PERFORM CUSTOMER'S RESPONSIBILITIES, OR FOR CONSEQUENTIAL DAMAGES, OR FOR ANY CLAIM AGAINST CUSTOMER BY ANY OTHER PARTY, EXCEPT AS PROVIDED IN THE SECTION ENTITLED "PATENT INDEMNITY."

INDEMNIFICATION - Subject to the foregoing Limitation of Liability, MIDCON shall indemnify and save harmless Customer from any suit, damage or loss brought by any third person, including MIDCON employees, seeking to recover damages for personal injuries or damage to property (except for subsurface damage to geological formations) resulting from and arising out of MIDCON negligence in the performance of any service by MIDCON hereunder, provided that MIDCON shall not indemnify Customer for any loss or damage sustained as a result of Customer's sole negligence and provided further, should MIDCON negligence and any negligence of Customer and/or others combine to cause any damage to either person or property, that MIDCON will be responsible and will indemnify Customer in a pro rata share as MIDCON'S negligence bears to the negligence of all parties.

PATENT INDEMNITY - MIDCON will defend Customer against a claim that products and/or services supplied hereunder infringe a United States Patent, MIDCON will pay resulting cost and damage awards provided that:

- (a) Customer promptly notifies MIDCON in writing of the claim, and
- (b) MIDCON has sole control of the defense and all related settlement negotiations

If any such claim has occurred or in MIDCON'S opinion is likely to occur, customer agrees to accept a non-infringing replacement product or services, if available, or if not to return the product and/or terminate the services on written request by MIDCON. Customer will pay only those charges which were payable prior to the date of such return and/or termination. Nothing herein shall require Customer to return any product if the adverse economic effect on Customer would be substantially greater than the adverse economic effect on MIDCON if such products is not returned. MIDCON has no liability for any claim based upon:

- (a) the combination, operation or use of any product and/or service supplied hereunder with any products and/or service not supplied by MIDCON or
- (b) alteration of the production and/or service supplied hereunder.

PRICES, ADDITIONAL CHARGES, TERMS OF PAYMENT AND CREDIT - Prices and terms are subject to change by MIDCON without notice. MIDCON shall not be responsible for storage, handling, demurrage or other similar additional charges. If any freight, transportation, insurance, shipping or additional charges are included in the stated price of the agreement and applicable increases in such charges becoming effective after the date of the agreement shall be paid by the Customer, Terms of Payment are: Net 30th proximo. Interest at the maximum rate allowed by applicable law may be charge don past due accounts. If credit is extended to Customer, MIDCON reserves the right to revoke such credit and to suspend delivery if Customer fails to pay for any product or service when payment is due.

GENERAL:

- (a) MIDCON will not be responsible for delay in providing products or services due to causes beyond its control including, but not limited to, labor problems, material shortages, acts of God or governmental action
- (b) Title to products and risk of loss pass to Customer upon delivery to carrier, unless otherwise quoted, all products are sold F.O.B. shipping point, ordinary rail or truck freight allowed on domestic shipments to destination in the 48 contiguous United States or port departure from the contiguous United States when shipped to Alaska, Hawaii or Canada
- (c) Orders for products of special design, size of materials are not cancelable after receipt of the order.
- (d) All sales, excise, use and similar taxes which MIDCON may be required to pay or collect with respect to the products and services provided by MIDCON here under will be paid by Customer except as otherwise provided by law. All import permits, licenses, duties and customs fees shall be the sole responsibility of Customer.
- (e) The terms of the agreement shall be governed by the laws of the State of Kansas with venue for any legal proceedings in connection herewith in Barton County, Kansas. All accounts are due and payable in Barton County, Kansas.



SALES & SERVICE INVOICE # 24019
PAGE # 1

CUSTOMER: Toto DATE: 7-24-18 LEASE: Parkin
WELL NO: F

MIDCON REPRESENTATIVE: George Unruh DISTRICT: Great Bend TELEPHONE: 620-793-7400

KB: 13' CASING: SIZE/WT: 4 1/2, 9.5# LINER: SIZE/WT: TUBING: (FLUIDS:) INITIAL: 2 3/8 EUE 6.5# FINAL:

MAX. O.D.	MIN. I.D.	WELL PROFILE		DESCRIPTION
		LENGTH	DEPTH	
3.771		.75		Swage
		2.45		Top Sub to CPE on CST
		5.45		CPE to RT
		2.55		RT to CPE on TS
		2.80		CPE to bottom sub
				4:15 PM On location - Logging well -
				5:30 P.M Tally in hole w/ 4 1/2 CST Packer
				+ TS Bridge Plug. - Found hole in
				bottom j.t. of tbg - decision was made
				to Hydro-Test tbg in hole. SION.
				7:00 AM ^{7:25-18} Rig Crew on location - 200 psi
				on CSG - Blew down - Make up Test tools
				+ laid down first std. out of derrick
				Tally + Hydro Test CST + TS in hole
				Threw out 3 jts. Set TS Plug @ 4336'
				4-stds out + 1 Sgl. in the air. Pull the
				bottom Sgl. out + stand back (5) stds in
				derrick @ 4305'. Tag and spot acid
				1015' fluid in hole - Spot w/ 5 bbls + E @
				POH 1 Single + set CST @ 4266' CPE
		4266		5-stds + 1 Sgl. out. Treat w/ 500 gal.
				15% acid. Tbg loaded right f/ spot
		4298-4305		Max pressure @ 750 psi + took on Vac.
		4305		Rig up + Swab back
				6:30 P.M. Release Pkr + dump possible
		4336'		acid from Ann. Re-set + made 1 pulls
				SION
				7-26-18 7:30 AM On location. 550 PSI
				on tbg. Blew down - good gas. Bleed
				of Ann. Release CST Packer - R/H 2 jts
				Tag TS Plug - Release TS + POH. Pulled
				24 stds through Stripper rubber - Remove
				Rubber + POH