

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	Vulcan Resources, LLC
Well Name	HATCH 2
Doc ID	1427468

All Electric Logs Run

Dual Induction
Compensated Density
Sideline Neutron
MicroLog
Gamma Ray
Neutron
Cement Bond
Completion Log

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



Cement or Acid Field Report
 Ticket No. **4102**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-30-18	1288	Hatch # 2				Coffey	KS
Customer Vulcan Resources LLC			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address 1102 N. Lenape Ave				104	AIRAN M		
City SKIATOOK				110	Zemi		
State OK				112	Russ		
Zip Code 74070				145	STEVE		
				140	AB		
			126	CALEB			

Job Type Longstring Hole Depth 1600 Slurry Vol. 32 Tail 24 Lead Tubing _____
 Casing Depth 1580' Hole Size 6-3/4 Slurry Wt. 13.7 12.8 Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 25 Bbl Displacement PSI 675 Bump Plug to 1100# BPM 5

Remarks: Safety meeting + Job Procedure. Break circulation w/ 5 Bbl fresh water mix 80 SK's 60/40 premix w/ 6% gel 2# Phenoseal @ 12.8 w/yds 1.68 = 24 Bbl Slurry Tail w/ 100 SK's Thickset cement w/ 2# Phenoseal = 32 Bbl Slurry w/ yield 1.84 wash out pump + lines, Release 4 1/2 Latch Down Plug Displace w/ 25 Bbl water final pump PSI 675# Bump Plug to Latch Down ASS @ 1100# wait 2 min Release PSI float held. 9 Bbl good cement returns to surface. Annulus stayed full of cement. Job complete, Tear Down. Thank you.
Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1100.00	1100.00
C-107	35	Mileage	4.20	147.00
C-203	80	SK's 60/40 premix	13.40	1072.00
C-206	410#	Gel = 6% } Leak cement	.21	86.10
C-208	160#	Phenoseal 2# per/sk	1.30	208.00
C-201	100	SK's Thick set cement } Tail cement	20.50	2050.00
C-208	200#	Phenoseal 2# per/sk	1.30	260.00
C-108A	8.94	Tow's tow mileage Bulk Trucks x 2	m/L x 2	730.00
C-653	1	4 1/2 Flapper Valve Float Shoe	251.00	251.00
C-420	1	4 1/2 Latch Down Plug	210.00	210.00
C-113	2.5 hr	80 Bbl UNC Truck	90.00	225.00
C-114	2 hr	130 Bbl Transport	115.00	230.00
C-224	4,500	gallons city water	10 #/1000	45.00
				6,614.10
			-5%	(330.70)
			Sales Tax	271.84
Authorization	<u>Witnessed by Andy King Title Drly Contractor</u>		Total	<u>6541.64</u>

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.

Company/Operator Vulcan Resources, LLC		Well No. 2	Lease Name Hatch	Well Location 4135' fsl, 1990' fel		1/4 SE	1/4 SW	1/4 NW	Sec. 2	Twp. 22	Rge, 13	
1102 N Lenapah Ave Skiatook, OK 74070		Well API # 15-031-24331	Type/Well Oil	County Coffey	State KS	Total Depth 1600		Date Started 8/27/2018	Date Completed 8/30/2018			
Job/Project Name/No.		Surface Record			Bit Record			Coring Record				
	Driller/Crew	Bit Size:	11 1/4	Type	PDC	Size	11 1/4	From		To		% Rec.
	Andy King	Casing Size:	8 5/8	PDC		6 3/4						
	Charles King	Casing Length:	40'									
	Damian King	Cement Used:	15sx									
		Cement Type:	Portland									

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	26	Overburden	1527	1600	shale			
26	120	lime						
120	332	shale						
332	407	lime						
407	601	shale						
601	703	sandy shale						
703	1121	lime						
1121	1253	sandy shale						
1253	1278	lime						
1278	1295	shale						
1295	1313	lime						
1313	1343	shale						
1343	1355	lime						
1355	1370	shale						
1370	1373	lime						
1373	1420	shale						
1420	1428	oil sand						
1428	1431	broken oil sand						
1431	1487	shale						
1487	1490	oil show						
1490	1506	oil sand						
1506	1517	broken sand (some bleed)						
1517	1521	white sand, oil show						

Well Notes:

ran 1580' 4 1/2" casing