

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 SKYLINE I-5
Doc ID	1427465

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. **4113**
 Foreman Russell McLevy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
9-11-18	1288	Hatch #1-5	2	22S	13E	Coffey	Ks	
Customer VULCAN Resources LLC			Unit #		Driver		Unit #	Driver
Mailing Address 1102 N. LENAPAN AVE			104		ALAN M			
City SKIA TOOK			110		AB			
State OK			112		Zevi			
Zip Code 74070			141		Caleb			
			145		Steve			

Job Type Longstring Hole Depth 1600' Slurry Vol. 24 LEAD 32 TAIL Tubing _____
 Casing Depth 1580' Hole Size 6 3/4 Slurry Wt. 12.8 13.7 Drill Pipe _____
 Casing Size & Wt. 4 1/2 11.60 Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 25 Displacement PSI 800 Bump Plug to 1300 BPM 4

Remarks: Safety meeting + Job Procedure Rig to 4 1/2 casing, Break circulation w/ 10 Bbl water. mix 80 SK's 60/40 Pozmix w/ 6% gel 2# Phenoseal = 24 Bbl Slurry @ 12.8 TAIL w/ 100 SK's Thickset cement w/ 2# Phenoseal @ 13.7 = 32 Bbl Slurry wash out Pump + Lines Release 4 1/2 Latch Down Plug. Displace w/ 25 Bbl water Final Pump AST 800# Bump Plug to 1300# check float, float hold 8 Bbl Slurry to surface. Annulus stayed full, Job complete, Tear Down.

THANK YOU
 Russell McLevy

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 Pozmix	13.40	1072.00
C-206	410#	gel = 6%	.21	86.10
C-208	160#	Phenoseal = 2# per 5K	1.30	208.00
C-201	100	SK's Thickset cement	20.50	2050.00
C-208	200#	Phenoseal 2# per 5K	1.30	260.00
C-108A	8.94	TOWS Tow mileage Bulk Trucks x 2	m/c x 2	730.00
C-113	2.5 hrs	80 Bbl VAC TRUCK unit 141	90.00	225.00
C-113	2.5 hrs	80 Bbl VAC TRUCK unit 145	90.00	225.00
C-224	4,500	gallons city water	10 per 1000	45.00
C-653	1	4 1/2 FLAPPER TYPE FLOAT SHOE	251.00	251.00
C-420	1	4 1/2 Latch Down Plug	210.00	210.00
			Subtotal	6609.10
			-5%	344.05
			Sales Tax	271.84
Authorization <u>Witnessed by Andy King</u> Title <u>Rig Contractor</u>			Total	6536.89

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.

Mud Rotary Drilling
Andrew King - Manager/Driller

Bar Drilling, LLC
Phone: (719) 210-8806

1317 105th Rd.
Yates Center, KS 66783

Company/Operator Vulcan Resources, LLC 1102 N Lenapah Ave Skiatook, OK 74070		Well No. I-5	Lease Name Hatch	Well Location 4135' fsl, 1290' fsl	1/4 SW	1/4 SW	1/4 NE	Sec. 2	Twsp. 22	Rge, 13
Well API # 15-031-24338		Type/Well Oil	County Coffey	State KS	Total Depth 1600	Date Started 9/6/2018	Date Completed 9/9/2018			
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.
	Casing Size:	8 5/8		PDC		6 3/4				
	Casing Length:	40'								
	Cement Used:	15sx								
	Cement Type:	Portland								

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	28	Overburden						
28	56	lime						
56	605	lime/shale mix						
605	649	lime						
649	706	shale						
706	1124	lime						
1124	1251	shale						
1251	1272	lime						
1272	1295	shale						
1295	1306	lime						
1306	1346	shale						
1346	1378	lime						
1378	1404	shale						
1404	1408	lime						
1408	1423	shale						
1423	1435	oil sand						
1435	1440	black sand (oil odor)						
1440	1503	shale						
1503	1509	oil sand						
1509	1515	oil show						
1515	1522	good oil sand						
1522	1528	grey sand, no oil						
1528	1539	dark shale						
1539	1600	shale						

Well Notes:

ran 1580' 4 1/2" casing