

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	Lario Oil & Gas Company
Well Name	BAUCK TRUST 1-14
Doc ID	1427113

All Electric Logs Run

Compact Photo Density
Compensated Neutron
Micro Log
Array Induction Shallow Focused
Borehole Compensated Sonic Log

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	BAUCK TRUST 1-14
Doc ID	1427113

Tops

Name	Top	Datum
Heebner	3962	-550
Lansing	4012	-600
Stark Shale	4320	-908
Hushpuckney	4357	-945
Base KC	4445	-1033
Marmaton	4481	-1069
Pawnee	4582	-1170
Ft. Scott	4603	-1191
Morrow	4852	-1440
Mississippian	4992	-1580

GLOBAL OIL FIELD SERVICES, LLC

Invoice

24 S. Lincoln
RUSSELL, KS 67665

Date	Invoice #
9/17/2018	0013170

Bill To
LARIO OIL & GAS LLC 301 S MARKET ST WICHITA,KS 67202

P.O. No.	Terms	Project
BAUCK TRUST#1...	Due on receipt	

Quantity	Description	Rate	Amount
150	COMMON CEMENT	16.00	2,400.00
100	POZ	9.50	950.00
8	CALCIUM-CHLORIDE	80.00	640.00
5	BENTONITE GEL	30.00	150.00
263	HANDLING	1.60	420.80
	BULK MILEAGE	1,262.40	1,262.40
1	TRI-PLEX PUMP CHARGE FOR SURFACE	850.00	850.00
	DISCOUNT IF PAID WITHIN 15 DAYS OF INVOICE	-1,128.48	-1,128.48
	new sales tax rate as of 7-1-2015	8.50%	0.00

*Surf Chert
APE 18-116
IDC 22*

jc
SEP 19 2018
jc

Thank you for your business.		Total	\$5,544.72
Phone #	Fax #		
785-445-3525	785-445-3526		

GLOBAL OIL FIELD SERVICES, LLC

Invoice

24 S. Lincoln
RUSSELL, KS 67665

Date	Invoice #
9/24/2018	0013176

Bill To
LARIO OIL & GAS LLC 301 S MARKET ST WICHITA,KS 67202

P.O. No.	Terms	Project
BAUCK TRUST#1	Due on receipt	

Quantity	Description	Rate	Amount
300	60/40 POZMIX CEMENT	13.75	4,125.00
11	BENTONITE GEL	30.00	330.00
77.75	FLO-SEAL	2.00	155.50
311	HANDLING	1.90	590.90
	BULK MILEAGE	1,900.00	1,900.00
1	TRI-PLEX PUMP CHARGE FOR PLUG	850.00	850.00
75	HEAVY EQUIPMENT. ONE WAY	6.50	487.50
75	LMV- ONE WAY	2.75	206.25
1	DRY HOLE PLUG	62.50	62.50
	20% DISCOUNT IF PAID WITHIN 15 DAYS OF INVOICE new sales tax rate as of 7-1-2015	8.50%	0.00

APR 18-116
FD 22

OK TO PAY
Exp. FILE
SEP 25 2018
DR

Thank you for your business.

Total \$8,707.65

Phone #	Fax #
785-445-3525	785-445-3526



DRILL STEM TEST REPORT

Prepared For: **Lario Oil & Gas Co.**

301 S Market St.
Wichita, KS 67202

ATTN: Tim Lauer

Bauck Trust #1-14

14-19s-38w Wichita, KS

Start Date: 2018.09.17 @ 09:00:00

End Date: 2018.09.17 @ 15:24:45

Job Ticket #: 64049 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2018.09.19 @ 14:40:23

Lario Oil & Gas Co.

14-19s-38w Wichita, KS

Bauck Trust #1-14

DST # 1

Pawnee - Ft. Scott

2018.09.17



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.
301 S Market St.
Wichita, KS 67202
ATTN: Tim Lauer

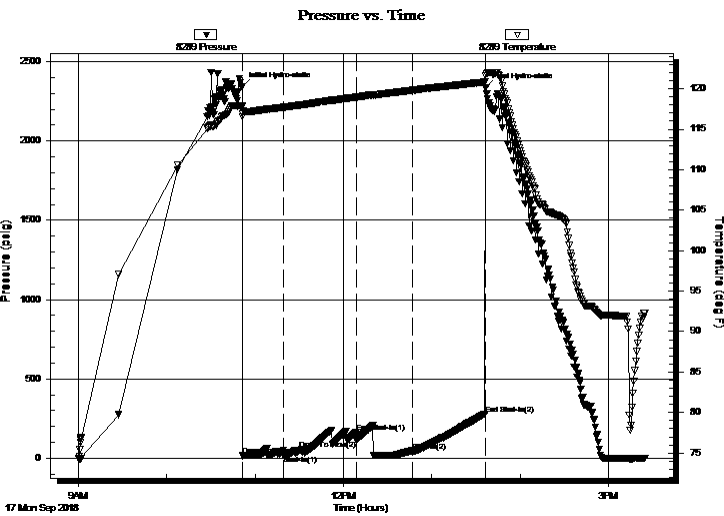
14-19s-38w Wichita, KS
Bauck Trust #1-14
Job Ticket: 64049 **DST#: 1**
Test Start: 2018.09.17 @ 09:00:00

GENERAL INFORMATION:

Formation: **Pawnee - Ft. Scott**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 10:51:25
Time Test Ended: 15:24:45
Interval: **4566.00 ft (KB) To 4625.00 ft (KB) (TVD)**
Total Depth: 4625.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Chris Hagman
Unit No: 75
Reference Elevations: 3412.00 ft (KB)
3402.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 8289 Inside
Press@RunDepth: 41.09 psig @ 4568.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2018.09.17 End Date: 2018.09.17 Last Calib.: 2018.09.10
Start Time: 09:00:02 End Time: 15:24:45 Time On Btm: 2018.09.17 @ 10:51:10
Time Off Btm: 2018.09.17 @ 13:36:30

TEST COMMENT: IF: Weak surface blow, died 15 min.
IS: No blow back
FF: No blow
FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2342.51	117.86	Initial Hydro-static
1	16.10	116.92	Open To Flow (1)
29	17.60	117.70	Shut-In(1)
78	166.04	118.98	End Shut-In(1)
78	113.10	118.94	Open To Flow (2)
116	41.09	119.82	Shut-In(2)
165	279.60	120.83	End Shut-In(2)
166	2337.29	121.65	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	100%M	0.03

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Lario Oil & Gas Co.

14-19s-38w Wichita, KS

301 S Market St.
Wichita, KS 67202

Bauck Trust #1-14

Job Ticket: 64049

DST#: 1

ATTN: Tim Lauer

Test Start: 2018.09.17 @ 09:00:00

Tool Information

Drill Pipe:	Length: 4570.00 ft	Diameter: 3.80 inches	Volume: 64.11 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 70000.00 lb
			<u>Total Volume: 64.11 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	31.00 ft			String Weight: Initial 62000.00 lb
Depth to Top Packer:	4566.00 ft			Final 62000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	59.00 ft			
Tool Length:	86.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut In Tool	5.00			4544.00	
Hydraulic tool	5.00			4549.00	
Jars	5.00			4554.00	
Safety Joint	3.00			4557.00	
Packer	5.00			4562.00	27.00 Bottom Of Top Packer
Packer	4.00			4566.00	
Stubb	1.00			4567.00	
Perforations	1.00			4568.00	
Recorder	0.00	8289	Inside	4568.00	
Recorder	0.00	6672	Outside	4568.00	
Perforations	20.00			4588.00	
Change Over Sub	1.00			4589.00	
Drill Pipe	32.00			4621.00	
Change Over Sub	1.00			4622.00	
Bullnose	3.00			4625.00	59.00 Bottom Packers & Anchor

Total Tool Length: 86.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

14-19s-38w Wichita, KS

301 S Market St.
Wichita, KS 67202

Bauck Trust #1-14

Job Ticket: 64049

DST#: 1

ATTN: Tim Lauer

Test Start: 2018.09.17 @ 09:00:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 63.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	100%M	0.028

Total Length: 2.00 ft Total Volume: 0.028 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8289

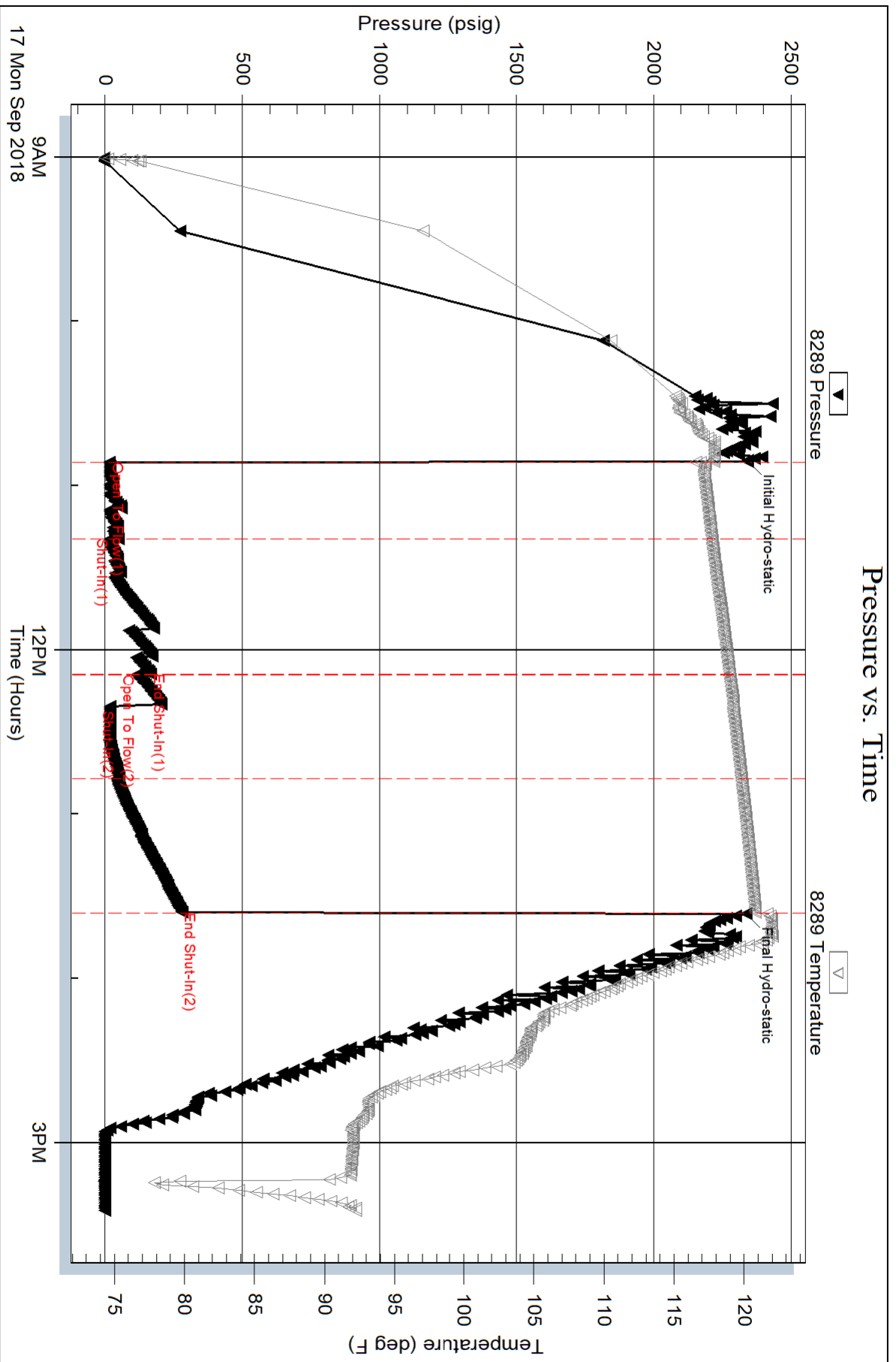
Inside

Lario Oil & Gas Co.

Bauck Trust #1-14

DST Test Number: 1

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 64049

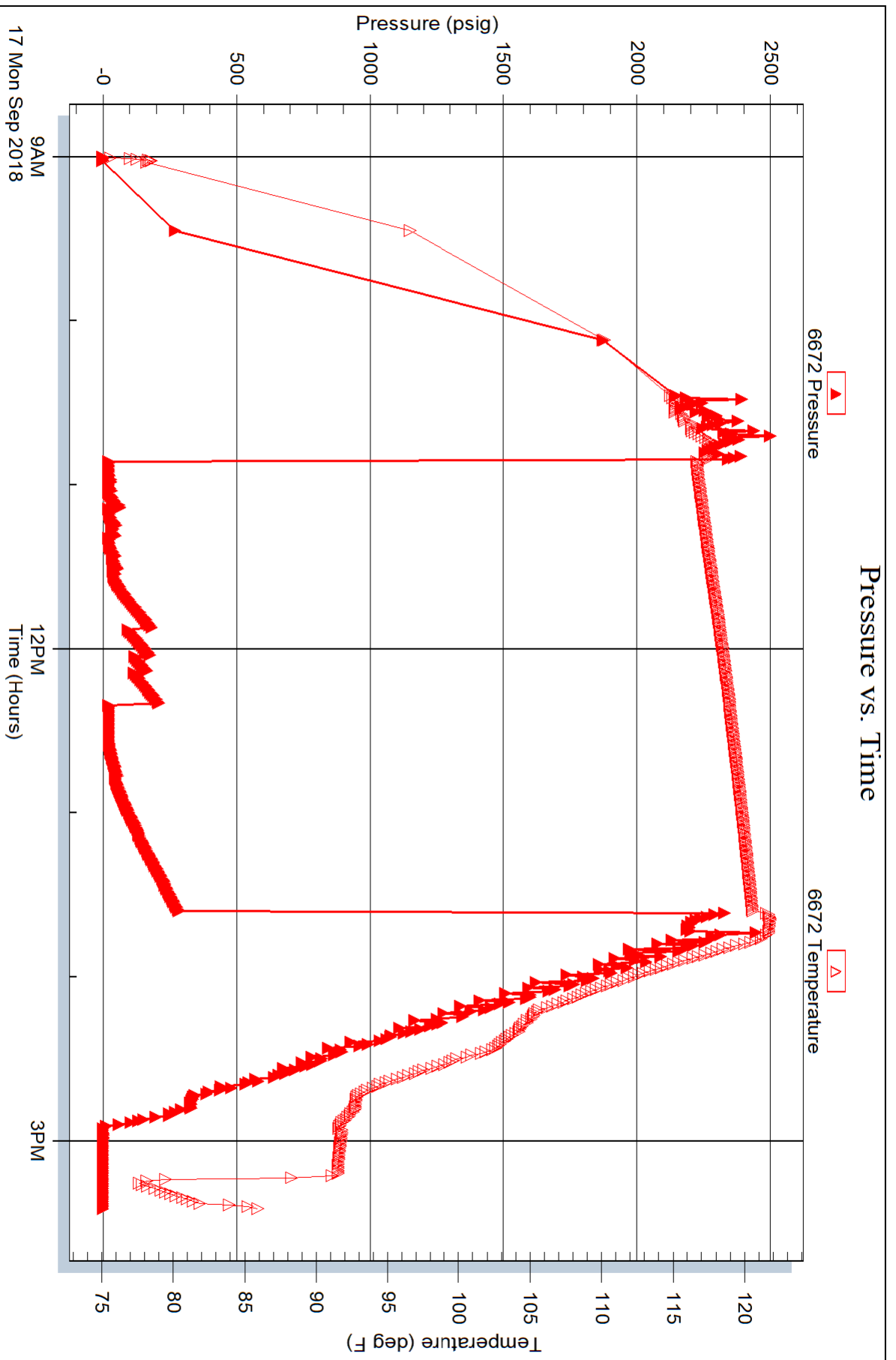
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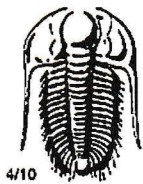
Serial #: 6672

Outside Lario Oil & Gas Co.

Bauck Trust #1-14

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 64049

Well Name & No. Bancroft Trust 1-14 Test No. 1 Date 9-17-18
 Company Lowie Oil & Gas Co Elevation 3412 KB ~~3402~~ 3402 GL
 Address 301 S Market St. Wichita, KS 67207
 Co. Rep / Geo. Tim Lauer Rig Duke #1
 Location: Sec. 14 Twp 19 Rge. 38 Co. Wichita State KS

Interval Tested 4566-4625 Zone Tested Paw + Ft Sc
 Anchor Length 59 Drill Pipe Run ~~1570~~ 4570 Mud Wt. 9.6
 Top Packer Depth 4561 Drill Collars Run 0 Vis 63
 Bottom Packer Depth 4566 Wt. Pipe Run N.A. WL 9.6
 Total Depth 4625 Chlorides 6000 ppm System LCM 2#

Blow Description IF: weak surface blow, died 15 min.
ISB: No blow back
RFI: No blow
FSI: No blow back

Rec	Feet of	%gas	%oil	%water	%mud
<u>2</u>	<u>Mud</u>			<u>100</u>	

Rec Total 2 BHT 120 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm
 (A) Initial Hydrostatic 2343 Test conv. 1150 T-On Location 0730
 (B) First Initial Flow 16 Jars 250 T-Started 0900
 (C) First Final Flow 18 Safety Joint 75 T-Open 1050
 (D) Initial Shut-In 166 Circ Sub _____ T-Pulled 1330
 (E) Second Initial Flow 113 Hourly Standby _____ T-Out _____
 (F) Second Final Flow 41 Mileage 60 120 Comments bats on @
 (G) Final Shut-In 280 Sampler _____ 0900
 (H) Final Hydrostatic 2337 Straddle _____ loaded tools 9/19 12:30
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Initial Open 30 Shale Packer _____
 Initial Shut-In 45 Extra Packer _____
 Final Flow 40 Extra Recorder _____ Sub Total 800
 Final Shut-In 45 Day Standby 1.5d 11h Total 2395
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1595

Approved By Tim Lauer Our Representative Chris Hager
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

