

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) (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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Conductor
TREATMENT REPORT

Acid Stage No. _____

Date 9/17/2020 District GB F.O. No. C60184
 Company HOWELL OIL CO.
 Well Name & No. DOLE #5
 Location _____ Field _____
 County RENO State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 13 3/8 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 360-308T
 Personnel GREG CLARENCE
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____
 _____ Gals. _____ lb.

Company Representative LARRY RESSLER Treater GREG CURTIS

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
6:15				ON LOCATION
				RUN 315' OF 13 3/8" PIPE
				BREAK CIRCULATION WITH MUD PUMP AND CIRCULATE FOR 30 MINUTES
				PUMP 350 SKS 60/40 2% GEL & 3% CC
				DISPLACE WITH 47 BBLS OF FRESH WATER.
8:15				CEMENT DID NOT CIRCULATE TO SURFACE. WAIT 1 HOUR
				TAGGED CEMENT @ 30'
				RUN 30' OF 1" PIPE. PUMP 100 SKS 60/40 2% GEL 3% CC, CIRCULATED
10:00				CEMENT TO SURFACE. HOLE STAYED FULL
10:30				JOB COMPLETE
				THANK YOU!!!



Production
TREATMENT REPORT

Acid Stage No. _____

Date 9/22/2020 District GB F.O. No. C60186

Company HOWELL OIL COMPANY

Well Name & No. DOLE #5

Location _____ Field _____

County RENO State KS

Casing: Size 5 1/2 Type & Wt. 15.5# Set at 3493.3 ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Yes No Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. _____ Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
Flush	_____ Bbl./Gal.	_____	_____	_____
Treated from _____ ft. to _____ ft.				No. ft. <u>0</u>
from _____ ft. to _____ ft.				No. ft. <u>0</u>
from _____ ft. to _____ ft.				No. ft. <u>0</u>
Actual Volume of Oil / Water to Load Hole: _____				Bbl./Gal. _____
Pump Trucks.	No. Used: <u>365</u>	Std. _____	Sp. _____	Twin _____
Auxiliary Equipment	<u>327</u>			
Personnel	<u>GREG TIM CLARENCE</u>			
Auxiliary Tools	_____			
Plugging or Sealing Materials:	Type	<u>300 SKS COMMON</u>		
		Gals. _____		lb. _____

Company Representative _____ Treater _____

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:30				ON LOCATION
				PIPE DEPTH: 3493.3' INSERT: 3491'
				BASKETS: JTS 3 & 4. CENTRALIZERS: JTS 2,4,6,8,10,12
2:30				CIRCULATE HOLE FOR 1 HOUR
				PUMP 600 GALS MUD FLUSH.
				PLUG RATHOLE WITH 30 SKS, PLUG MOUSEHOLE WITH 20 SKS
				CEMENT 5 1/2 WITH 250 SKS COMMON @ 6.5 BPM
				FLUSH PUMP & LINE OUT.
5:15				DISPLACE CEMENT WITH 83 BBLs OF H2O. PLUG LANDED WITH 81 BBLs OUT. PSI TO 1500#, RELEASE PRESSURE, PLUG HELD.
				JOB COMPLETE
				THANK YOU!!!

GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

COMPANY HOWELL OIL COMPANY INC.		ELEVATIONS	
LEASE DOLE #5	FIELD BURRTON	KB 1478'	GL 1466'
LOCATION 2310'FSL & 971' FEL (E/2-NW-NE-SE/4)		Measurements Are All	
SECTION 13	TOWNSHIP 23S	RANGE 04W	From KB:1478
COUNTY RENO	STATE KANSAS	API 15-155-21778-00-00	
CONTRACTOR LIGHTHOUSE DRILLING		CASING	
SPUD 09/16/2020	COMP 09/21/2020	SURFACE 13&3/8" @ 307' KB	
RTD 3502' (-2024)	LTD 3497' (-2019)	PRODUCTION 5&1/2"	
ELECTRICAL SURVEYS MIDWEST WIRELINE: DIL & CNL/CDL No DST's			

FORMATION TOPS	LOG	SAMPLES	CHRONOLOGY
HEEBNER SH	2332' (-854)	2338' (-860)	9/4/20; MIRU Lighthouse Rig
LANSING	2497' (-1019)	2504' (corrected) (-1026)	9/16/20; Spud
DENNIS LS	2853' (-1375)	2860' (-1382)	9/17/20; PTD-326'; Cementing 13&3/8" csg @ 307'
SWOPE LS	2915' (-1437)	2920' (-1442)	9/18/20; PTD-326' WOC & WOR.
HUSHPUCKNEY SH	2941' (-1463)	2946' (-1468)	9/19/20; Drig 7&7/8" hole @ 1882' @ -7:40am;
HERTHA POROSITY	2960' (-1482)	2965' (-1487)	Md.Wt:10.0;Vis:30;PV:4;YP:7;PH:7.0;WL:NC; Cl:1800ppm;Ca:1560ppm;Solids:10.9%;LCM:0; ECD:11.26#/gal.
BASE/ KANSAS CITY	2990' (-1512)	2998' (-1518)	9/20/20; Drig@ 2898' @ -9:25am
MARMATON	3004' (-1526)	3010' (-1532)	9/21/20; Drig@ -3415' @ -9:00am; RTD:3502' @ -Noon E-Logs complete @ -6:30pm on 9/21/2020.
PAWNEE	3078' (-1600)	3084' (-1606)	9/22/2020; 5&1/2" production casing set to further evaluate the Mississippi system.
FORT SCOTT	3105' (-1627)	3112' (-1634)	
CHEROKEE	3126' (-1648)	3131' (-1653)	
LOWER CHEROKEE SH	3153' (-1675)	3160' (-1682)	
MISSISSIPPIAN LS	3268' (-1788)	3272' (-1794)	
UPPER MISS. POROSITY	3280' (-1802)	3287' (-1809)	
LOWER MISS. DOLO. & CHERT PORO.	3327' (-1849)	3333' (-1855)	
TOTAL DEPTH (LTD/RTD)	3497' (-2019)	3502' (-2024)	

REMARKS: ON 09/22/2020, 5&1/2" PRODUCTION CASING WAS SET TO FURTHER EVALUATE THE MISSISSIPPIAN SYSTEM. UNDER SUPERVISION OF LARRY RESSLER OF RESSLER WELL SERVICE, INC.

REPECTFULLY SUBMITTED,
ROGER L. MARTIN, GEOLOGIST AT WELL-SITE

(print length: 78")

