

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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McGOWAN

DRILLING, INC.

Mound City, KS

620.224.7406

Well #				Casing			
Barnett #14				Surface		Longstring	
Barnett Oil Co.				Size:	7.0 "	Size:	2 7/8 "
				Tally:	21.7 '	Tally:	849.75 '
API #:	15-207-29641	S-T-R:	4-26S-17E	Cement:	6 sx	Bit:	5.875 "
County:	Woodson	Date:	9/12/2018	Bit:	11 "	Date:	9/14/2018
Top	Base	Formation		Top	Base	Formation	
0	3	Soil		877	886	Shale	
3	15	Lime		886	901	Sandy Shale	
15	116	Shale		901	935	Sand No oil show, no odor, soft	
116	132	Lime		935	975	Shale	
132	148	Shale		975	982	Shale Muddy	
148	214	Lime		982	1002	Shale w/sand laminations, no oil	
214	276	Shale	Sandy	1002		TD	
276	360	Lime					
360	364	Blk Shale				Plugged back TD with 15 sx slurry before	
364	407	Lime				cement L/S.	
407	409	Shale					
409	437	Lime					
437	578	Shale					
578	584	Lime					
584	596	Shale					
596	612	Lime					
612	632	Shale					
632	635	Sand	No odor				
635	653	Sandy Shale					
653	686	Shale					
686	689	Lime					
689	694	Shale					
694	719	Lime					
719	746	Shale					
746	760	Lime	20'	Sand / Core Detail			
760	767	Shale		Core #1:		Core #2:	
767	770	Lime	5'	805	807	Sandy shale - no odor	
770	780	Shale		807	812	Sand - good oil show, well saturated	
780	791	Sand	No oil show; gas bubbles	812	813	Sandy shale - oil odor	
791	803	Shale		813	814	Sand - good odor, darker sand	
803	805	Lime					
805	807	Shale	Sandy, slight odor				
807	814	Sand	See details				
814	855	Sandy Shale					
855	857	Lime					
857	870	Shale					
870	877	Sandy Shale					
Total Depth:				1002			

250 N. Water St., Suite #200
Wichita, KS 67202



HURRICANE SERVICES INC

Customer	Barnett Oil Co.		Lease & Well #	Barnett #14		Date	9.14.2018	
Service District	Garnett		County & State	Woodson Co., KS		Legals S/T/R	4-26S-17E	
Job Type	Longstring	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	Ticket #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures <input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Warning Signs & Flagging <input checked="" type="checkbox"/> H2S Monitor <input checked="" type="checkbox"/> Eye Protection <input type="checkbox"/> Required Permits <input type="checkbox"/> Fall Protection <input checked="" type="checkbox"/> Safety Footwear <input checked="" type="checkbox"/> Respiratory Protection <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards <input checked="" type="checkbox"/> Specific Job Sequence/Expectations <input checked="" type="checkbox"/> FRC/Protective Clothing <input type="checkbox"/> Additional Chemical/Acid PPE <input checked="" type="checkbox"/> Overhead Hazards <input checked="" type="checkbox"/> Muster Point/Medical Locations <input checked="" type="checkbox"/> Hearing Protection <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Additional concerns or issues noted below						
Comments								
Cement longstring behind McGown Drilling Rig #1.								

Product/ Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
C001	Heavy Equip. One Way	mi	40.00				\$97.50
C020	Cement Pump	ea	1.00				\$506.25
C023	Cement Bulk Truck - Minimum	ea	1.00				\$225.00
CP006	Regular - Class A Cement	sack	115.00				\$1,401.56
CP016	Bentonite Gel	lb	215.00				\$48.38
CP017	Calcium - Chloride	lb	325.00				\$243.75
CP027	Pheno Seal	lb	30.00				\$38.25
CP032	Mud Flush	gal	250.00				\$50.00
CP046	Rubber Plug 2 7/8"	ea	1.00				\$22.50

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Gross:	\$3,694.25	Net:	\$2,633.19
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable	\$ -	Tax Rate:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely						Total:	\$ 2,633.19

HSI Representative:

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: Barnett Oil Co.	Well: Barnett #14	Ticket: ICT1386
City, State: Humboldt, KS	County: Woodson Co., KS	Date: 9/14/2018
Field Rep: Monty B.	S-T-R: 4-26S-17E	Service: Longstring

Downhole Information	
Hole Size:	5 7/8 in
Hole Depth:	1002 ft
Casing Size:	2 7/8 in
Casing Depth:	849.8 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	4.9 bbls

Slurry	
Weight:	14.5 # / sx
Water / Sx:	7.40 gal / sx
Yield:	1.48 ft ³ / sx
Bbls / Ft.:	0.0306
Depth:	850 ft
Volume:	21.67 bbls
Excess:	10% %
Total Slurry:	23.837 bbls
Total Sacks:	98.4 sx

Cement Blend		
Product	%	#
Class A	100.0	10810
Gel	2.0	215
CaCl	3.0	325
PhenoSeal	0.25	29

Total **11,379**

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	BBLs	REMARKS
3:00 PM				Casing landed at 990. Rig circ hole					
				Nipple up to casing to plug bottom					
				Mix 17 sx slurry					
	2.0	25.0	5.2	Pump bottom plug 990' to 860'					
	2.0	25.0	5.7	Displace cement plug					
				Rig laid down plugging joints and					
				landed casing in clamp at 849.8'					
				Mix 6 bbl mud flush; start mixing slurr					
	2.0	25.0	6.0	Pump mud flush ahead					
	2.5	50.0	24.0	Pump 98 sx cement slurry - A/2/3/0.25					
				Wash up lines and load plug					
	2.0	100.0	4.0	Start displacement					
4:00 PM	0.5	200.0	0.9	Finish displacement and land plug					
		1,200.0		Bump plug and hole					
		-		Release pressure and set float shoe					
				Good cement returns to surface					
				Rig down wash up pump and lines					
				Rig provided water					

CREW		UNIT	SUMMARY		
Cementer:	Chris	29	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Kevin N.	271	1.83 bpm	203.1 psi	45.80 bbls
Bulk #1:	Garrett S.	230			
Bulk #2:					