

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 Recompletion Date _____ 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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

Pro-Stim Chemicals LLC

Date 11/9/20

Acidizing Report

Customer Fossil Pro-Stim Chemical Yard Cunningham Pro-Stim Number A-25 A-

Well Name & Number Krug #1 Formation _____

County Russell State KS Interval _____

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing Casing Annulus CTU Combination Plug Depth _____ Packer Depth _____

Casing Size: GRD _____ WT _____ Depth _____ Tubing Size: 2 3/8 Spot _____

Casing Vol. Tbg Vol _____ Ann Vol _____ OH Vol _____ Total Displacement _____

Customer Representative Signature _____

9500 16/30 Sand
2000 16/30 Resin
80 KLA-Frac
80 G-53

Treatment Record

| Time | Type Fluid | Rate BMP | Increment Vol Bbls | Cum Vol Bbls | Pressure | | Observations |
|------|------------|----------|--------------------|--------------|----------|--------|--------------|
| | | | | | Tubing | Casing | |
| 1 | Pad | 5.0 | | 4 | 1450 | 0 | |
| 5 | Pad | 8.0 | | 12 | 1500 | 0 | |
| 6 | Pad | 10.0 | | 25 | 1250 | 0 | |
| 10 | Pad | 11.0 | | 50 | 1200 | 0 | |
| 12 | Pad | 11.0 | | 80 | 1200 | 0 | |
| 20 | Pad | 11.0 | | 150 | 1200 | 0 | |
| 25 | Pad | 11.0 | | 190 | 1200 | 0 | |
| 26 | 16/30 | 11.0 | | 230 | 1280 | 0 | .5 LB Sand |
| 28 | 16/30 | 11 | | 270 | 1230 | 0 | .5 LB Sand |
| 40 | 16/30 | 11 | | 300 | 1190 | 0 | 1.0 LB Sand |
| 45 | 16/30 | 11 | | 350 | 1180 | 0 | 1.0 LB Sand |
| 47 | 16/30 | 11 | | 380 | 1180 | 0 | 1.5 LB Sand |
| 49 | 16/30 | 11 | | 400 | 1160 | 0 | 1.5 LB Sand |
| 50 | 16/30 | 11 | | 410 | 1180 | 0 | 2.0 Resin |
| 55 | 16/30 | 11 | | 450 | 1250 | 0 | 2.0 Resin |
| 60 | Flush | 11 | | 470 | 1300 | 0 | Flush out |
| | | | | | | | |
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Treatment Synopsis

| | | | | | |
|--------------|-----------------------|-------------------|------------------|------------------|------------------|
| Avg Inj Rate | Fluid BPM <u>10.5</u> | Total Injected | H2O <u>470</u> | Acid <u>—</u> | Oil <u>—</u> |
| Treating Prs | Max <u>1450</u> | Final <u>1300</u> | Avg. <u>1280</u> | ISIP <u>1050</u> | 5'SI <u>700</u> |
| | | | | | 10'SI <u>500</u> |
| | | | | | 15'SI <u>350</u> |
| | | | | | 20 |
| | | | | | 25 |
| | | | | | 30 |

AR



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 11/4/2020
 Invoice # 1780
 P.O.#:
 Due Date: 12/4/2020
 Division: *Russell*

Invoice

Contact:

Address/Job Location:

Fossil Creek

Reference:
 CROWN KRUG A6 SEC 26-14-14

Description of Work:
 PLUG JOB

| Services / Items Included: | Quantity | Price | Taxable | Item | Quantity | Price | Taxable |
|--|----------|-------------|---------|------|----------|-------|---------|
| Labor | | \$ 281.88 | Yes | | | | |
| Common-Class A | 120 | \$ 1,561.98 | Yes | | | | |
| POZ Mix-Standard | 80 | \$ 353.85 | Yes | | | | |
| Bulk Truck Matl-Material Service Charge | 202 | \$ 127.64 | Yes | | | | |
| Pump Truck Mileage-Job to Nearest Camp | 15 | \$ 42.65 | Yes | | | | |
| Premium Gel (Bentonite) | 2 | \$ 36.65 | Yes | | | | |
| Bulk Truck Mileage-Job to Nearest Bulk Plant | 15 | \$ 33.17 | Yes | | | | |

Invoice Terms:

Net 30

| | | |
|---------------------------------|--|-------------|
| | SubTotal: | \$ 2,437.81 |
| | Discount Available <u>ONLY</u> if Invoice is Paid & Received within listed terms of invoice: | \$ (60.95) |
| SubTotal for Taxable Items: | | \$ 2,376.87 |
| SubTotal for Non-Taxable Items: | | \$ - |

8.50% Russell County Sales Tax

| | |
|--------------------------|--------------------|
| Total: | \$ 2,376.86 |
| Tax: | \$ 202.03 |
| Amount Due: | \$ 2,578.89 |
| Applied Payments: | |
| Balance Due: | \$ 2,578.89 |

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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Paul W. Lander
 11-12-2020

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1780

| | | | | | | | |
|-----------------------|----------------|----------------|-----------------|------------------|-----------------|-------------|---------------------|
| Date 11-4-2020 | Sec. 26 | Twp. 14 | Range 14 | County RS | State KS | On Location | Finish 11:30 |
|-----------------------|----------------|----------------|-----------------|------------------|-----------------|-------------|---------------------|

Location

Lease **Crown Krug** Well No. **A6** Owner **281 and 4 corners 1/2 east section in to**

Contractor **ACE well service** To Quality Oilwell Cementing, Inc.
Type Job **plug** You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size T.D. Charge To **Fossil Creek**

Csg. **5 1/2** Depth Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner, agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered **2005X 60% 1 1/2 set**

Meas Line Displace

EQUIPMENT

| | | | |
|-------------------|-----|--------------------|--------------------|
| Pumptrk 18 | No. | Cementer | Common 120 |
| | | Helper Dave | Poz. Mix 80 |
| Bulktrk 14 | No. | Driver | Gel. 2 |
| | | Driver Tom | Calcium |
| Bulktrk pu | No. | Driver | |
| | | Driver Vin | |

JOB SERVICES & REMARKS

| | |
|--|-------------------------|
| Remarks: | Hulls |
| Rat Hole | Salt |
| Mouse Hole | Flowseal |
| Centralizers | Kol-Seal |
| Baskets | Mud CLR 48 |
| D/V or Port Collar | CFL-117 or CD110 CAF 38 |
| Retainer at 2450 2005X and wish clean | Sand |
| | Handling 202 |
| | Mileage |

FLOAT EQUIPMENT

| | |
|--|-------------|
| | Guide Shoe |
| | Centralizer |
| | Baskets |
| | AFU Inserts |
| | Float Shoe |
| | Latch Down |

Pumptrk Charge **plug Job**
Mileage **15 (round)**

| | |
|--|--------------|
| | Tax |
| | Discount |
| | Total Charge |

X Signature

Thanks