

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 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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Form	ACO1 - Well Completion
Operator	Krehbiel, Hal Gene and Andrew Logan Krehbiel dba K-Bar Oil LLC
Well Name	KREHBIEL 2
Doc ID	1537840

Tops

Name	Top	Datum
Anhydrite	542	1231
Topeka	2655	-866
Heebner Sh	2917	-1128
Toronto	2939	-1150
Douglas Shale	2948	1161
Brown Lime	3037	-1248
LKC	3060	-1271
BKC	3312	-1523
Arbuckle	3358	-1569



TREATMENT REPORT

Acid Stage No. _____

Date 6/16/2020 District GB F.O. No. 50244
 Company K-Bar
 Well Name & No. Krehbiel #2
 Location _____ Field _____
 County Barton 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 5.5" Type & Wt. USED Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes 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. 365 Sp. _____ Twin _____
 Auxiliary Equipment 317
 Personnel Nathan-Tim-Mike
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Mike K. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:45		5.5"		On Location.
				TD-3450' Centralizers-1,3,5,7,9,48,50
				Pipe-3429' Baskets-2,4,51
				Baffle-3394'
				Port Collar-1408'
				Pump 600gal of Mud Flush.
				Plug Rat Hole with 30sk and Mouse Hole with 20sk.
				Mix 200sk 60/40poz 2%gel .75%C-37 .75%C-41p .25%C-12 12%Salt 5#/sk Gilsonite.
				Wash out pump and lines.
				Displace with 81bbls at 6.75bpm-800# Plug landed at 1000#
1:15				Release pressure. Float Held.
				Thank You!
				Nathan W.

COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

INVOICE NUMBER:
C60135-IN

BILL TO:
K-BAR OIL
1219 TURKEY CREEK DR
MCPHERSON, KS 67460

LEASE: KREHBIEL #2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/15/2020	60135		06/12/2020	KREHBIEL #2	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
15.00	MI	MILEAGE CEMENT PUMP TRUCK		15.00	4.00	51.00
1.00	EA	PUMP CHARGE-SURFACE		15.00	1,100.00	935.00
250.00	SK	60/40 POZ MIX 2% GEL		15.00	11.25	2,390.63
14.00	SK	CALCIUM CHLORIDE		15.00	40.00	476.00
264.00	EA	BULK CHARGE		15.00	1.25	280.50
174.24	MI	BULK TRUCK - TON MILES		15.00	1.10	162.91
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,296.04
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BATCO Sales Tax:		322.20
		NET 30 DAYS		Invoice Total:		4,618.24

*PAID 6-23-2020
 OR #6152*

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

COPELAND

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 (316) 524-1027 FAX

Invoice

INVOICE NUMBER:
C50244-IN

BILL TO:
K-BAR OIL
1219 TURKEY CREEK DR
MCPHERSON, KS 67460

LEASE: KERHBIEL #2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/22/2020	50244		06/16/2020	KREHBIEL #2	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
15.00	MI	MILEAGE PICKUP		18.00	2.00	24.60
15.00	MI	MILEAGE CEMENT PUMP TRUCK		18.00	4.00	49.20
1.00	EA	PUMP CHARGE LONG STRING		18.00	1,600.00	1,312.00
250.00	SK	60/40 POZ MIX 2% GEL		18.00	11.25	2,306.25
150.00	GAL	DEFOAMER C-41P		18.00	3.75	461.25
50.00	LB	FLUID LOSS C-12		18.00	6.00	246.00
150.00	LB	FRICTION REDUCER C-37		18.00	4.00	492.00
1,200.00	LB	FINE SALT		18.00	0.25	246.00
1,000.00	LB	GILSONITE		18.00	0.75	615.00
1.00	DIA	ROTATING HEAD RENTAL		18.00	250.00	205.00
7.00	EA	5 1/2" TURBO-CENTRALIZER		18.00	85.00	487.90
3.00	EA	5 1/2" BASKET		18.00	155.00	381.30
1.00	EA	LATCH DOWN PLUG AND BAFFLE		18.00	175.00	143.50
1.00	EA	INSERT FLOAT SHOE W/AUTO FILL		18.00	355.00	291.10
600.00	GAL	MUD FLUSH		18.00	0.75	369.00

Pd 6-29-2020
CR # 6162

Continued

COPELAND

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Invoice

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INVOICE NUMBER:
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BILL TO:
K-BAR OIL
1219 TURKEY CREEK DR
MCPHERSON, KS 67460

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QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	PORT COLLAR		18.00	1,900.00	1,558.00
301.00	EA	BULK CHARGE		18.00	1.25	308.53
184.20	MI	BULK TRUCK - TON MILES		18.00	1.10	166.15
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		9,662.78
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BATCO Sales Tax:		724.71
		NET 30 DAYS		Invoice Total:		10,387.49

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

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FIELD ORDER N° C 50244

BOX 438 - HAYSVILLE, KANSAS 67060
316-524-1225

DATE 16-Jun 20 20

IS AUTHORIZED BY: K-Bar (NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL AS FOLLOWS Lease Krehbiel Well No. _____ Customer Order No. 2

Sec. Twp. _____ Range _____ County Barton State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0001	15	Mileage P.U.	\$2.00	\$30.00
20.0002	15	Mileage P.T.	\$4.00	\$60.00
20.0007	1	Pump Charge Long String	\$1,600.00	\$1,600.00
20.1002	250	60/40 Poz 2% Gel	\$11.25	\$2,812.50
20.1008	150	C-41P per lb. Defoamer	\$3.75	\$562.50
20.1009	50	C-12 per lb. Fluid Loss	\$6.00	\$300.00
20.101	150	C-37 per lb. Friction Reducer	\$4.00	\$600.00
20.1015	1200	Fine Salt per lb.	\$0.25	\$300.00
20.1016	1000	Gilsonite per lb.	\$0.75	\$750.00
20.0014	1	Rotating Head Rental	\$250.00	\$250.00
20.2002	7	5 1/2" Turbo-Centralizer	\$85.00	\$595.00
20.2006	3	5 1/2" Basket	\$155.00	\$465.00
20.2009	1	Latch Down Plug & Baffle	\$175.00	\$175.00
20.2012	1	Insert Float Shoe with Auto Fill	\$355.00	\$355.00
20.1018	600	Mud Flush per gal	\$0.75	\$450.00
20.2016	1	Port Collar	\$1,900.00	\$1,900.00
20.2011	301	Bulk Charge	\$1.25	\$376.25
20.2012	184.2	Bulk Truck Miles	\$1.10	\$202.62
		Process License Fee on _____ Gallons		
		TOTAL BILLING		\$11,783.87

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below. \$ 9662.77

Copeland Representative Nathan W.

Station GB

Mike K.

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND

Acid & Cement

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 FAX (620) 463-2104 FAX (620) 793-3536

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 HAYSVILLE, KS 67060
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Invoice

INVOICE NUMBER:
C60135-IN

BILL TO:
K-BAR OIL
1219 TURKEY CREEK DR
MCPHERSON, KS 67460

LEASE: KREHBIEL #2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
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174.24	MI	BULK TRUCK - TON MILES		15.00	1.10	162.91
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: BATCO Sales Tax: Invoice Total:		4,296.04 322.20 <u><u>4,618.24</u></u>
RECEIVED BY _____		NET 30 DAYS				

*PAID 6-23-2020
 OR #6152*

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316-524-1225

DATE 16-Jun 20 20

IS AUTHORIZED BY: K-Bar (NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL
AS FOLLOWS Lease Krehbiel Well No. _____ Customer Order No. 2

Sec. Twp. _____
Range _____ County Barton State KS

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		Process License Fee on _____ Gallons		
		TOTAL BILLING		\$11,783.87

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below. \$ 9662.77

Copeland Representative Nathan W.

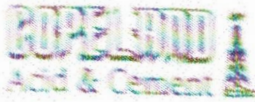
Station GB

Mike K.

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Page No. _____

Date 6/24/2008 Well # 52 F.D. No. 50020

Company P-208

Well Name & No. Christywell #2

Location _____

County Barren State KS

Depth _____

Formation: _____

Formation: _____

Formation: _____

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

Completed: Yes Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. 2.5" Swing at _____

Perforated from _____ ft. to _____ ft.

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

Page Treatment: _____ Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Return _____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. _____ lb. _____

from _____ ft. to _____ ft. _____ lb. _____

from _____ ft. to _____ ft. _____ lb. _____

Actual Volume of Oil / Water to Load Hole _____ Bbl./Gal. _____

Pump Trucks: No. Used: 2 Size 360 Sp. _____ Twh _____

Auxiliary Equipment _____

Personnel: Nathan-Clearance-Mike

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

Company Representative Hal K. Trotter Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Ann. (psia)	Casing		
7:45	2.5"	5.5"		On Location
				Port Collar-1408'
				Pressure up casing to 500#
				Open Port Collar and break circulation.
				Mix 400sks 65/35poz 6%gel.
				Displace with 7bbls at 5bpm-400# Circulated cement to surface.
				Close port collar and pressure up to 900# Held.
				Run 5jts and reverse out with 14bbls.
10:30				Pull out of hole with opening tool.
				Thank You!
				Nathan W.