

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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PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

12216
 12090

TICKET NUMBER 55569
 LOCATION Chanute, KS
 FOREMAN Jim Green
 Invoice # 814761

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-19-18	7381	Barkis # 5: B 11	NW17	16	24	MI	
CUSTOMER SIB Operating			TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS 9393 W. 1110 St 504500			669	Jim Green			
CITY STATE ZIP CODE Overland Park KS 66210			495	Har Bell			
			675	Ket Det			
			804	Ala Muel			
JOB TYPE	LONG STRING	HOLE SIZE	5 7/8"	HOLE DEPTH	709	CASING SIZE & WEIGHT	2 7/8" EUC
CASING DEPTH	699'	DRILL PIPE	Base 667'	TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE	

REMARKS: Held safety meeting. Mix and pump 100# Gel to flow hole. Mix and pump 69 sk Thixoblend II Cement. Circulate Cement. Flush pump clear of cement. Pump 2 1/2" rubber plug to total depth of casing. Pressure well up to 800 PSI. Well held grade set float.

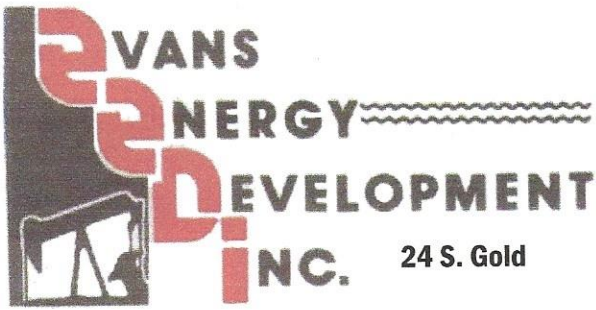
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500	
CE0002	35	MILEAGE	250.25	
CE0711	Min	Top Mileage	660	
WE0853	2 HRS	Vac TK	200	
			2610.25	
		-Less - 48%	1252.92	
				1357.17
CC5861-18986	69 SK	Thixoblend II	1863.42	
CC5965	100 #	Gel	30	
CC6079	69 #	Phenoseal	93.15	
CP8176	1	2 1/2" Rubber Plug	45.00	
			2031.15	
		-Less - 48%	974.95	
				1056.20

SCANNED

Ravin 3737

AUTHORIZATION 12/19/18 TITLE Mgr DATE 12-19-18

SALES TAX 8% ESTIMATED TOTAL 2498.17 DATE 1/4/19



24 S. Gold

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

S & B Operating LLC

Barkis #SB-11

API #15-121-31,569

December 18 - December 19, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
8	shale	20
9	lime	29 making water
18	shale	47
20	lime	67
1	shale	68
12	lime	80
16	shale	96
11	lime	107
30	shale	137
4	lime	141
36	shale	177
1	lime	178
2	shale	180
10	lime	190
16	shale	206
11	lime	217
3	shale	220
15	lime	235 oil show
2	shale	237
22	lime	259
3	shale	262
3	lime	265
5	shale	270
9	lime	279 base of the Kansas City/oil show
11	shale	290
5	broken sand	295 brown sand, laminated with shale ok bleeding
113	shale	408
5	sand	413
58	shale	471
10	lime	481
5	shale	486
9	lime	495
18	shale	513
4	lime	517
8	shale	525
6	lime	531
9	shale	540

5	lime	545
30	shale	575
1	lime	576
2	shale	578
1	coal	579
29	shale	608
1	lime & shells	609
6	shale	615
1	lime & shells	616
2	silty shale	618
1	broken sand	619 75% brown sand, 25% shale good bleeding
7	oil sand	626 soft brown sand, good bleeding
1.5	oil sand	627.5 brown & black sand, good bleeding
44.5	shale	672
1	lime	673
9	shale	682
4	broken sand	686 hard grey sand laminated with shale no odor
23	shale	709 TD

Drilled a 9 7/8" hole to 21.6'

Drilled a 5 5/8" hole to 709'

Set 21.6' of 7" surface casing threaded and coupled, cemented with 6 sacks cement.

Set 699.65' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and baffle
Baffle set at 667.65'

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
618		37
619		38
620		35
621		38
622		37
623		35
624		38
625		37
626		47
627		35
628		35
629		37
630		35
631		39
632		41
633		42
634		39
635		41
636		42
637		33