

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

12199
12078

TICKET NUMBER 55533
LOCATION Ottawa, KS
FOREMAN Casey Kennedy
Invoice # 814751

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/17/18	7381	Barkis # SB-10	NW17	16	24	M1

CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
S+B Operating			729	Casey	✓	Safety Meeting
MAILING ADDRESS			467	KeiCar	✓	
9393 W. 110th St, Ste 500			804	NarBec	✓	
CITY			675	KeiDet	✓	
Overland Park						
STATE						
KS						
ZIP CODE						
66210						

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 718' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 708' DRILL PIPE _____ TUBING bottle - 676' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32'
 DISPLACEMENT 3.91 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 65 sks Thixoblend II cement w/ 1# Pheno seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to bottle w/ 3.91 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

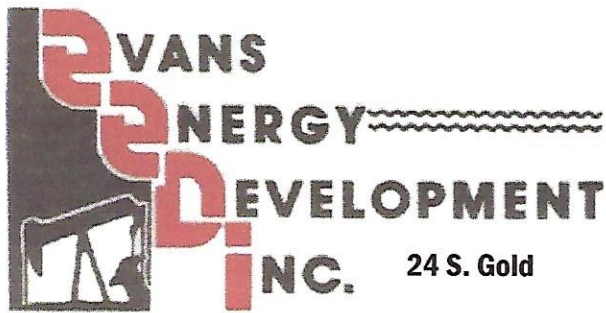
Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	35 mi	MILEAGE	250.25	
CE0711	min	ten mileage	660.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2610.25	
		- 48%	1252.92	
		subtotal		1357.33
CC5861	18965 65 sks	Thixoblend II cement	1755.00	
CC5965	200 #	Gel	60.00	
CC6079	65 sks	Pheno seal	87.75	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1947.75	
		- 48%	934.92	
		subtotal		1012.83
SCANNED				
		8%		81.02
		SALES TAX		81.02
		ESTIMATED TOTAL		2451.18
				(4713.82)

Ravin 3737

AUTHORIZATION No Co Rep TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form apply.



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-10

API #15-121-31,568

December 12 - December 17, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
2	lime	8
10	shale	18
2	lime	20
44	shale	64
30	lime	94
14	shale	108
10	lime	118
10	shale	128
1	lime	129
22	shale	151
3	lime	154
14	shale	168
1	lime	169
25	shale	194
9	lime	203
17	shale	220
11	lime	231
1	shale	232
14	lime	246
7	shale	253
20	lime	273
2	shale	275
2	lime	277
3	shale	280
11	lime	291 base of the Kansas City
14	shale	305
4	broken sand	309 brown sand & grey sand, very light oil show
108	shale	417
6	sand	423 grey, no show no odor
58	shale	481
5	lime	486
2	shale	488
7	lime	495
6	shale	501
8	lime	509
18	shale	527
4	lime	531 brown & oil show

2	shale	533
1	coal	534
7	shale	541
7	lime	548
2	shale	550
6	lime	556
12	shale	568
1	lime	569
19	shale	588
1	lime	589
6	shale	595
1	silty shale	596
25	shale	621
1	lime & shells	622
7	shale	629
1	lime & shells	630
3	silty shale	633
1.5	broken sand	634.5 15% light brown sand 85% shale light bleeding
1.5	broken sand	636 75% brown sand 25% shale ok bleeding, gassy
4	oil sand	640 brown sand, good bleeding, gassy
0.5	sand	640.5 black sand, oil show
2	shale	642.5
2	broken sand	644.5 30% laminated brown and black sand 70% shale, ok bleeding
9.5	shale	654
1	limey sand	655
2	silty shale	657
15	shale	672
1	coal	673
9	shale	682
1	limey sand	683
11	shale	694
3	silty shale	697
21	shale	718 TD

Drilled a 9 7/8" hole to 21.8'

Drilled a 5 5/8" hole to 718'

Set 21.8' of 7" surface casing threaded and coupled, cemented with 6 sacks cement.

Set 707.8' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and baffle
Baffle set at 675.95'

Core Times		
	<u>Minutes</u>	<u>Seconds</u>
633		45
634		41
635		42
636		46
637		53
638		47
639		44
640		45
641		43
642		44
643		57
644	1	0
645	1	8
646	1	7
647	1	6
648	1	3
649	1	2
650	1	7
651		59
652		35