

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
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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)</i> <i>(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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1209A  
1198S

PRESSURE PUMPING LLC  
PO Box 884, Chanute, KS 66720  
820-431-8210 or 800-467-8678

TICKET NUMBER 55505  
LOCATION Attauwg  
FOREMAN Alan Mader

### FIELD TICKET & TREATMENT REPORT CEMENT

Invoice # 814653

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-30-18	7865	Beachner 9-4	NW 4	32	18	LB
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
SEK Energy			730	Alan Mader	Safety Meet	
MAILING ADDRESS			467	Kei Car		
P.O. Box 55			804	Cas Kendall		
CITY		STATE	ZIP CODE			
Benedict		KS	66714			

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 861 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 8597 DRILL PIPE TUBING OTHER  
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING *yes*  
 DISPLACEMENT 13.4 DISPLACEMENT PSI 800 MAX PSI 200 RATE 46 bpm

REMARKS: Held meeting, Established rate. Mixed & pumped 200# gel flush followed by 7 bbl dye marker Mixed 859 is Thixo Blend II cement plus 1/4 floccle per sack. Circulated dye. Flushed pump. Pumped plug to casing ID. Well held 800 PSI. Set float. Circulated. 5 bbl cement returns. Took extra time due to lack of float equipment and mud customer supplied water + plug

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467 1500.00	1500.00
CE0002	80	MILEAGE	467 572.00	572.00
CE0701	min	ten miles	804 660.00	660.00
CE2007	2	additional hrs	804 160.00	160.00
		Sub	2892.00	
		Leas 30%	-867.60	2024.40
CC386	35	Thixoblend II	2295.00	
CC5465	200	gal	60.00	
CC6075	21#	Floccle	42.00	
CP8178	1	4 1/2 plug	75.00	
		Sub	2472.00	
		Leas 30%	-741.60	1730.40
<b>SCANNED</b>				
		7.75%	SALES TAX	134.11
			ESTIMATED TOTAL	9888.91
				(3555.58)

Revin 3737 AUTHORIZATION Doug K Lent TITLE doug@sekenergy.com 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 are in effect for services identified on this form.

**Building Materials**  
**Farm & Ranch Supplies**  
**Structural Steel Products**  
**Hardware & Paint**  
 www.cleaverfarm.com



RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Account due 10th of month following purchase. 1 1/2% interest per month added for an annual percentage rate of 18%.

A Division of Cleaver Farm Supply, Inc.

2103 S. SANTA FE  
 CHANUTE, KS 66720  
 (620) 431-6070

SHIP TO

SEK ENERGY, LLC  
 149 BENEDICT ROAD  
 P.O. BOX 55  
 BENEDICT, KS 66714  
 620-698-2150

SOLD TO  
 SEK ENERGY, LLC  
 149 BENEDICT ROAD  
 P.O. BOX 55  
 BENEDICT, KS 66714  
 620-698-2150

Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER #	ORDER DATE	SLSM/N	INVOICE #	INVOICE DATE																				
S1283	Seachner 9	NET 10TH	1833149	11/26/18	BR	1377493	11/26/18																				
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT																					
5	0	5	EA	CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ?	12.700	63.50																					
<table border="1"> <tr> <td>APPROV. DATE</td> <td>APPROV. BY</td> <td>FINAL APPROV. DATE</td> <td>FINAL APPROV. BY</td> </tr> <tr> <td>PERIOD</td> <td>PERIOD FROM</td> <td>PERIOD TO</td> <td>SERVICE PER.</td> </tr> <tr> <td>DATE</td> <td>INPUT</td> <td>DATE</td> <td>INPUT</td> </tr> <tr> <td>WELL #</td> <td>LOT #</td> <td>NET AMOUNT</td> <td>SPECIAL INSTRUCTIONS</td> </tr> <tr> <td>2509</td> <td>130</td> <td>69.53</td> <td></td> </tr> </table>								APPROV. DATE	APPROV. BY	FINAL APPROV. DATE	FINAL APPROV. BY	PERIOD	PERIOD FROM	PERIOD TO	SERVICE PER.	DATE	INPUT	DATE	INPUT	WELL #	LOT #	NET AMOUNT	SPECIAL INSTRUCTIONS	2509	130	69.53	
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November 26, 2018 06:44:57 BRUCE R.					0 / 1	MERCHANDISE	63.50																				
***** * INVOICE * *****					SHIP VIA	OTHER	0.00																				
10					PAGE 1 OF 1	TAX 9.500%	6.03																				
						FREIGHT	0.00																				
						TOTAL	69.53																				

*Douglas Cook*