

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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Mud Rotary Drilling
 Andrew King - Manager/Driller

Bar Drilling, LLC
 Phone: (719) 210-8806

1317 105th Rd.
 Yates Center, KS 66783

Company/Operator German Oil Co. 211 W 16th Neosho Falls, KS	Well No. 12	Lease Name Kramer	Well Location 605' fnl, 682' fel	1/4 SE	1/4 NW	1/4 NE	Sec. 4	Twp. 24	Rge, 17e		
	Well API # 15-207-29721	Type/Well Oil	County Woodson	State KS	Total Depth 1230	Date Started 3/20/2019	Date Completed 3/30/2019				
Job/Project Name/No.	Surface Record			Bit Record			Coring Record				
	Driller/Crew	Bit Size:	Casing Size:	Casing Length:	Cement Used:	Cement Type:	Type	Size	From	To	% Rec.
Andy King	11 1/4	8 5/8	40'+	PDC	PDC	11 1/4	6 3/4				
Charles King		14SX									

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	14	Overburden	850	1175	shale			
14	60	lime	1175	1180	hard lime			
60	137	shale	1180	1186	oil			
137	170	lime	1186	1189	lime			
170	192	shale	1189	1195	oil			
192	265	lime	1195	1197	muckey lime			
265	323	shale	1197	1230	lime			
323	454	lime						
454	628	sandy shale						
628	633	lime						
633	647	shale						
647	674	lime						
674	722	shale						
722	743	lime						
743	751	shale						
751	758	lime						
758	773	shale						
773	781	lime						
781	788	shale						
788	805	lime						
805	840	shale						
840	843	lime						
843	850	oil show						

Well Notes:
 ran 2 7/8" casing

Elite Cementing & Acidizing of KS, LLC
 810 E 7th, PO Box 92
 Eureka, KS 67045



Date	Invoice #
4/5/2019	4414

Bill To	
German Oil Company 211 W 6th Neosho Falls, KS 66758	
Customer ID#	1287

Job Date	4/2/2019
Lease Information	
Kramer #12	
County	Woodson
Foreman	DG

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	890.00	890.00
C107	Pump Truck Mileage (one way)	40	4.20	168.00
C202	OWC Cement	140	20.00	2,800.00T
C206	Gel Bentonite	200	0.21	42.00T
C108A	Ton Mileage (min. charge)	1	365.00	365.00
C113	80 Bbl Vac Truck	2.5	90.00	225.00
C224	City Water	3,000	0.01	30.00T
C400	2 7/8" Top Rubber Plug	2	30.00	60.00T
D101	Discount on Services		-82.40	-82.40
D102	Discount on Materials		-146.60	-146.60T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$4,351.00
Sales Tax (7.5%)	\$208.91
Total	\$4,559.91
Payments/Credits	\$0.00
Balance Due	\$4,559.91

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **4414**
 Foreman David Gardner
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-2-19	1287	Kramer #12	4	24 S.	17 E	Woodson	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
German Oil Company			DG	105	Jason		
Mailing Address			JH	112	Caleb		
211 W. 6 th			CG	141	Zevi		
City			ZA				
Neosho Falls		State					
KS		Zip Code					
		106758					

Job Type Longstring Hole Depth 1230' Slurry Vol. 38 Bbl Tubing _____
 Casing Depth 1224' Hole Size 5 7/8" Slurry Wt. 14[#] Drill Pipe _____
 Casing Size & Wt. 2 7/8" Cement Left in Casing 0 Water Gal/SK 7 Other _____
 Displacement 7 Bbl Displacement PSI 750 Bump Plug to 1250[#] BPM 1

Remarks: Safety Meeting. Tubing set @ 1224'. Seat Nipple @ 1175' w/ Flapper Type Float Shoe. Rig up to Drilling rig mud line & wash to T.D. & circulate hole with 50 Bbl pit water. Rig up to 2 7/8" casing. Break circulation w/ 5 Bbl fresh water. Mixed 200[#] Gel flush, Follow w/ 10 Bbl fresh water spacer, 5 Bbl Dye water. Mixed 140 SKS OWC cement @ 14[#]/gal, yield 1.45 = 38 Bbl Slurry. Shut down. Wash out pump & lines. Drop 2 2 7/8" Plugs, Top Rubber plugs. Displace w/ 7 Bbl fresh water. Final pump pressure of 750 PSI. Bump plugs to 1250 PSI. Displaced @ 1 BPM. Good cement returns to surface = 3 Bbl slurry to pit. Annulus stayed full. shut tubing in w/ 900 PSI. Job complete. Rig down

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge <i>Note: 5/8 Charge</i>	890.00	890.00
C107	40	Mileage	4.20	168.00
C202	140 SKS	D.W.C. Cement	20.00	2800.00
C206	200 [#]	Gel Flush	.21	42.00
C108A	7.28 Tons	Ton Mileage - Bulk Truck	m/c	365.00
C113	2.5 HRS.	30 Bbl Vac Truck	90.00/HR	225.00
C224	3000 Gals	City Water	10.00/1000 Gals	30.00
C400	2	2 7/8" Top Rubber Plugs	30.00	60.00
<i>Thank You</i>				
			Sub Total	4,580.00
			Less 5%	239.99
			Sales Tax	219.90
			7.5%	

Authorization by Ron German Title Owner Total 4,559.91

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.