

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
 620-451-9210 or 800-467-0676

12115
 12002

TICKET NUMBER 55506
 LOCATION 012029
 FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-18	7865	Driskel 1-4	NW 4	32	18	KB
CUSTOMER SEK Energy			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 55			7301 Alan Maden Safety Meet			
CITY STATE ZIP CODE Benedict KS 66714			495 Ma-Ber-K			
			804 Kei-Car			

JOB TYPE log strings HOLE SIZE 6 3/4 HOLE DEPTH 810 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 804 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 12.76 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held waiting. Est. established rate. Mixed & pumped 200# gel followed by 6 bbl dye marker. Mixed and pumped 91 sk Thixo II plus 4 1/2 flo seal. Circulated dye. Flushed pump. Released plug & pumped plug to casing TD. Circulated 6 bbl cement returns well held. 800 PSI. Set float.

Customer supplied water
Mohat

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	495	1500.00
CE 0002	810	MILEAGE	495	372.00
CE 0711	Mia	tan miles	804	660.00
		Sub		273.20
		less 30% -	819.40	1912.50
18822 CE 5861	91	Thixo bleed II	2457.00	
CE 5965	200	gel	60.00	
CE 6075	23	flo seal	46.00	
CP 8178	1	4 1/2 plug	75.00	
		Sub		2638.00
		less 30% -	791.40	1846.60
		7.75		
		SALES TAX		143.41
		ESTIMATED TOTAL		3902.11
				(5571.52)

SCANNED

AUTHORIZATION [Signature] TITLE _____ DATE 12/4/18

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

CLEAVER

FARM & HOME

A Division of Cleaver Farm Supply, Inc.

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

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%.

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

SHIP 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	SLSMN	INVOICE #	INVOICE DATE	
91283	Driscoll #1	NET 10TH	1834240	11/29/18	TD	1378538	11/29/18	
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT		
4	0	4	EA	CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ?	12.700	50.80*		
November 29, 2018 08:55:07 THOMAS DAVOLT				0 / 1	MERCHANDISE	50.80		
***** * INVOICE * *****				SHIP VIA	FILLED BY	CHK'D BY	DRIVER	
							OTHER	0.00
							TAX 9.500%	4.83
10				PAGE 1 OF 1			FREIGHT	0.00
							TOTAL	55.63

PAID/CHECKS 114,842
 Vol # 2600
 Cat # 120
 Net Amount 55.63
 Date 12/20/18

OIL PATCH PUMP & SUPPLY, LLC
P.O. BOX 591

CHANUTE, KS 66720

Phone: (620)431-1890 Fax: (620)431-6251
BILLED AT CHANUTE, KS LOCATION

OIL

DATE: 11/27/2018 TIME: 08:28:46
ACCT NO: 1SEK TERMS: Due on 20th
SLS ID/REP: DD / MB JOB:
PO NUM: Beachner
SHIP VIA: Delivery

TAX EXEMPT#:
PAGE: 1
ORDER: 181007
INVOICE: 180198

SOLD TO:
SEK Energy Operating, LLC
P.O. Box 55
BENEDICT, KS 66714

SHIP TO:
SEK Energy Operating, LLC
P.O. BOX 55
BENEDICT, KS 66714

I N V O I C E

Doug Lamb

PH: (620)698-2150
FAX: (620)698-2180

PL	ITEM NUMBER	DESCRIPTION	*-----QUANTITY-----*			YOUR PRICE	EXT AMOUNT
			ORDERED	SHIP	E/O		
	CSNG-R1	PIPE STL NEW 8-5/8" 8RD R1 T&C 20#	44	44		15.00	660.00 Y
	2-joints						

www.oilpatchpump.com
THANK YOU FOR YOUR BUSINESS

44883	12/31/18	
2509	160	711.15
2600	2	2

Invoice total due by 12/20/2018.

X _____
RECEIVED BY
7 OPC CHA

WEIGHT: .00 TAXABLE: 660.00
TENDER: .00 CH NON-TAX: .00
CHANGE: .00 LABOR: .00

SUB TOTAL: 660.00
FREIGHT: .00
TAX: 51.15
INV TOTAL: 711.15