

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)</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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Form	ACO1 - Well Completion
Operator	Reilly Oil Company, Inc.
Well Name	KATHLEEN 1-1
Doc ID	1571904

Tops

Name	Top	Datum
Anhydrite	1652	+607
Base Anhydrite	1698	+562
Topeka	3355	-1096
Heebner	3590	-1330
Toronto	3609	-1349
Lansing	3625	-1365
BKC	3871	-1611
Pawnee	3969	-1709
Cherokee SH	4016	-1757
Cong	4058	-1798
Mississippi	4123	-1863



Company: Reilly Oil Company, Inc

Lease: Kathleen #1-1

SEC: 1 TWN: 14S RNG: 22W
 County: TREGO
 State: Kansas
 Drilling Contractor: STP Drilling, LLC - Rig 1
 Elevation: 2254 EGL
 Field Name: Cedar View
 Pool: Infield
 Job Number: 477
 API #: 15-195-23120

Operation:
 Uploading recovery & pressures

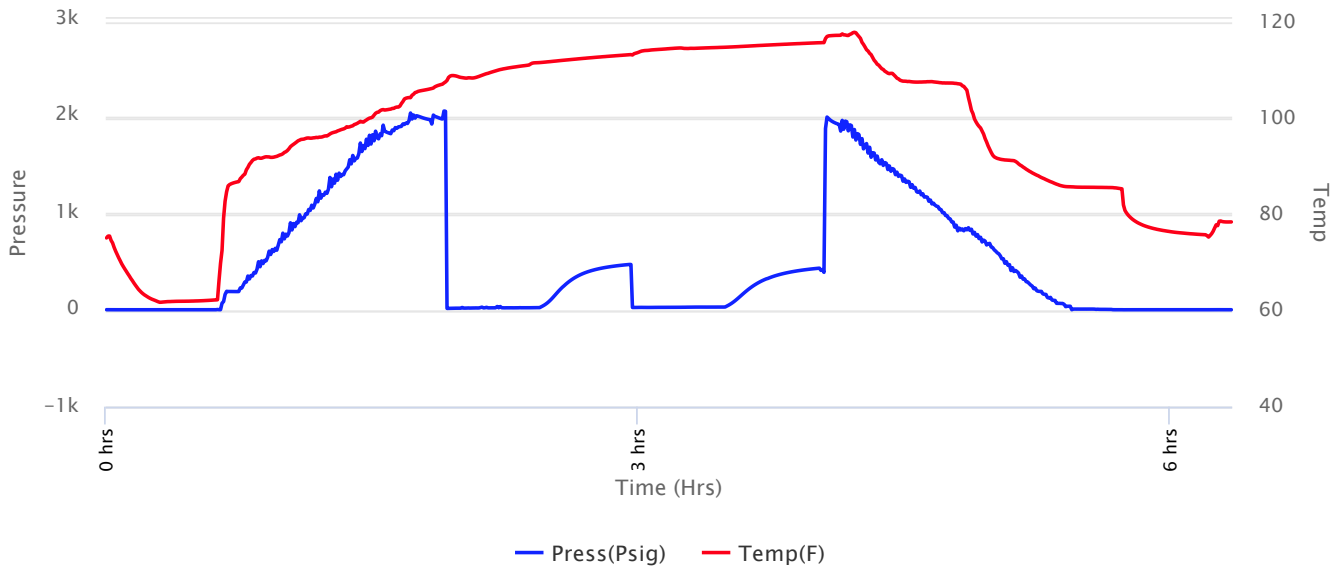
DATE
 May
02
 2021

DST #1 **Formation:** **Test Interval: 4010 - 4062'** **Total Depth: 4062'**
 Time On: 05:52 05/02 Time Off: 12:04 05/02
 Time On Bottom: 07:46 05/02 Time Off Bottom: 09:46 05/02

Electronic Volume Estimate:
 g'

<u>1st Open</u>	<u>1st Close</u>	<u>2nd Open</u>	<u>2nd Close</u>
Minutes: 30	Minutes: 30	Minutes: 30	Minutes: 30
Current Reading: .25" at 30 min	Current Reading: 0" at 30 min	Current Reading: 0" at 30 min	Current Reading: 0" at 30 min
Max Reading: .30"	Max Reading: 0"	Max Reading: 0"	Max Reading: 0"

Inside Recorder





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Operation:
Uploading recovery & pressures

DATE
May
02
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Recovered

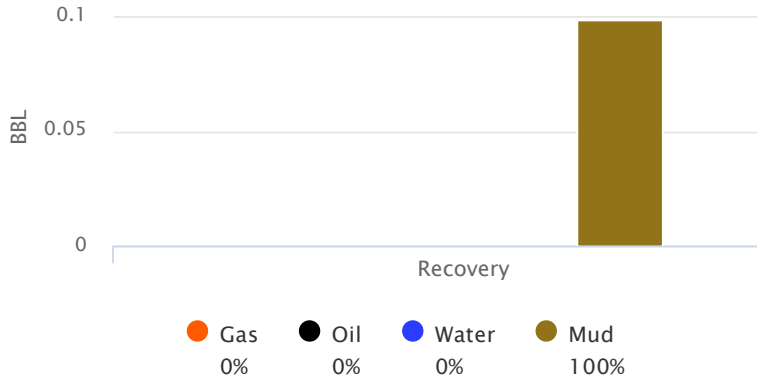
Foot	BBLs	Description of Fluid	Gas %	Oil %	Water %	Mud %
20	0.0984	M	0	0	0	100

Total Recovered: 20 ft
Total Barrels Recovered: 0.0984

Reversed Out
NO

Initial Hydrostatic Pressure	1967	PSI
Initial Flow	14 to 22	PSI
Initial Closed in Pressure	467	PSI
Final Flow Pressure	23 to 28	PSI
Final Closed in Pressure	429	PSI
Final Hydrostatic Pressure	1958	PSI
Temperature	116	°F
Pressure Change Initial Close / Final Close	8.1	%

Recovery at a glance



GIP cubic foot volume: 0



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Inc**

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Rig 1
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pressures

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BUCKET MEASUREMENT:

1st Open: WSB. Built to 1/2 inch in 30 mins
1st Close: NOBB
2nd Open: No Blow
2nd Close: NOBB

REMARKS:

Tool Sample: 0% Gas 0% Oil 0% Water 100% Mud



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Down Hole Makeup

Heads Up: 25.8 FT	Packer 1: 4004.73 FT
Drill Pipe: 3883.54 FT <i>ID-3 1/2</i>	Packer 2: 4009.73 FT
Weight Pipe: FT <i>ID-2 7/8</i>	Top Recorder: 3994.15 FT
Collars: 119.42 FT <i>ID-2 1/4</i>	Bottom Recorder: 4062.5 FT
Test Tool: 33.57 FT <i>ID-3 1/2-FH</i> <i>Jars</i> <i>Safety Joint</i>	Well Bore Size: 7 7/8
Total Anchor: 52.27	Surface Choke: 1"
Anchor Makeup	Bottom Choke: 5/8"
Packer Sub: 1 FT	
Perforations: (top): 1 FT <i>4 1/2-FH</i>	
Change Over: 1 FT	
Drill Pipe: (in anchor): 30.77 FT <i>ID-3 1/2</i>	
Change Over: .5 FT	
Perforations: (below): 18 FT <i>4 1/2-FH</i>	



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pressures

DATE
May
02
2021

DST #1 Formation: Test Interval: 4010 - Total Depth: 4062'
4062'
Time On: 05:52 05/02 Time Off: 12:04 05/02
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Mud Properties

Mud Type: Chem **Weight:** 9.4 **Viscosity:** 60 **Filtrate:** 8 **Chlorides:** 6200 ppm



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Gas Volume Report

1st Open

2nd Open

Time	Orifice	PSI	MCF/D
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Time	Orifice	PSI	MCF/D
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ANKS Oilfield Service

Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269
 Office Phone (785) 639-3949 ♦ Email: franksoilfield@yahoo.com

TICKET NUMBER 0313
 LOCATION Home ks
 FOREMAN Miles Sby

FIELD TICKET & TREATMENT REPORT CEMENT

165

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/3/21		Kathleen 1-1	1	19S	22W	Trego

CUSTOMER		TRUCK #	DRIVER	TRUCK #	DRIVER
Relly oil		101	Miles S		
MAILING ADDRESS		102	Sackit		
CITY					
STATE					
ZIP CODE					

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4149' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4.5" TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meetings & Rig up on STP drillings plus as ordered
1st plus 500 5x @ 16.75'
2nd plus 100 5x @ 3.50'
3rd plus 500 5x @ 7.75' 240 SA 60-10 48 gal 7/4 1/8
4th plus 10 5x @ 41'
RH 30 5x

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL005	1	PUMP CHARGE	1520.00	1520.00
M001	50	MILEAGE	6.50	325.00
M002	10168 TON	TON Mileage choker	1.50	801.00
CB009	240 50	60140 48 gal 7/4 1/8	16.25	3900.00
			Subtotal	6526.00
			less 300 disc	1957.80
			Subtotal	4568.20
			SALES TAX	204.75
			ESTIMATED TOTAL	4,772.95

AUTHORIZATION how mi 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 are in effect for services identified on this form.

G E O L O G I C A L R E P O R T

DRILLING TIME AND SAMPLE LOG

REF# 15-195-3120-00-00

COMPANY *Ecally Oil Company Inc.*

LEASE *Kathleen #1-1*

FIELD *Cedar View*

LOCATION *330 Rd + 1510 EEL*

SEC *1* TMS# *145* RGE *22W*

COUNTY *Iowa* STATE *Kansas*

CONTRACTOR *STP Dry LLC Rig #1*

SPUD *4-26-21* COMP *5-2-21*

SAMPLES SAVED FROM *3350'* TO *5149'*

FORMATION TOPS AND STRUCTURAL POSITION

FORMATION	SAMPLE	E. LOG	DATE/LOG	A	B	C	D
Anhydrite	1652	1653 +	607				
Base Anhydrite	1698	1698 +	562				
Topokka	3355	3356 -	1081				
Header	3590	3590 -	1330				
Lansing	3609	3609 -	1349				
Base Kansas City	3625	3625 -	1365				
Lansing	3871	3871 -	1611				
Pawnee Shale	4016	4017 -	1709				
Cherokee Shale	4058	4058 -	1798				
Anglomerate	4123	4123 -	1863				
Mississippian			1819				
Total Depth	4149	4154 -	1894				

ELEVATION

KB *2260'*

DE *2258'*

GL *2253'*

Depths Measured From Log *KB Drilling KB*

CASING

Production *None*

ELECTRIC LOSS

LI

REMARKS

This well ran 11 feet lower on the Lansing top, and 15 feet lower on the Cherokee shale top than the reference well. Considering the low structural position and a lack of basal sand development led to a decision to plug and abandon this well.

Richard B. Bell
5-3-21

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Ool.Lime	Chert	Dolomite

