

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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QUALITY OILWELL CEMENTING, INC.
 PO BOX 32 - 740 WEST WICHITA AVE, RUSSELL KS 67665
 PHONE: 785-324-1041 FAX: 785-483-1087
 EMAIL: cementing@ruraltel.net

Date: 4/9/2021
 Invoice # 2277

P.O.#:
 Due Date: 5/9/2021
 Division: Russell

Invoice

Contact:
 G.L.M. Company
 Address/Job Location:

P.O. Box 193
 Russell Ks 67665

Reference:
 AMBROSIER 4 SWD

Description of Work:
 PRODUCTION STRING

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 610.73	No				
Common-Class A	280	\$ 3,948.33	Yes				
5 1/2" Basket	4	\$ 766.67	Yes				
Premium Gel (Bentonite)	15	\$ 297.77	Yes				
5 1/2" Float Shoes	1	\$ 230.00	Yes				
Bulk Truck Matl-Material Service Charge	295	\$ 201.93	No				
Latch Down Plug & Baffle, 5 1/2"	1	\$ 182.08	Yes				
5 1/2" Turbolizer	3	\$ 147.86	Yes				
Flo Seal	75	\$ 102.68	Yes				
Pump Truck Mileage-Job to Nearest Camp	35	\$ 107.81	No				
Bulk Truck Mileage-Job to Nearest Bulk Plant	35	\$ 83.85	No				

Invoice Terms:

Net 30

SubTotal: \$ 6,679.72
 Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (166.99)

SubTotal for Taxable Items: \$ 5,533.50
 SubTotal for Non-Taxable Items: \$ 979.23

7.50% Graham County Sales Tax

Total: \$ 6,512.73
 Tax: \$ 415.01

Thank You For Your Business!

Amount Due: \$ 6,927.74
 Applied Payments:
 Balance Due: \$ 6,927.74

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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Cementing charges to cement 5-1/2" casing into SWD Well # 4

QUALITY OILWELL CEMENTING, INC.

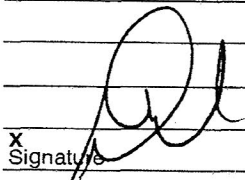
Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2277

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-9-21				Caravan	KS		2:00pm
Lease Ambrosier #4				Well No SWD		Location Hill City Trailer Park 1/2 N 1/2 E S1/4	
Contractor Leiker Well Service				Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job Production String				Charge To C.L.M.			
Hole Size 7 7/8		T.D.		Street			
Csg. 5 1/2		Depth 1806		City State			
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Tool		Depth		Cement Amount Ordered 280 @ 20 QMOC 1/2 #10			
Cement Left in Csg. 34.55		Shoe Joint 34.55		Meas Line Displace 43 1/4 B/L			
EQUIPMENT				Common 280 @ 20 QMOC			
Pumptrk 20	No.	Cementer		Poz. Mix			
		Helper	Crab	Gel. 15			
Bulktrk	No.	Driver		Calcium			
Bulktrk 14	No.	Driver	Tom	JOB SERVICES & REMARKS			
Remarks:				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal 25#			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
5 1/2 set @ 1806. Baf #1 @ 1771				Sand			
Est Circulation.				Handling 295			
Mix 15 gel & 2805K.				Mileage			
Cement Circulated.				FLOAT EQUIPMENT			
Plus landed @ 1500#				Guide Shoe			
Lift Pressure 800#				Centralizer 3			
				Baskets 4			
				AFU Inserts			
				Float Shoe 1			
				Latch Down 1			
				Pumptrk Charge 5K Liner			
				Mileage 35			
				Tax			
				Discount			
				Total Charge			

x Signature 

Thanks 