

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](mailto: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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24 S. Gold Paola, KS 66071

Allen's Holdings & Investments  
 Oil & Gas Well Drilling  
 Water Wells  
 Geo-Loop Installation

Phone: 913-557-9083  
 Fax: 913-557-9084

**WELL LOG**

M.J.T. Enterprises  
 Hunt #18-I

API #15-121-31,576

March 26 - March 27, 2019

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
7	shale	18
21	lime	39
14	shale	53
8	lime	61
32	shale	93
1	lime	94
8	shale	102
10	lime	112
1	shale	113
4	lime	117
10	shale	127
26	lime	153
1	shale	154
1	lime	155
8	shale	163
23	lime	186
5	shale	191
3	lime	194
2	shale	196
7	lime	203 base of the Kansas City
28	shale	231
3	broken sand	234 badly broken grey sand & shale, gassy
2	silty shale	236
3	broken sand	239 badly broken grey sand & shale, gassy
3	silty shale	242
67	shale	309
3	limey sand	312 green, no odor, no show
29	shale	341
2	broken sand	343 light brown sand & shale, gassy, light oil show
1	limey sand	344 no show
2	broken sand	346 brown sand & shale, light oil show, gassy
1	silty shale	347
1	limey sand	348 white, no oil
10	silty shale	358
2	broken sand	360 brown sand & shale, light oil show, gassy
4	oil sand	364 brown sand, ok oil show, gassy

3	oil sand	367 limey hard sand, light oil show
6	lime	373
2	shale	375
2	lime	377
1	shale	378
1	lime	379
51	shale	430
7	lime	437
12	shale	449
3	lime	452
15	shale	467
10	lime	477
20	shale	497
1	lime	498
8	shale	506
6	lime	512 oil show
4	shale	516
1	silty shale	517
2	broken sand	519 brown sand & shale, ok bleeding
15	oil sand	534 dark brown sand, good saturation, good bleeding
3	silty shale	537
43	shale	580 TD

Drilled a 9 7/8" hole to 21.5'

Drilled a 5 5/8" hole to 580'

Set 21.5' of new 7" surface casing threaded and coupled, cemented with 5 sacks cement.

Set 569' of new 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp



PRESSURE PUMPING LLC  
PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8876

100304  
40S11

TICKET NUMBER 55571  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice # 900629

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/27/19	5472	Hunt # 18-I	SE 7	18	22	M1
CUSTOMER MST Enterprises			TRUCK #			
MAILING ADDRESS 37411 John Brown Highway			DRIVER			
CITY Osawatomie		STATE KS	ZIP CODE 66064	TRUCK #		
			DRIVER			

JOB TYPE <u>longstring</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>580'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>
CASING DEPTH <u>569'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>3.29 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbls fresh water, mixed & pumped 59 sks Thixoblend II cement w/ 1 # Phenoseal per sk, cement to surface. flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 3.29 bbls bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	25 mi	MILEAGE	178.75	
CE0711	min	for mileage	660.00	
WEC853	2 hrs	JO Vac	200.00	
		trucks	2538.75	
		- 45%	1142.44	
		Subtotal		1396.31
CC 5861	59 sks	Thixoblend II cement	1593.00	
CC 5965	100 #	Gel	30.00	
CC 6079	59 #	Phenoseal	79.65	
CPB176	1	2 1/2" rubber plug	45.00	
		materials	1747.65	
		- 45%	786.44	
		Subtotal		961.21
<b>SCANNED</b>				
		8%	SALES TAX	76.90
			ESTIMATED TOTAL	2434.42
				(4426.21)

Flavin 3737

AUTHORIZATION *[Signature]*

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.