

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 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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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 #19

API #15-121-31586

March 28 - March 29, 2019

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
14	shale	26
22	lime	48
14	shale	62
6	lime	68
30	shale	98
2	lime	100
10	shale	110
14	lime	124
9	shale	133
17	lime	150
1	shale	151
12	lime	163
17	shale	180
12	lime	192
6	shale	198
11	lime	209 base of the Kansas City
23	shale	232
11	sand	243 grey sand & shale, light gas odor
103	shale	346
4	sand	350 hard grey & brown sand, light oil show, gassy
11	shale	361
5	sand	366 light brown sand & thin shale seams, gassy
1	limey sand	367 hard white & brown, light oil show
2	oil sand	369 brown sand, good bleeding, gassy
2	limey sand	371 hard brown, ok bleeding
1	shale	372
10	lime	382
1	shale	383
6	lime	389
38	shale	427
1	coal	428
7	shale	435
10	lime	445
8	shale	453
3	lime	456
17	shale	473

2	lime	475
28	shale	503
2	lime	505
7	shale	512
6	lime	518
4	shale	522
3	silty shale	525
1	broken sand	526 brown sand & shale, ok beeding
1	oil sand	527 brown, good bleeding
1	broken sand	528 90% brown sand 10% shale good bleeding
5	oil sand	533 brown good bleeding
3	broken sand	536 20% brown sand 80% shale light bleeding
2	oil sand	538 brown sand good bleeding
1	broken sand	539 brown sand & shale light bleeding
3	silty shale	542
26	shale	568
1	lime	569
11	shale	580 TD

Drilled a 9 7/8" hole to 21.9'

Drilled a 5 5/8" hole to 580'

Set 21.9' of 7" surface casing threaded and coupled, cemented with 5 sacks cement.

Set 570' 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 800-467-8676

100324
 40526

TICKET NUMBER 55572
 LOCATION Ottawa, KS
 FOREMAN Jim Green

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 900649

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
03-29-19	5472	Hunt # 19	SE 7	18	22	MI
CUSTOMER MJT Enterprises			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 37411 John Brown Highway			669	Jim Gre		
CITY STATE ZIP CODE Oswatimbe KS 66064			467	Ket Car		
JOB TYPE <u>Long string</u> HOLE SIZE <u>5 7/8"</u> HOLE DEPTH <u>580'</u> CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			675	Ket Det		
CASING DEPTH <u>569.7'</u> DRILL PIPE _____ TUBING _____ OTHER _____			503	Aln Man		
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____						
DISPLACEMENT <u>3.3 BBLS</u> DISPLACEMENT PSI _____ MIX PSI _____ RATE _____						

REMARKS: Held safety meeting. Established circulation, mix and pump 100 # Gel followed by 5 bbls fresh water, mix and pump 56 SKS Thixo blend II cement with 1 # Phenoseal per SK. Circulated cement to surface. Flushed pump clear of cement. Pump 2 7/8" Rubber Plug to total depth. Pressure up to 800 # PSI. Set float.

Jim Green 03-29-19

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500	
CE0602	25 mi	MILEAGE	178.75	
CE0711	mi	Ton Mileage	666	
WE0853	2 HRS	80 Vac	200	
		Trucks	2538.75	
		-45%	1142.44	
		Sub Total		1396.31
CC5861	SOALS 56 SKS	Thixoblend II	1512.00	
CC6079	56 #	Phenoseal	75.60	
CC8176	one	2 7/8" Rubber Plug	45.00	
CC5965	100 #	Gel	30.00	
		Materials	748.15	
		-45%		
		Sub Total		914.43

SCANNED

SALES TAX 73.56
 ESTIMATED TOTAL 2383.90
 DATE (47346)

Ravin 3737

AUTHORIZATION *Intertaylor*

TITLE owner

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.