

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
620-431-9210 or 800-467-8876

Cherokee Wells in care of
Domestic: ^{100SS2} ~~40734~~

TICKET NUMBER 55592
LOCATION Altova, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #900891

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/24/19	2890	Dart et al # 9-21	NW21	27	16	WL
CUSTOMER Domestic Energy Partners						
MAILING ADDRESS PO Box 296						
CITY Fredonia	STATE KS	ZIP CODE 66736				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Casey	✓ Safety	Meeting
			467	Kei Car	✓	
			775	Har Bec	✓	

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 1263' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 1260' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.4 # SLURRY VOL 41 bbls WATER gal/ek _____ CEMENT LEFT in CASING _____
DISPLACEMENT 20.10 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, checked casing depth w/ wireline, established circulation, mixed + pumped 200 # Bentonite followed by 5 bbls fresh water, mixed + pumped 100 # Caustic Soda beads followed by 10 bbls fresh water, mixed + pumped 128 sks Thixobond II cement w/ 5 # Koseal + 1/2 # Phenoseal per sk, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 20.10 bbls fresh water, pressured to 900 PSI, well held pressure, released pressure to set float valve, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	65 mi	MILEAGE	464.75	
CE0711	min	for mileage	660.00	
		trucks	2124.75	
		- 25%	656.19	
		Subtotal		1968.56
CC5861	128 sks	Thixobond II cement	3456.00	
CC5965	200 #	Bentonite	60.00	
CC6151	100 #	Caustic Flakes	200.00	
CC6077	640 #	Koseal	320.00	
CC6079	64 #	Phenoseal	86.40	
CP8178	1	4 1/2" rubber plug	75.00	
		materials	4197.40	
		- 25%	1049.35	
		Subtotal		3148.05
SCANNED				
		6.5%	SALES TAX	204.62
			ESTIMATED TOTAL	5321.23

AUTHORIZATION [Signature] TITLE _____ DATE (7094.98)

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.

Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



Operator CHEROKEE WELLS LLC		Well No. 9-21	Lease DART ET AL	Loc. 1A 1A 1A
County WILSON		State KS	Type/Well	Depth 1262'
Job No.	Casing Used 42' 7" 8 5/8"	Bit Record		
Driller	Cement Used	Bit No.	Type	size
Driller	Rig No.	From	To	Bit No.
Driller	Hammer No.	type		

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From
0	42	SURFACE	771	805	SHALE				
42	56	LIME	805	819	LIME OSWEGO				
56	169	SHALE	819	827	BLK SHALE				
169	190	LIME	827	832	LIME				
190	224	SHALE	829		GAS TEST SAME				
224	265	LIME	832	840	BLK SHALE				
265	295	SHALE	840	855	SAND OIL ODOR				
295	322	SANDY SHALE	840		GAS TEST SAME				
322	339	LIME	855	860	SHALE				
339	354	SHALE	860	862	LIME				
354	422	SHALE	862	870	SAND				
422	426	SHALE	870	920	SHALE				
426	432	LIME	881		GAS TEST 13# 1/4"				
432	454	SHALE	920	922	COAL				
435		GAS TEST LIGHT BLOW	922	928	SHALE				
454	474	LIME	928	930	COAL				
474	505	LIME OIL ODOR	930	932	SHALE				
480		GAS TEST SAME	932	942	SAND				
505	608	SHALE	942	1080	SHALE				
608	647	LIME OIL ODOR	1080	1093	SAND OIL ODOR				
647	650	SHALE	1087		GAS TEST SAME				
650	651	LIME	1093	1115	SANDY SHALE				
651	653	SHALE	1115	1182	SAND				
653	670	SAND	1137		GAS TEST 6# 3/4"				
670	679	SANDY SHALE	1150		WATER				
679	700	SANDY SHALE	1182	1185	SHALE				
681		GAS TEST SAME	1185	1207	SAND				
700	745	SAND	1207	1211	SHALE				
745	748	COAL	1211	1220	MISS CHAT				
748	755	SHALE	1220	1262	LIME				
755	771	LIME OIL ODOR			T.D. 1262'				