

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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Ackarman Hardware & Lumber  
 Ackarman Inc  
 160 East Main St  
 Sedan, KS 67361  
 620-725-3103  
 Fax: 620-725-5688

**CUSTOMER COPY**



**INVOICE**

1903-139155 PAGE 1 OF 1

SOLD TO
JBD, OKLAHOMA P. O. BOX 68 SEDAN KS 67361

JOB ADDRESS
JBD, OKLAHOMA P. O. BOX 68 SEDAN KS 67361

ACCOUNT	JOB
00621	0
SOLD ON	3/28/2019 9:08:28 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	HYDER # 14
STATION	A2
CASHIER	DK
SALESPERSON	
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
8	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	16.7500	EACH	134.00

Payment Method(s) Buyer: MIKE

Charge to Acct 147.40

SubTotal	134.00
Sales Tax	13.40
Deposit	
<b>Please Pay This Amount</b>	<b>147.40</b>

  
 Signature MIKE



Customer <b>Kansas Energy</b>	Ticket No. <b>1,558.6396A</b>
Address	Job Type <b>Longstring</b>
City, State, Zip	Legals <b>5, 35 13E</b>
Well Name and Number <b>Hyder JBD#14</b>	Service District <b>Thayer OK</b>
Service Date <b>April 3, 2019</b>	Salesman <b>Tony Carpenter</b>
	County <b>CQ</b>
	State <b>Kansas</b>

Product Code	Description of Equipment & Services	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
CE0450	Pump Charge; 0-1500'	4 hrs	1.0	\$1,500.00	\$1,500.00	53.00%	\$705.00
CE0001	Pickup Mileage Charge	mile	40.0	\$3.00	\$120.00	53.00%	\$56.40
CE0711	Minimum Cement Delivery Charge	ea	1.0	\$660.00	\$660.00	53.00%	\$310.20
CE0002	Pump Truck/Heavy Equipment Mileage Charge	mile	40.0	\$7.15	\$286.00	53.00%	\$134.42
CE1200	4 1/2" Cement Plug Container	ea	1.0	\$350.00	\$350.00	53.00%	\$164.50
CE0525	Blending Charge	cu ft	158.0	\$1.80	\$284.40	53.00%	\$133.67
<b>Description of Cement &amp; Products</b>							
CC5844	Poz-Blend III A (65:35)	sk	115.0	\$15.50	\$1,782.50	53.00%	\$837.78
CC6077	Koiseal	lb	550.0	\$0.50	\$275.00	53.00%	\$129.25
CC5326	Sodium Chloride, Salt	lb	550.0	\$1.00	\$550.00	53.00%	\$258.50
CC5965	Bentonite	lb	600.0	\$0.30	\$180.00	53.00%	\$84.60
CC6079	PhenoSeal, Formica flakes	lb	40.0	\$1.35	\$54.00	53.00%	\$25.38
<b>Description of Float Equipment</b>							
CP8178	4 1/2" Top Rubber Plug	ea	1.0	\$75.00	\$75.00	53.00%	\$35.25
<b>Description of Other Services</b>							

<i>Equipment, Service, Float Equipment and Product Charge:</i>	Gross	\$	6,116.90	Net	\$	2,874.94
<b>Total "COST ESTIMATE" Before Applicable Local, County, and State Taxes Are Applied:</b>	Gross	\$	6,116.90	Net	\$	2,874.94

<b>Applicable Local, County, and State Taxes (Office Use Only):</b>	
<b>Total Invoiced Price(Office Use Only):</b>	

TERMS: Cash in advance unless QES Pressure Pumping, LLC has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with QES Pressure Pumping, LLC becomes delinquent, QES Pressure Pumping, LLC has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Customer Rep.	<b>Mike Jones</b>
QES Pressure Pumping, LLC Rep.	<b>John Wade</b>
Date	<b>April 3, 2019</b>
<small>SERVICE ORDER: I AUTHORIZE THAT SERVICE WAS COMPLETED IN ACCORDANCE WITH TERMS AND CONDITIONS (INCLUDING INDEMNIFICATION OBLIGATIONS) LISTED HERE OR IN THE CUSTOMER CONTRACT FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.</small>	

CUSTOMER AUTHORIZED AGENT

