# KOLAR Document ID: 1467062

Confident	tiality 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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR ☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
SWD Permit #:      EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West
Recompletion Date Reached TD Recompletion Date of Recompletion Date	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:					

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Operator Nar	ne:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

**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 (Attach Additional Sheets)		Y	es 🗌 No			og Formatio	n (Top), Depth	and Datum	Sample
·	*		és 🗌 No	Ν	lame	e		Тор	Datum
Samples Sent to Geological Survey Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			ies No ies No ies No						
		Repo	CASING I		] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled		ze Casing tt (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate Top Bottor		Туре	e of Cement	# Sacks Used		Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the is</li> <li>Was the hydraulic fractu</li> <li>Date of first Production/Inj</li> </ol>	total base fluid of the h ring treatment informa	nydraulic fra tion submit	acturing treatment	al disclosure regis	-	Yes Yes Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Injection:			Flowing	Pumping		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		M	ETHOD OF COM	<b>IPLE</b>	TION:			ON INTERVAL:
Vented Sold (If vented, Subm	Used on Lease		Open Hole Perf.		Dually Comp.     Commingled       (Submit ACO-5)     (Submit ACO-4)		Bottom		
	oration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	POPPELREITER 1
Doc ID	1467062

Tops

Name	Тор	Datum
Plattsmouth	2905	-1030
Heebner	2947	-1072
Toronto	2964	-1089
Douglas	2977	-1102
Brown Lime	3046	-1171
Langsing	3062	-1187
Base KC	3295	-1420
Arbuckle	3350	-1475

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	POPPELREITER 1
Doc ID	1467062

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	348	60/40 poz	3%cc,2% gel



Page: 1

# COPELAND

# Acid & Cement

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS 🍐 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

**POST OFFICE BOX 438** 

HAYSVILLE, KS 67060

(316) 524-1225

(316) 524-1027 FAX

INVOICE NUMBER: C46971-IN

LEASE: POPPELREITER #1

BILL TO: CARMEN SCHMITT, INC. **PO BOX 47** GREAT BEND, KS 67530

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER	RDER SPECIAL INSTRUCTIO	
07/15/2019	46971		07/09/2019	POPPELREIT	ER #1	R #1 NET 30	
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION
15.00	мі	MILEAGE PICKU	þ		25.00	2.00	22.50
15.00	мі	MILEAGE CEME	NT PUMP TRUCK		25.00	4.00	45.00
1.00	EA	PUMP CHARGE-	SURFACE PIPE		25.00	1,100.00	825.00
225.00	sк	60/40 POZ MIX 2	% GEL		25.00	11.25	1,898.44
12.00	SK	CALCIUM CHLOI	RIDE		25.00	40.00	360.00
237.00	EA	BULK CHARGE			25.00	1. <b>25</b>	222.19
156.42	мі	BULK TRUCK - T	ON MILES		25.00	1.10	129.05
			710/4 19484.000 Dell Rie Suchace Cen	3			
			19484.000	)]			
			Vell Ale				
			Suchace Cen	nent			
İ			001				
REMIT TO:		COP			Net Invoice:		3,502.18
P.O. BOX HAYSVILL	e, KS 67060		IS NOT TAXABLE AND I				<u> </u>
RECEIVED BY		NET 30 DAYS					

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copetend Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

		FIELD ORDER № C 46971
Acid & Cement	BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 DATE_	7-9 20 19
IS AUTHORIZED BY:	armen Schmitt In.	<u> </u>
Address	City	State
To Treat Well As Follows: Lease <u>Poppelneiter</u>	Well No	_ Customer Order No
Sec. Twp. Range	County_Baston	State S

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

By\_

The undersigned represents himself to be duly authorized to sign this order for well owner or operater.

-

#### THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED\_

Remarks\_

- - -

		Weil Owner or Operator	Agent	
CODE	QUAINTITY	DESCRIPTION	UNIT COST	AMOUNT
2	15	Mileage lickup	200	30%
2	15	Mileage Panp Freek	405	60°°
2		Punp Charge - Surface Pipe		1100 °E
	0.5		1125	253,25
2	225	Sacks 60/40 2% bel	<i>∏</i> <u></u>	$c_{3}s_{1}=$
2	12	Calvian Chloride	410C	48000
	16	Callian Morrace	10	100
	- 10		- 25	26/25
2	237	Bulk Charge	110	276
2		Bulk Truck Miles 10, 4287 × 15 miles - 156, 427m	1-	112=
ļ		Process License Fee onGallons	- 2	IIIAC
		TOTAL BILLING	25'	4(.67 -
l certify t manner u	hat the abov under the dire	e material has been accepted and used; that the above service was perform ection, supervision and control of the owner, operator or his agent, whose si	ed in a good gnature appe	and workmanlike ears below. 30
		lover (	_	

Copeland Representative Ores Cr	חד הה הה
I.A.	$M_{a}H \leq 1$ 3502.11
Station	Touchy Suchy
. '	Well Owner, Operator or Agent

# **NET 30 DAYS**



### TREATMENT REPORT

	-	
Acid	Stage	No.

Company Weil Name Location County Casing: Formation Formation Formation Liner: Si	: izeType & Cemented: Yes Size & Wt	MITT INC REITER #1	Perf Perf Top atft. rom Swung at		from Actual Volume of Oi Pump Trucks. N Auxiliary Equipment Personnel <u>GREG</u> (	Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal.	ft. to ft. to ft. to e: 365 3	ft. ft.	
	Perforated t		ft. to		Auxiliary Tools Plugging or Sealing M	Materials: Type			···
Open Hole	Size	T.D.	ft. P.	8, toft.			···	Gals.	lb.
Company	Representative		MATT SU	СНУ	Treater		GREG CUR	TIS	
TIME p.m./p.m.		Casing	Total Fluid Pumped		_	REMARKS			
5:30				ON LOCATION					
				RUN 348' OF 8 5	/8 SURFACE	PIPE			
				PUMP 225 SKS 6	0/40 2% GEI	_ 3% CC			
		<u> </u>		DISPLACED WITH	1 21 BBLS OF	H20			
<b> </b>				CEMENT CIRCUL	ATED TO SU	RFACE		<u> </u>	<u> </u>
12:00				JOB COMPLETE					
}	}	<u>}</u>		THANK YOU!!!					
			<u> </u>						
		ļ							-
<u> </u>		<b> </b>	┟────						
		<u> </u>							
				L					
<u> </u>	-		}						

# Carmen Schmitt Inc

# "New Wealth Comes From the Land"

	Scale 1:240 Imper	rial	
Well Name: Surface Location: Bottom Location:	Sec. 8 - T17S - R11W		
API: License Number: Spud Date:	15-009-26243-0000 33350	Time:	2:45 A
Region:	Barton County		
Drilling Completed: Surface Coordinates: Bottom Hole Coordinates:	990' FNL & 2310' FEL	Time:	10:10 PM
Ground Elevation: K.B. Elevation:			
Logged Interval:	2800.00ft	To:	3360.00ft
Total Depth:	3360.00ft		
Formation: Drilling Fluid Type:			
	OPERATOR		
Company:			
Address:	P.O. Box 47 Great Bend, KS 67530		
	-		
Contact Geologist:			
Contact Phone Nbr: Well Name:			
Location:			
API:	15-009-26243-0000		_
Pool: State:		Field:	Kraft-Prusa
		Country:	USA
	SURFACE CO-ORDIN	NATES	
Well Type:			
Longitude:			
Latitude: N/S Co-ord:			
E/W Co-ord:			
	LOGGED BY		
	Keith Reav		
	Consulting Geole		
	Consulary Con	ogisi	
Company:			
Address:			
	Great Bend, KS 67530		
Phone Nbr:			
Logged By:	KLG #136	Name:	Keith Reavis
	CONTRACTOR	>	
Contractor:		•	
Rig #:	3		
Rig Type:		Timor	0-45 ANA
Spud Date: TD Date:		Time: Time:	2:45 AM 10:10 PM
Rig Release:		Time:	10.101 m
-			
	ELEVATIONS		

Ground Elevation:

1866 00ft

K B Elevation: 1875.00ft

K.B. to Ground: 9.00ft

NOTES

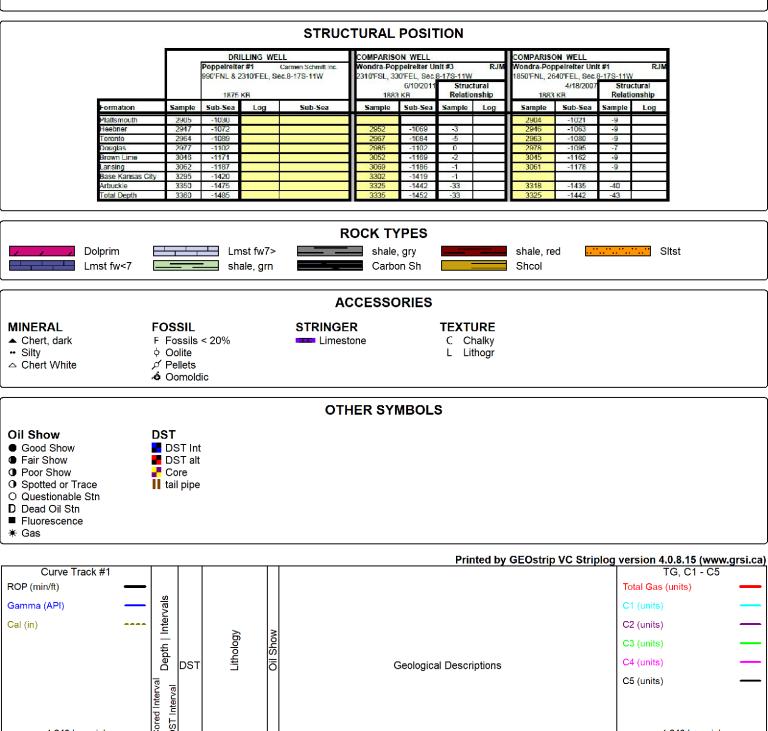
Due to low structural position in the Arbuckle formation, the operator elected to plug the Poppelreiter #1 as a dry test.

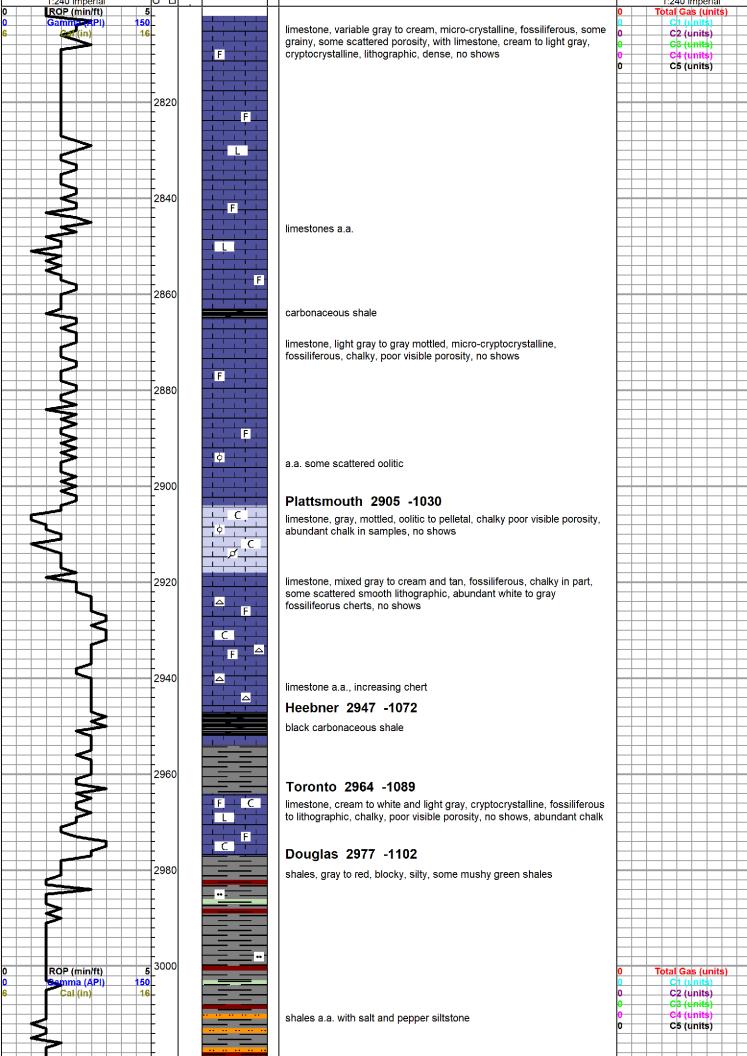
The well samples were saved and submitted to the Kansas Geological Survey Well Sample Library located in Wichita, KS.

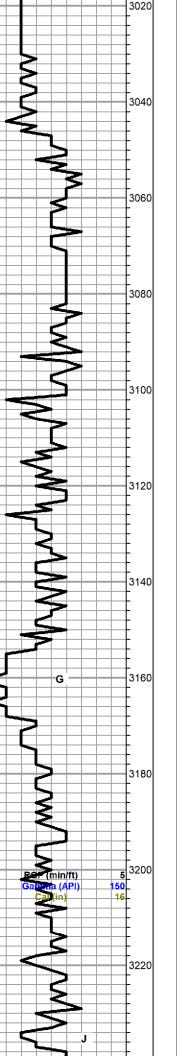
Respectfully submitted, Keith Reavis

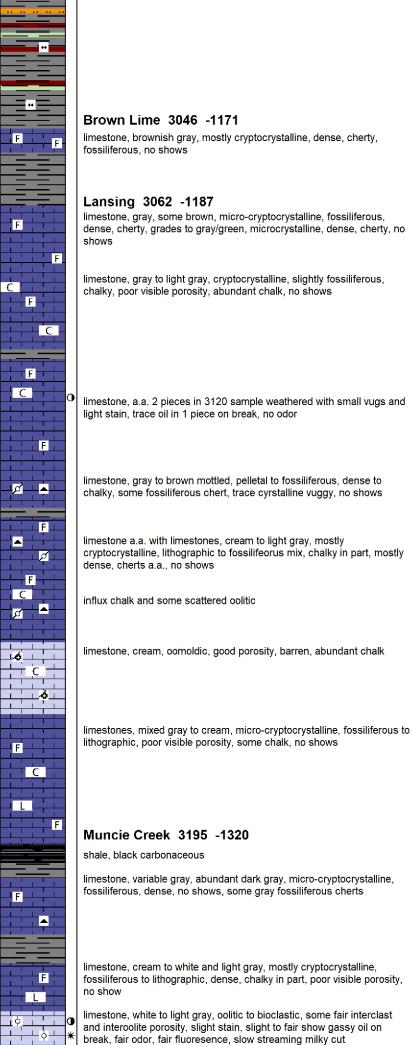
## daily drilling report

DATE	7:00 AM DEPTH	REMARKS
07/11/2019	2467	Geologist Keith Reavis on location 0 1315 hrs, 2624° ft, going back in hole after pulling 10 stands and replacing pump liners, drill ahead, Plattsmouth
07/12/2019	3098	drilling ahead, Heebner, Toronto, Douglas, Brown Lime, Lansing, BKC, Arbuckle, no shows, orders to plug, geologist off location 2330 hrs
07/13/2019	3360	conducting plugging operations









# Total Gas (units) 100 C2 (units) 100 GB (units) 100 C5 (units) 100 Mud-Co Mud chk @ 3230 ft. 1200 hrs. 7/12/19

