

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 |
|--|---|

| 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 |
| | | |

| 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: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|-------------------------------------|
| Form | ACO1 - Well Completion |
| Operator | James P. Williams Enterprises, Inc. |
| Well Name | PAUL H. WILLIAMS 1 |
| Doc ID | 1465428 |

Tops

| Name | Top | Datum |
|-----------------------------|------|-------|
| Topeka Limestone | 3152 | -961 |
| Heebner Shale | 3368 | -1176 |
| Toronto | 3386 | -1195 |
| Lansing-Kansas City | 3410 | -1219 |
| Shaley Conglomerate | 3635 | -1444 |
| Cherty Conglomerate | 3646 | -1455 |
| Arbuckle Dolemite | 3747 | -1556 |
| information from 01/13/1956 | 0 | 0 |
| OWWO RTD | 3712 | -1521 |

| | |
|-----------|-------------------------------------|
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| Operator | James P. Williams Enterprises, Inc. |
| Well Name | PAUL H. WILLIAMS 1 |
| Doc ID | 1465428 |

Perforations

| Shots Per Foot | Perforation Top | Perforation Bottom | BridgePlugType | BridgePlugSet At | Material Record |
|----------------|-----------------|--------------------|----------------------------|------------------|--|
| 16 | 3385 | 3389 | CIBP Cast Iron Bridge Plug | 3712 | 250 gallons 20% MCA backed with 500 gallons 28% NE |
| 12 | 3410 | 3413 | | | 250 gallons 20% MCA backed with 750 gallons 28% NE |
| 12 | 3449 | 3452 | | | 250 gallons 20% MCA backed with 750 gallons 28% NE |
| 16 | 3470 | 3474 | | | 250 gallons 20% MCA |
| 8 | 3481 | 3483 | | | 250 gallons 20% MCA |
| | 3470 | 3483 | | | 750 gallons 20% Gel Acid backed with 1000 gallons 28% NE |
| 16 | 3492 | 3496 | | | 250 gallons 20% MCA backed with 500 gallons 28% NE |

| | |
|-----------|-------------------------------------|
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| Well Name | PAUL H. WILLIAMS 1 |
| Doc ID | 1465428 |

Perforations

| Shots Per Foot | Perforation Top | Perforation Bottom | BridgePlugType | BridgePlugSet At | Material Record |
|----------------|-----------------|--------------------|----------------|------------------|---|
| 20 | 3544 | 3549 | | | 250 gallons 20% MCA backed with 750 gallons 28% NE |
| 20 | 3564 | 3569 | | | 250 gallons 20% MCA |
| 16 | 3576 | 3580 | | | 250 gallons 20% MCA |
| 16 | 3602 | 3606 | | | 250 gallons 20% MCA |
| | 3564 | 3606 | | | 1000 gallons 20% Gel Acid backed with 1000 gallons 28% NE |

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1424

| | | | | | | | | |
|------|---------|------|------|-------|--------|-------|-------------|----------|
| Date | 4-26-19 | Sec. | Twp. | Range | County | State | On Location | Finish |
| | | | | | Rooks | KS | | 11:00 AM |

Location Plainville 2w 15 Rd 2 1/2 S

Lease Paul H Williams Well No. 1 Owner _____

Contractor Express To Quality Oilwell Cementing, Inc.
Type Job Squeeze You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size _____ T.D. _____ Charge To James P. Williams

Csg. 5 1/2 Depth _____ Street _____

Tbg. Size 2 7/8 Depth _____ City _____ State _____

Tool Expert Norman Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. _____ Shoe Joint _____ Cement Amount Ordered 150 com 2 1/2 cc 2 sand

Meas Line _____ Displace used 100

EQUIPMENT

| | | | | | |
|---------|----|-----|----------|------------|--------|
| Pumptrk | 20 | No. | Cementer | <u>Tom</u> | Common |
| | | | Helper | | |

| | | | | | |
|---------|--|-----|--------|------------|----------|
| Bulktrk | | No. | Driver | <u>Tom</u> | Poz. Mix |
| | | | Driver | | |

| | | | | | |
|---------|---|-----|--------|------------|------|
| Bulktrk | 9 | No. | Driver | <u>Tom</u> | Gel. |
| | | | Driver | | |

JOB SERVICES & REMARKS

Remarks: _____ Hulls _____

Rat Hole _____ Salt _____

Mouse Hole _____ Flowseal _____

Centralizers _____ Kol-Seal _____

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____

_____ Sand 2

_____ Handling 150

_____ Mileage _____

FLOAT EQUIPMENT

_____ Guide Shoe _____

_____ Centralizer _____

_____ Baskets _____

_____ AFU Inserts _____

_____ Float Shoe _____

_____ Latch Down _____

Pumptrk Charge Squeeze

Mileage 26

Tax _____

Discount _____

Total Charge _____

X Signature [Signature]

Plus 2940. Spot sand 2882
Hole 2567 -99
Rock to Squeeze 2441
Rate 2340 800
Mixed 100SK & Squeezed to 1200t
Wash around long way. Pull 1 joint & pressured to 1000t
(Used) 100SK & 2 sand

Thanks

6 040850

12-31-87

203R

To: STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING SECTION
200 COLORADO DERBY BUILDING
WICHITA, KANSAS 67202

API NUMBER 15-1163-01856-00-00
SW NW NW, SEC. 9, T 10 S, R 18 W/E

TECHNICIAN'S PLUGGING REPORT

Operator License # 8925

feet from S section line

feet from E section line

Lease Name Williams Well # 1

Operator: Liberty Operations

County Rooks

Name & Address 308 N. Mill

Well Total Depth 3780 feet

Plainville, Kansas 67663

Conductor Pipe: Size feet

Surface Casing: Size 8 5/8 feet 212 cwc

Abandoned Oil Well X Gas Well Input Well SWD Well D&A

Other well as hereinafter indicated

Plugging Contractor Allied Cement License Number

Address Russell, Kansas

Company to plug at: Hour: 11:30 Day: 31 Month: Dec Year: 19 87

Plugging proposal received from Rober Comeau

(company name) Liberty Operations (phone)

were: 5 1/2" csg set at 3779' w/cmt. N.A. Sq at 1235' w/100 sks cmt. Hole in

csg at 850'. Well had been sq. at various depths - cmt at surface. Ordered 250 sks
65/35 Poz 10% Gel 2% Lite w/6 sks Hulls.

Plugging Proposal Received by Dennis L. Hamel
(TECHNICIAN)

Plugging Operations attended by Agent?: All Part X None

Operations Completed: Hour: 11:30 Day: 31 Month: 12 Year: 19 87

ACTUAL PLUGGING REPORT Pumped in 5 1/2" csg. 335 sks 65/35 Poz 10% Gel w/6 sks Hulls.

Max 300# S.I. 200#. 8 5/8" S.P. Pressured up 1000#.

RECEIVED
STATE CORPORATION COMMISSION

FEB 04 1988
02-04-1988
CONSERVATION DIVISION
Wichita, Kansas

Remarks: (If additional description is necessary, use BACK of this form.)

INVOICED
observe this plugging.

DATE 2-4-88

Signed Dennis L. Hamel
(TECHNICIAN)

INV. NO. 19737