

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

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

No. 2236

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5/19/21	6	10	13	Rooks	Kansas		10:00am
				Location Zurich			

Lease	Well No.	Owner	
Pywell	3-6	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Contractor		Charge To	
STP Drilling		Mustang Energy	
Type Job	T.D.	Street	
Long string	3850		
Hole Size	Depth	City	
2 3/8	3847	State	
Csg.	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
5 1/2			
Tbg. Size	Depth	Cement Amount Ordered	
		180 com 10% salt 5% gilson	
Tool port collar	Shoe Joint	Meas Line	
	21.25	Displace 91	
Cement Left in Csg.		500gal mud clear	
21.25			

EQUIPMENT			Common
Pumptrk	No.	Cementer Helper	180
20		Craig	Poz. Mix
Bulktrk	No.	Driver	Gel.
15		Tony	Calcium
Bulktrk	No.	Driver	Hulls
PU		David	

JOB SERVICES & REMARKS		
Remarks:		Salt 15
Rat Hole	30 sks	Flowseal
Mouse Hole		Kol-Seal 500 #
Centralizers		Mud CLR 48 500 gal
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar	Joint 55	Sand
		Handling 203
		Mileage

FLOAT EQUIPMENT		
		Guide Shoe
		Centralizer 7
		Baskets 3
		AFU Inserts
		Float Shoe 1
		Latch Down 1
		Port Collar - 1
		Pumptrk Charge
		Mileage 37

Signature	Thanks	Tax
Car		Discount
		Total Charge

Thanks
[Signature]

QUALITY OILWELL CEMENTING, INC.

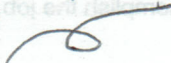
Federal Tax I.D.# 20-2886107

Phone 785-483-1071

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

No. 2268

Cell 785-324-1041

Date	6-11-21	Sec.		Twp.		Range		County	Rooks	State	KS	On Location		Finish	4:30 p.m.
Location <u>Zunich 3w DR 1s 1/4E Sinto</u>															
Lease	Rywell			Well No.	3-6			Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Contractor	Maverick Well Service			Charge To <u>Mustang Energy</u>											
Type Job	Port Collar			Street											
Hole Size	7 7/8			T.D.	City										
Csg.	5 1/2			Depth	State										
Tbg. Size				Depth	City										
Tool	Runners Chris m.			Depth	State										
Cement Left in Csg.				Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line				Displace	836			Cement Amount Ordered	350 80% QMDC 1/4#AD						
EQUIPMENT															
Pumptrk	5	No.	Cementor	8 gel											
			Helper	Common 240 80% QMDC											
Bulktrk		No.	Driver	Craig											
			Driver	Poz. Mix											
Bulktrk	21	No.	Driver	8											
			Driver	Tony											
			Driver	Calcium											
JOB SERVICES & REMARKS															
Remarks:	KCC Blaine			Hulls											
Rat Hole				Salt											
Mouse Hole				Flowseal 75#											
Centralizers				Kol-Seal											
Baskets				Mud CLR 48											
D/V or Port Collar				CFL-117 or CD110 CAF 38											
				Sand											
				Handling 350											
				Mileage											
				FLOAT EQUIPMENT											
				Guide Shoe											
				Centralizer											
				Baskets											
				AFU Inserts											
				Float Shoe											
				Latch Down											
				Pumptrk Charge <u>Port collar job</u>											
				Mileage <u>37</u>											
				Tax											
				Discount											
				Total Charge											
X Signature	RD R			<p style="text-align: center;">Thanks</p> 											

USED 240 SK & 8 gel