

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)</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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Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
2/2/2021	5408

Bill To	
Brickley Enterprises PO Box 1118 El Dorado, KS 67042	
Customer ID#	1316

Job Date	2/1/2021
Lease Information	
Sluss #1 BBB	
County	Butler
Foreman	DG

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C101	Cement Pump-Surface	1	890.00	890.00
C107	Pump Truck Mileage (one way)	30	4.20	126.00
C200	Class A Cement-94# sack	135	15.75	2,126.25T
C205	Calcium Chloride	380	0.63	239.40T
C206	Gel Bentonite	250	0.21	52.50T
C108A	Ton Mileage (min. charge)	1	365.00	365.00

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$3,799.15
Sales Tax (6.5%)	\$157.18
Total	\$3,956.33
Payments/Credits	\$0.00
Balance Due	\$3,956.33

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **5408**
 Foreman David Gunder
 Camp Eureka

API # 15-015-24143

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
2-1-21	1316	Sluss # 1BBB	6	27S.	6E.	Butler	KS	
Customer Brickley Enterprises			Safety Meeting D6 3H JV		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 1118					105	Jason		
City El Dorado					115	Josh		
State KS		Zip Code 67042						

Job Type Surface Hole Depth 221' K.B. Slurry Vol. 33 Bbl Tubing _____
 Casing Depth 205.95' G.L. Hole Size 12 1/4" Slurry Wt. 15# Drill Pipe _____
 Casing Size & Wt. 8 5/8" Cement Left in Casing 15' +/- Water Gal/SK 6.5 Other _____
 Displacement 13 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting. Rig up to 8 5/8" casing. Break circulation w/ 10 Bbl fresh water. Mixed 135 sacks Class A Cement w/ 3% CaCl2, 2% Gel @ 15#/gal, yield 1.37 = 33 Bbl slurry. Displace w/ 13 Bbl fresh water. Shut down. Close casing in. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	890.00	890.00
C107	30	Mileage	4.20	126.00
C200	135 sacks	Class A Cement	15.75	2126.25
C205	380#	CaCl2 3%	.63	239.40
C206	250#	Gel 2%	.21	52.50
C108A	6.34 Tons	Ton Mileage - Bulk Truck	m/c	365.00
			Sub Total	3,799.15
			Sales Tax 6.5%	157.18

Thank You

Authorization by Charlie Coulter Title Tool Pusher Total 3,956.33

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
2/9/2021	5411

Bill To	
Brickley Enterprises PO Box 1118 El Dorado, KS 67042	
Customer ID#	1316

Job Date	2/5/2021
Lease Information	
Sluss 1 BBB	
County	Butler
Foreman	DG

Item	Description	Qty	Rate	Amount
C102	Cement Pump-Longstring	1	1,100.00	1,100.00
C107	Pump Truck Mileage (one way)	30	4.20	126.00
C201	Thick Set Cement	125	20.50	2,562.50T
C207	KolSeal	625	0.47	293.75T
C208	Pheno Seal	125	1.30	162.50T
C108A	Ton Mileage (min. charge)	1	365.00	365.00
C661	5 1/2" AFU Float Shoe	1	309.00	309.00T
C604	5 1/2" Cement Basket	1	236.00	236.00T
C504	5 1/2" Centralizer	6	50.00	300.00T
C421	5 1/2" Latch Down Plug	1	242.00	242.00T
C781	5 1/2 " Stop Collar	1	32.00	32.00T
C113	80 Bbl Vac Truck	3	90.00	270.00
C224	City Water	3,300	0.01	33.00T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$6,031.75
Sales Tax (6.5%)	\$271.10
Total	\$6,302.85
Payments/Credits	\$0.00
Balance Due	\$6,302.85

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **5411**
 Foreman David Gardner
 Camp Eureka

API # 15-015-24143

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
2-5-21	1316	Sluss # 1BBB	6	27 S.	6 E.	Butler	KS	
Customer <u>Brickley Enterprises</u>			Safety Meeting DG ZA AM SM		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 1118</u>					105	Zevi		
City <u>El Dorado</u>					110	Alan M.		
State <u>KS</u>					145	Steve		
Zip Code <u>67042</u>								

Job Type Longstring Hole Depth 3251' KB. Slurry Vol. 31 Bbl Tubing _____
 Casing Depth 2898' G.L. Hole Size 7 7/8" Slurry Wt. 13.8# Drill Pipe _____
 Casing Size & Wt. 5 1/2" 15.50# Cement Left in Casing 0 Water Gal/SK 9.0 Other _____
 Displacement 70 1/2 Bbl Displacement PSI 800 Bump Plug to 1300 PSI BPM 5

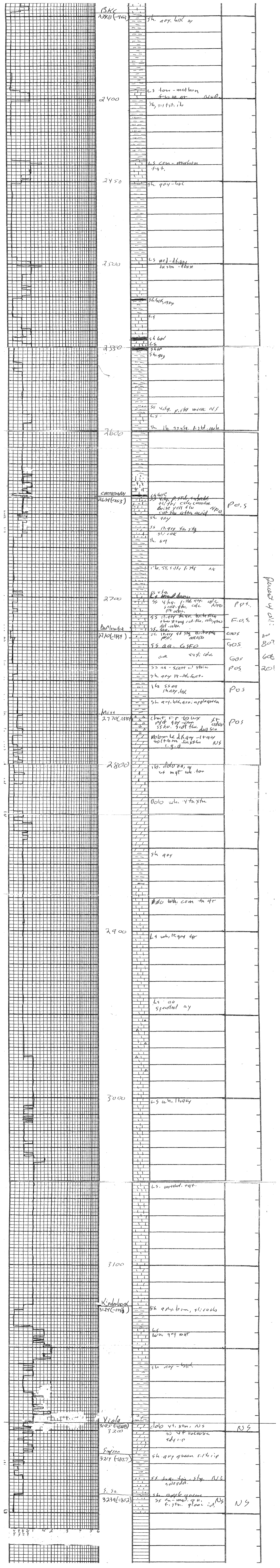
Remarks: Safety Meeting. 5 1/2" 15.50# used casing set @ 2815'. Rig circulate for 45 mins. Rig up to 5 1/2" casing. Break circulation w/ 10 Bbl fresh water. Mixed 100 SKS Thick Set Cement w/ 5# Kalseal/sk, 1# Phenoseal/sk @ 13.8#/gal, yield 175 = 31 Bbl slurry. Wash out pump & lines. Shut down. Release Latch down plug. Displace plug to seat w/ 70 1/2 Bbl fresh water. Final pumping pressure of 800 PSI. Bump plug to 1300 PSI. Wait 2 mins. Release pressure. Float & plug hold good. Good circulation @ all times while cementing. Job complete. Rig down.

Note: 100 SKS = 800' of fill up @ 30% Excess
Plug Rathole w/ 75 SKS & Mouse hole w/ 10 SKS.
Centralizers on #1, 2, 3, 4, 5, 6 - Basket on top of #1.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1100.00	1100.00
C107	30	Mileage	4.20	126.00
C201	125 SKS	Thick Set Cement	20.50	2562.50
C207	625#	Kalseal 5#/sk	.47	293.75
C208	125#	Phenoseal 1#/sk	1.30	162.50
C108A	6.88 Tons	Ton Mileage - Bulk Truck	m/c	365.00
C6661	1	5 1/2" AFU Float Shoe	309.00	309.00
C604	1	5 1/2" Cement Basket	236.00	236.00
C504	6	5 1/2" x 7 7/8" Centralizers	50.00	300.00
C421	1	5 1/2" Latch Down Plug	242.00	242.00
C781	1	5 1/2" Stop Collar - (Above Cement Basket)	32.00	32.00
C113	3 HRS	80 Bbl Vac Truck	90.00/HR	270.00
C224	3300 Gals	City Water	10.00/1000	33.00
<u>Thank You</u>			Sub Total	6,031.75
			Sales Tax	271.10

Authorization by Charlie Coulter Title Toal Pasher - Lighthouse Drlg. Total 6,302.85

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



BKC
2378(-962)

sh. arg. blk. sh.

2400

ls. tan-med blk.
f. xtn. at N.W.D.
sh. arg. blk.

2450

ls. con-med blk.
f. arg.
sh. arg. blk.

2500

ls. med-dk gray
f. xtn. dk gray
sh. blk. arg.

2550

sh. blk.
ls.
sh. arg.

2600

ss. v. sh. p. sh. micae. N.S.
ls.
sh. blk. arg. blk. arg.

CATTENARY
2639(1853)

sh. blk.
ss. v. sh. p. sh. micae. N.S.
ls. wh. arg. calc. conglom.
Brite yell. sil.
cut. flu. after acid N.F.D.

pos

2700

ss. v. sh.
ls. wh. arg. calc. conglom.
f. color. N.F.D.

pos.

Bartlesville
2720(1894)

ss. v. sh. p. sh. micae. N.S.
ls. wh. arg. calc. conglom.
Brite yell. sil.
cut. flu. after acid N.F.D.

pos.

2800

ls. wh. arg. blk. arg.
sh. arg. blk. arg. arg. arg.

pos

Miss
2770(1857)

ls. wh. arg. blk. arg.
sh. arg. blk. arg. arg. arg.

pos

2900

ls. wh. arg. blk. arg.
sh. arg. blk. arg. arg. arg.

3000

ls. wh. arg. blk. arg.
sh. arg. blk. arg. arg. arg.

3100

ls. wh. arg. blk. arg.
sh. arg. blk. arg. arg. arg.

Kinderhook
3129(1853)

sh. arg. blk. arg. arg. arg.
ls. wh. arg. blk. arg.

3200

ls. wh. arg. blk. arg.
sh. arg. blk. arg. arg. arg.

Viola
3195(1850)

ls. wh. arg. blk. arg.
sh. arg. blk. arg. arg. arg.

NS

3214(1827)

sh. arg. blk. arg. arg. arg.

3239(1852)

ss. v. sh. p. sh. micae. N.S.
ls. wh. arg. blk. arg.

NS

Percent of sil:

20

40

60

80

100

1 2 3 4 5 6