

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 _____ 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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Exploration

Well 30

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

10/8/2019 1:26 PM

BRCH:1000 *** INVOICE ***
CASHIER: BL 1910-152035
SLSP:CM

ACCT # : CASH
JOB # : 0
NAME : CASH SALES

P10092 PORTLAND CEMENT 92.6#

8 EACH @ 16.75EACH 134.00

UBTOTAL 134.00
SALES TAX KS 10.00% 13.40

TOTAL 147.40
AMT PAID 147.40
CHANGE DUE 0.00

PAYMENT METHOD[S]:

SALE-MasterCard 147.40
ACCT:###8941 APPROVED:69297H
AL: MasterCard
Entry Mode: CHIP
AID: A0000000041010

Jones Exploration

Well 26

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

9/17/201 8:05 AM

BRCH:1000 *** INVOICE ***
CASHIER: BL 1910-150684
SLSP:CM

ACCT # : CASH
JOB # : 0
NAME : CASH SALES

MP10092 PORTLAND CEMENT 92.6#

10 EACH @ 16.75EACH 167.50
3910361 SILVER GORILLA TAPE 35YD

1 EA @ 13.99 EA 13.99

UBTOTAL 181.49
SALES TAX KS 10.00% 16.75

TOTAL 198.24
AMT PAID 184.25
CHANGE DUE 0.00

PAYMENT METHOD[S]:

SALE-MasterCard 198.24
ACCT:###8941 APPROVED:59330H
AL: MasterCard
Entry Mode: CHIP
AID: A0000000041010



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:

JONES OIL EXPLORATION LLC
PO BOX 68
SEDAN, KS 67361-0068

Invoice Date: 4/2/2021
Invoice #: 0352254
Lease Name: Butcher
Well #: 26 (New)
County: Chautauqua, Ks
Job Number: EP1594
District: Bartlesville

Date/Description	HRS/QTY	Rate	Total
Longstring	0.000	0.000	0.00
Cement Class A	140.000	13.090	1,832.60
Bentonite Gel	700.000	0.231	161.70
Salt	950.000	0.385	365.75
KOL Seal	700.000	0.578	404.25
Pheno Seal	80.000	1.348	107.80
Fresh Water	5,460.000	0.012	63.06
Heavy Equipment Mileage	55.000	3.080	169.40
Light Equipment Mileage	55.000	1.540	84.70
Ton Mileage	410.000	1.155	473.55
Cement Pump Service	1.000	577.500	577.50
Cement Plug Container	1.000	192.500	192.50
4 1/2" Rubber Plug	1.000	57.750	57.75
Transport - 130bbl	5.000	100.100	500.50

Total 4,991.06

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 1/2% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

Hurricane Services, Inc.
 250 N. Water St., Suite #200
 Wichita, KS 67202



Customer	JONES OIL EXPLORATION		Lease & Well #	BUTCHER #26		Date	4/2/2021		
Service District	BARTLESVILLE OK		County & State	CQ, COUNTY	Legals S/T/R	25/33S/10E	Job #		
Job Type	LS	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	Ticket #	EP1594
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures							
93	DONNIE	<input checked="" type="checkbox"/> Hard hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging				
135/218	KEVIN	<input type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection				
219	JOHN	<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations				
139/123	RUSSELL	<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations				
		<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below					
Comments									

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
CP010	Class A Cement	sack	140.00	\$1,832.60
CP095	Bentonite Gel	lb	700.00	\$161.70
CP140	Granulated Salt	lb	950.00	\$365.75
CP110	Kol Seal	lb	700.00	\$404.25
CP125	Pheno Seal	lb	80.00	\$107.80
AF080	Fresh Water	gal	5,460.00	\$63.06
M010	Heavy Equipment Mileage	mi	55.00	\$169.40
M015	Light Equipment Mileage	mi	55.00	\$84.70
M020	Ton Mileage	tm	410.00	\$473.55
C010	Cement Pump Service	ea	1.00	\$577.50
C050	Cement Plug Container	job	1.00	\$192.50
FE115	4 1/2" Rubber Plug	ea	1.00	\$57.75
T030	Transport - 130 bbl	hr	5.00	\$500.50

Customer Section: On the following scale, how would you rate Hurricane Services Inc.?		Net:	\$4,991.06	
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		Total Taxable	\$ -	
		Tax Rate:		
		State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sale Tax:	\$ -
		HSI Representative:	Total:	\$ 4,991.06

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) 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 shall pay interest on the balance past due at the rate of 1 3/4% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer:	JONES OIL EXPLORATION	Well:	BUTCHER #26	Ticket:	EP1594
City, State:	SEDAN KS	County:	CQ, COUNTY	Date:	4/2/2021
Field Rep:	MATT JONES	S-T-R:	25/33S/10E	Service:	LS

Downhole Information	
Hole Size:	6.75 in
Hole Depth:	1350 ft
Casing Size:	4 1/2 in
Casing Depth:	1337 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	21.3 bbis

Calculated Slurry - Lead	
Blend:	
Weight:	14.1 ppg
Water / Sx:	8.1 gal / sx
Yield:	1.68 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbis
Excess:	
Total Slurry:	41.9 bbis
Total Sacks:	140 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbis
Excess:	
Total Slurry:	0.0 bbis
Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
200pm			-	-	ON LOCATION
			-	-	JSA AND RIG UP
			-	-	
4.0	250.0	10.0	10.0	10.0	EST CIRCULATION WITH GEL AND H2O
			10.0		
			10.0		RUN 140 SACKS CLASS A WITH 4%GEL, 5#KOL,10%SALT, .40# PHENO
4.0	250.0	42.0	52.0	52.0	
			52.0		WASH PUMP AND LINES
			52.0		
3.0	500.0	21.3	73.3	73.3	DISPLACE
					LAND PLUG AT 1000# RELEASED PLUG HELD
					TOP WELL OFF
					CEMENT TO SURF
					THANK YOU

CREW			UNIT			SUMMARY		
Cementer:	DONNIE	93				Average Rate	Average Pressure	Total Fluid
Pump Operator:	KEVIN	135/218				3.7 bpm	333 psi	73 bbis
Bulk #1:	JOHN	219						
Bulk #2:	RUSSELL	139/123						

Finney Drilling Company
 402685 W. 100 Road
 Wann, OK 74083

INVOICE

Invoice Number: 1014
 Invoice Date: Apr 8, 2021
 Page: 1

PHONE: 620-330-1420
 KCC#: 5989
 Federal ID#: 48-0925903

Bill To:
Jones Oil Exploration LLC PO Box 68 Sedan, KS 67361

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
JONES OIL EXPLORATIO	BUTCHER#26	CHAUTAUQUA	4/8/21

Quantity	Description	Unit Price	Amount
1,350.00	FOOT OF HOLE, AMOUNT PER FOOT	6.00	8,100.00

Subtotal	8,100.00
Sales Tax	
Total Invoice Amount	8,100.00
Payment/Credit Applied	
TOTAL	8,100.00

