

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](mailto: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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Operator: DWARF OIL Well No. 11 County: HOLIDAY State: Lease: Loc.: #/#/# Sec: Twp.: Rge:

Job No.: Casing Used: Bit No.: Type: Size: From: To: Bit No.: Type: Size: From: To: % Rec.:  
Cement Used: Rig No.: Hammer No.:  
Date Started: 7-7-21 Date Completed: 7-8-21

Job No.	Casing Used	Bit No.	Type	Size	From	To	Bit No.	Type	Size	From	To	% Rec.
	Cement Used											
	Rig No.											
	Hammer No.											

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	22	OVERBURDEN						
22	72	SHALE						
72	85	LIME						
85	115	SHALE						
115	119	LIME						
119	120	SHALE						
120	123	SAND						
123	213	SHALE						
213	216	BLK SHALE						
216	247	SHALE						
247	274	LIME						
274	296	SHALE						
296	309	LIME						
309	311	BLK SHALE						
311	313	SHALE						
313	324	LIME						
324	348	SHALE						
348	363	SAND						
363	452	SANDY SHALE						
452	475	LIME						
475	495	SHALE						
495	516	OIL SHOW						
510	516	SAND						
516	518	OIL						
518	535	SHALE						
535	542	SAND						
542	542	SHALE						
542	570	LIME						
570	580	SADY SHALE						
580	585	LIME						
585		T.D. 585'						

*Set 90 feet  
Surface casing  
4 sacks cement*

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



**Cement or Acid Field Report**

Ticket No. **5718**

Foreman David Goodall

Camp Eureka

MP# 15-125-32567

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-14-21		Holiday #11	22	33 S.	16 E.	Montgomery	KS
Customer Preston Price Group, LLC			Unit #	Driver	Unit #	Driver	
Mailing Address P.O. Box 4			105	Jason			
City Miami			112	Buster			
State OK	Zip Code 74355						

Job Type Longstring Hole Depth 585' Slurry Vol. 26 Bbl Tubing \_\_\_\_\_  
 Casing Depth 577' Hole Size 6 1/4" Slurry Wt. \_\_\_\_\_ Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 2 7/8" Cement Left in Casing 0 Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 3 1/4 bbl Displacement PSI 300 Bump Plug to 700 PSI BPM \_\_\_\_\_

Remarks: Safety Meeting. Rig up to 2 7/8" Tubing. Break circulation w/ 15 Bbl fresh water, mix 200" Gel Flush, 5 Bbl fresh water spacer. Mixed 100 SKS O.W.C. w/ 2" Phosical /-x, yield 1.46 = 26 Bbl slurry. Good cement returns to surface. Shut down. Wash out pump & lines. Stuff 2 2 7/8" Top Rubber Plugs. Displace plugs to seat w/ 3 1/4 Bbl fresh water. Final pumping pressure of 300 PSI. Pump plugs to 700 PSI. Wait 2 mins. Release pressure. Float & plugs hold. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C162	1	Pump Charge - 1 <sup>st</sup> of 2 wells	1100.00	1100.00
C167	90	Mileage	4.20	378.00
C202	100 SKS	O.W.C.	22.00	2200.00
C202	200"	Phosical 2 <sup>nd</sup> /sk	1.45	290.00
C108	5.2 Tons	Ten Mileage - Bulk Truck	m/c	365.00
C206	200"	Gel Flush	.28	56.00
C400	2	2 7/8" Top Rubber Plugs	33.00	66.00
Thank You			Sub Total	7413.00
			6.5%	Sales Tax
				169.78
Authorization <u>[Signature]</u> Title _____			Total	4582.78

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.