

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) (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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JOB LOG

SWIFT Services, Inc.

DATE 10-22-19 PAGE NO.

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Jo-Allyn		# 2		Kramer		Shallow Surf.		32628	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	2000								On location
									8 5/8
									Rtd - 235
									pipe set @ 233.64
	2000								
	2300								Start Running Csg
	0010								Break Circ
		4	5						pump wtr spacer
		4	40						pump CNT - 165 sks @ 14.2 ppm
		4	13.5						Disp
	0045								Disp END Disp
									Circulated 20 sks CNT to pit
									JOB Complete
									Thanks
									Davis, Zach & Shane



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Jo-Allyn Oil., Inc.
PO Box 446
Laverne, OK 73848
ATTN: Jerry Green

27-8S-18W Rooks, KS

Kramer #2

Job Ticket: 59437

DST#: 1

Test Start: 2019.10.26 @ 09:19:05

GENERAL INFORMATION:

Formation: **LKC "J-L"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:27:26

Time Test Ended: 16:23:26

Test Type: Conventional Straddle (Initial)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 3343.00 ft (KB) To 3444.00 ft (KB) (TVD)

Total Depth: 3530.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2006.00 ft (KB)

2001.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 6771

Inside

Press@RunDepth: 21.99 psig @ 3344.00 ft (KB)

Start Date: 2019.10.26

End Date: 2019.10.26

Start Time: 09:19:06

End Time: 16:23:26

Capacity: 8000.00 psig

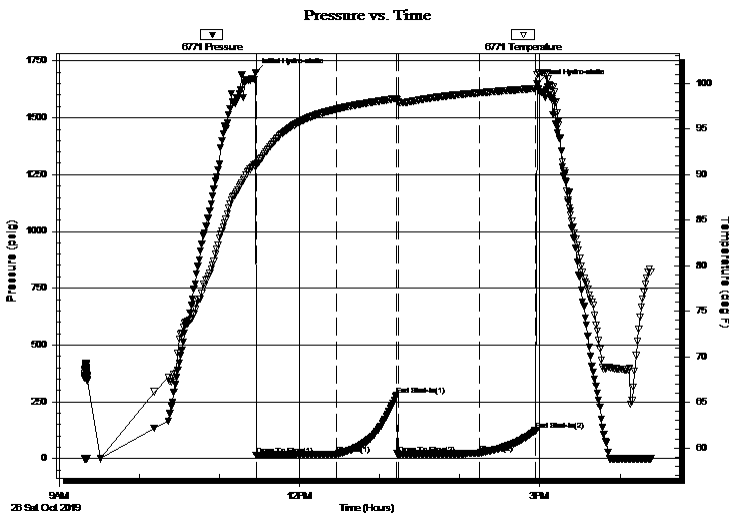
Last Calib.: 2019.10.26

Time On Btm: 2019.10.26 @ 11:27:11

Time Off Btm: 2019.10.26 @ 14:57:56

TEST COMMENT: 60- IF- Slow ly built to 2.28"
45- IS- No blow
60- FS- Slow ly built to 1.75"
45- FF- No blow

PRESSURE SUMMARY



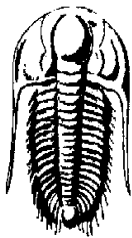
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1699.74	91.18	Initial Hydro-static
1	14.78	90.94	Open To Flow (1)
61	19.58	97.15	Shut-In(1)
106	278.83	98.34	End Shut-In(1)
107	18.17	97.94	Open To Flow (2)
168	21.99	98.96	Shut-In(2)
210	125.92	99.43	End Shut-In(2)
211	1648.87	100.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	HOCM, 30%O 70%M	0.43

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Jo-Allyn Oil., Inc.
 PO Box 446
 Laverne, OK 73848
 ATTN: Jerry Green

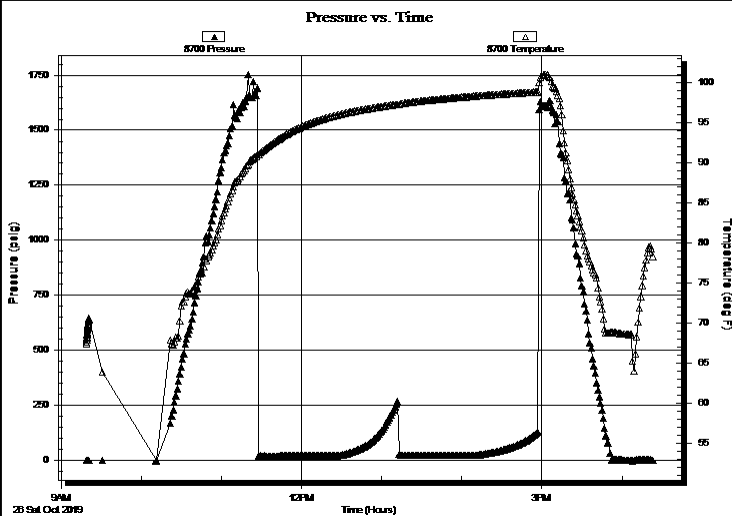
27-8S-18W Rooks, KS
Kramer #2
 Job Ticket: 59437 **DST#: 1**
 Test Start: 2019.10.26 @ 09:19:05

GENERAL INFORMATION:

Formation: **LKC "J-L"**
 Deviated: No Whipstock: ft (KB) Test Type: Conventional Straddle (Initial)
 Time Tool Opened: 11:27:26 Tester: Brannan Lonsdale
 Time Test Ended: 16:23:26 Unit No: 73
Interval: 3343.00 ft (KB) To 3444.00 ft (KB) (TVD) Reference Elevations: 2006.00 ft (KB)
 Total Depth: 3530.00 ft (KB) (TVD) 2001.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 8700 Outside
 Press@RunDepth: psig @ 3344.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2019.10.26 End Date: 2019.10.26 Last Calib.: 2019.10.26
 Start Time: 09:19:09 End Time: 16:23:44 Time On Btm:
 Time Off Btm:

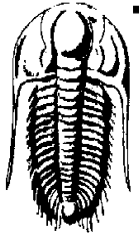
TEST COMMENT: 60- IF- Slow ly built to 2.28"
 45- IS- No blow
 60- FS- Slow ly built to 1.75"
 45- FF- No blow



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery		
Length (ft)	Description	Volume (bbl)
30.00	HOCM, 30%O 70%M	0.43

Gas Rates			
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Jo-Allyn Oil., Inc.

27-8S-18W Rooks, KS

PO Box 446
Laverne, OK 73848

Kramer #2

Job Ticket: 59437

DST#: 1

ATTN: Jerry Green

Test Start: 2019.10.26 @ 09:19:05

GENERAL INFORMATION:

Formation: **LKC "J-L"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:27:26

Time Test Ended: 16:23:26

Test Type: Conventional Straddle (Initial)

Tester: Brannan Lonsdale

Unit No: 73

Interval: 3343.00 ft (KB) To 3444.00 ft (KB) (TVD)

Reference Elevations: 2006.00 ft (KB)

Total Depth: 3530.00 ft (KB) (TVD)

2001.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8367 Below (Straddle)

Press@RunDepth: psig @ 3463.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2019.10.26

End Date: 2019.10.26

Last Calib.: 2019.10.26

Start Time: 09:19:14

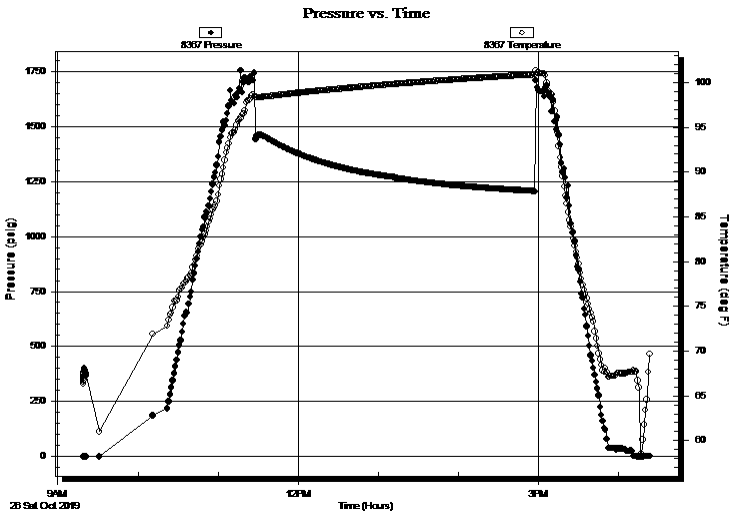
End Time: 16:23:34

Time On Btm:

Time Off Btm:

TEST COMMENT: 60- IF- Slow ly built to 2.28"
45- IS- No blow
60- FS- Slow ly built to 1.75"
45- FF- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
30.00	HOCM, 30%O 70%M	0.43

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Jo-Allyn Oil., Inc.

27-8S-18W Rooks, KS

PO Box 446
Laverne, OK 73848

Kramer #2

Job Ticket: 59437

DST#: 1

ATTN: Jerry Green

Test Start: 2019.10.26 @ 09:19:05

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

33 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	HOCM, 30%O 70%M	0.425

Total Length: 30.00 ft Total Volume: 0.425 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 6771

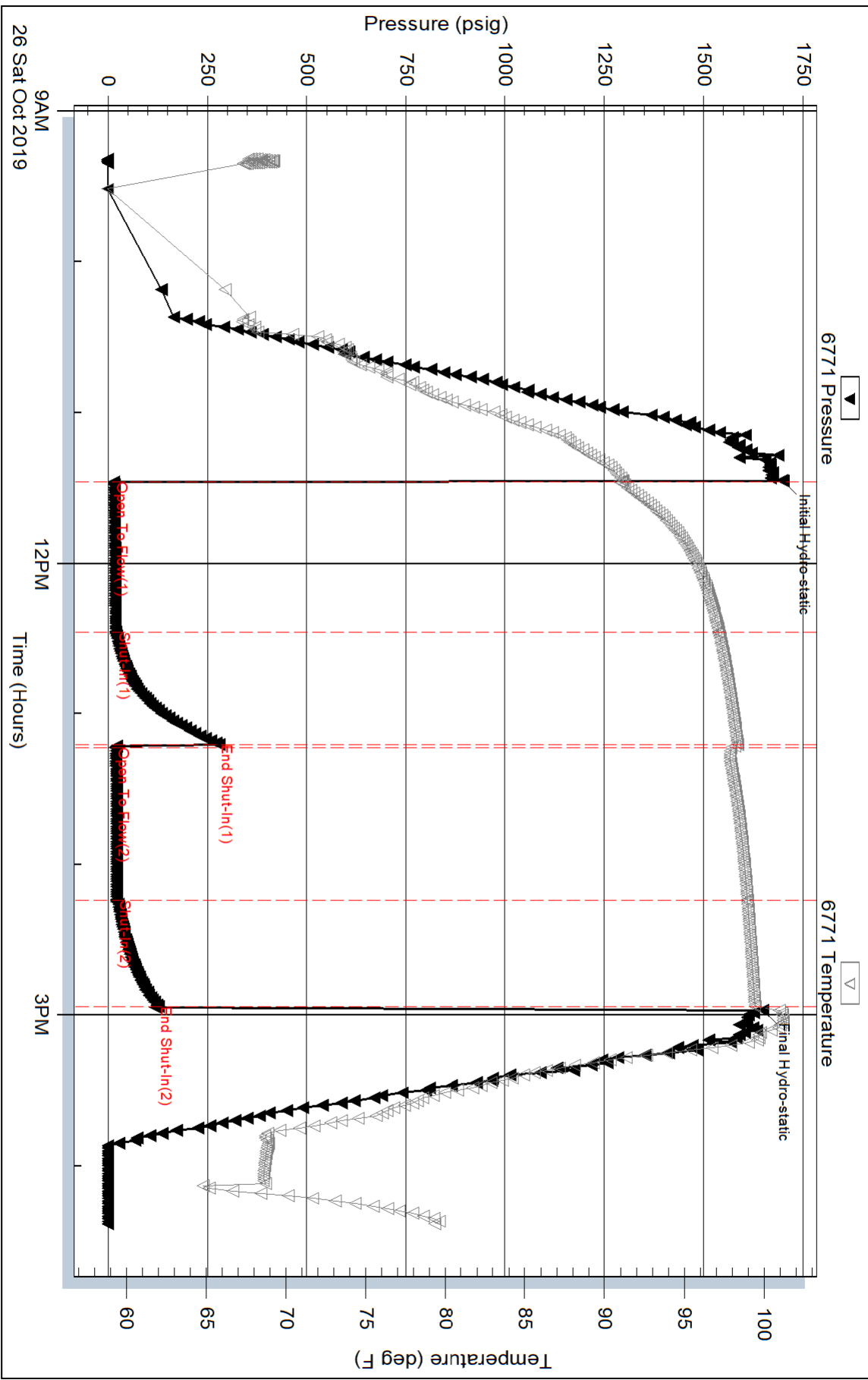
Inside

Jo-Allyn Oil, Inc.

Kramer #2

DST Test Number: 1

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 59437

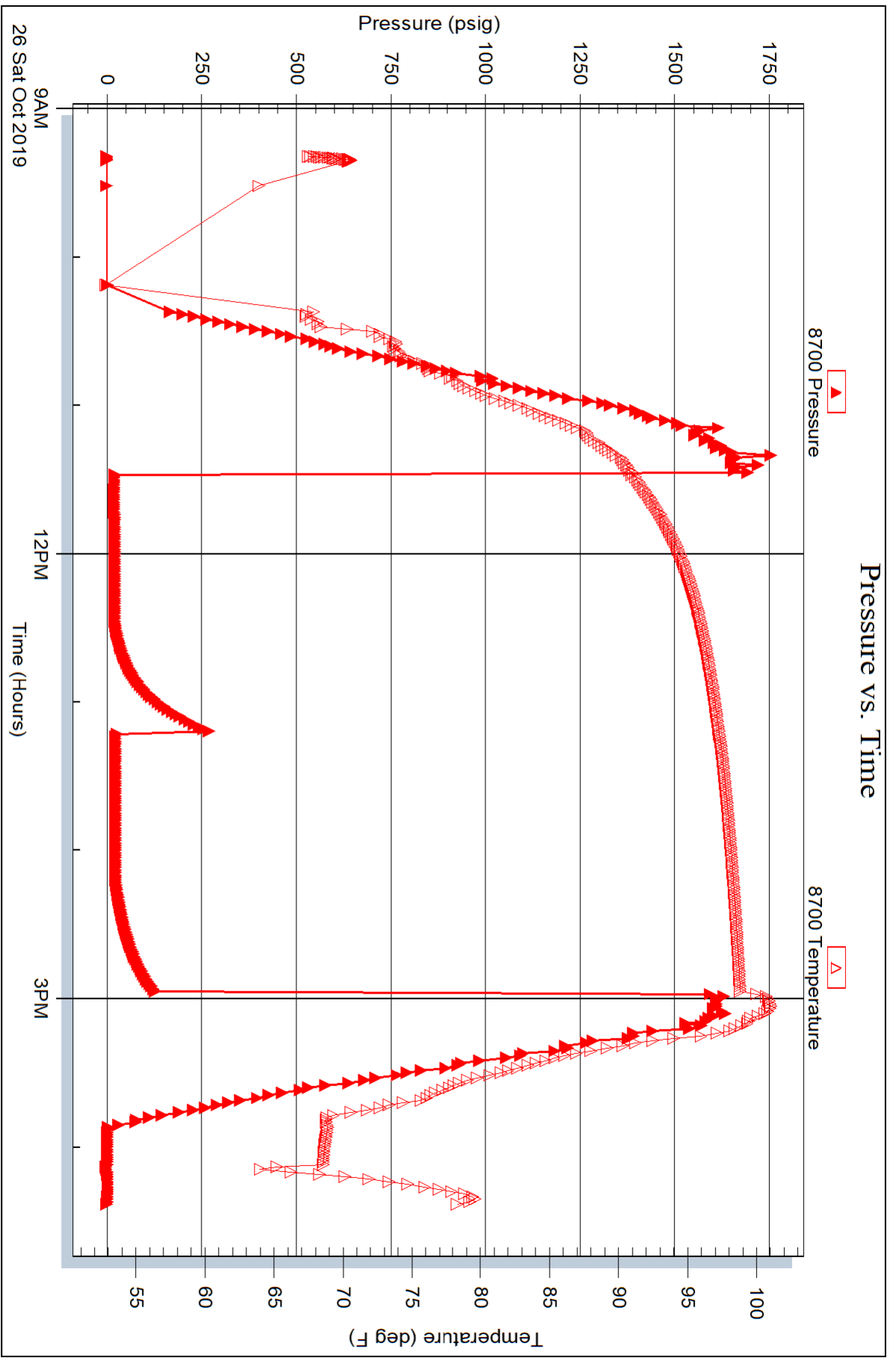
Printed: 2019.10.26 @ 17:25:34

Serial #: 8700

Outside Jo-Allyn Oil, Inc.

Kramer #2

DST Test Number: 1

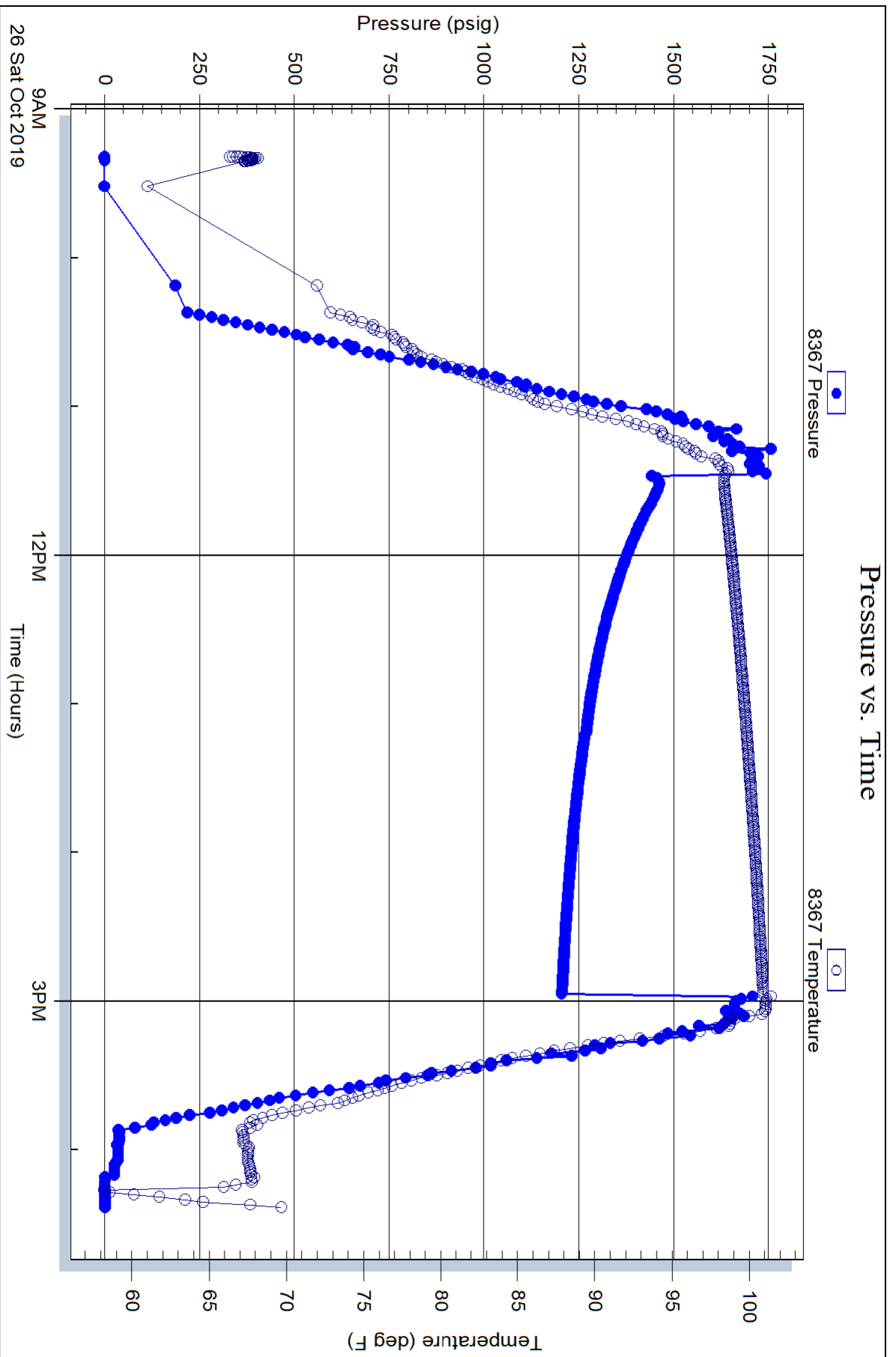


Serial #: 8367

Below (Stratfield) Oil, Inc.

Kramer #2

DST Test Number: 1



JERRY GREEN

CONSULTING GEOLOGIST
 4350 Keystone Rd
 HAYS, KS 67601
 PHONE: 785-625-5155

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY: JO-ALLEN CO., INC.
 LEASE: KRAEMER #2

FIELD: _____
 ELEVATIONS: KB 2006

LOCATION: 1345 FSL 2210 FE
 DF: _____

SEC: 27 TWP: 8S RGE: 18W
 G1: 2001

COUNTY: ROOKS STATE: KS
 Measurements Are All From _____

CONTRACTOR: WHITE KNIGHT DRILLING
 SURFACE @ 233

SPUD: 10-22-19 COMP: 10-27-19
 PRODUCTION: _____

RTD: 3530 LTD: 3525
 ELECTRICAL SURVEYS

MUD UP: 2900' TYPE MUD: CHEM.
 STACK-MICRO

SAMPLES SAVED FROM: 2900' TO TD.

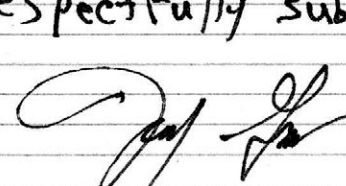
DRILLING TIME KEPT FROM: 2900' TO TD.

SAMPLES EXAMINED FROM: 2900' TO TD.

GEOLOGICAL SUPERVISION FROM: 2900' TO TD.

GEOLOGIST ON WELL: _____

FORMATION TOPS	LOG	SAMPLES
ANHY.	1374-1418 632	
HEEBNER	3136-1130 3134-1128	
TORONTO	3160-1154 3159-1153	
LKC.	3178-1172 3176-1170	
BKC.	3402-1396 3400-1394	
ARBUCKLE	3434-1428 3430-1424	

REMARKS: All parties involved recommended that this well be plugged.
 Respectfully submitted,


LEGEND

