

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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JOB LOG

SWIFT Services, Inc.

DATE
10-20-19

PAGE NO.

CUSTOMER: To-Aynn WELL NO.: #1 LEASE: Kramer OIWD JOB TYPE: Top to Btm Ls. TICKET NO.: 32626

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								On location
								RTA - 3535
								Total Pipe - 3554
								Shoe - 28.06 Baffle @
								Centralizer - 1,3,5,7,9,11,14,16,18
								38, 54, 68
								Baskets - 14, 31, 55, 69
	1345							Start Running Csg
	1740							circ on Bottom
	1800							Plug Rat hole - 30 sts CMT
		5.5	12			300		Pump Mudflush - 500 gal
		5.5	20			300		pump KCL Flush
		5.5	0			300		start CMT @ 11.2 ^{PPG} - 250 sts
		5.5	140			400		Raise wgt to 12.5 ^{PPG} - 75 sts
		5.5	168			600		Raise wgt to 14 # - 100 sts
		5.5	196			600		End CMT
								Drop plug - Wash P&L
		5	0			300		Start Disp - Cmt Circ
	1915	5	56			1200/1700		land plug
								lift psi - 1200
								land psi - 1700
								Release psi - Dry
								Job Complete
								Thanks
								David, Zach, Wayne & Kirby
								Circulated - 100 sts CMT to Pit

JERRY GREEN

CONSULTING GEOLOGIST

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

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY JO-ALYN COALINC

LEASE KRAEMER #1

FIELD

LOCATION NE-SE-SE

SEC 27 TWP 8S RGE 18W

COUNTY ROOKS STATE KS

CONTRACTOR WHITE KNIGHT DRILG

SPUD 10-17-19 COMP 10-20-19

RTD 3535 LTD 3538

MUD UP 2900' TYPE MUD CHEM.

SAMPLES SAVED FROM 2900'

DRILLING TIME KEPT FROM 2900'

SAMPLES EXAMINED FROM 2900'

GEOLOGICAL SUPERVISION FROM 2900'

GEOLOGIST ON WELL 3100-TD

ELEVATIONS

KB 2022

DF

GL 2017

Measurements Are All From KB

CASING SURFACE @ 233

PRODUCTION

ELECTRICAL SURVEYS

STACK

TO TD.

TO TD.

TO TD.

TO TD.

TO TD.

TO TD.

FORMATION TOPS LOG

ANHY. 1411-33 611 1411-33 611

HEEBNER 3146-1124 3145-1123

TORONTO 3169-1147 3168-1146

LKC 3188-1166 3187-1165

BKC 3409-1387 3408-1386

ARBUCKLE 3422-1420 3422-1420

RTD 3535-1513 3538-1516

SAMPLES

1411-33 611

3145-1123

3168-1146

3187-1165

3408-1386

3422-1420

3538-1516

REMARKS This well was a wd of Abercrombie's #1 Kraemer. We kicked out of the old hole at 750' continued to bottom finding our zones to be about 10' high to the old well in the same hole. This well should be initially perforated in the Arbuuckle from 3446-50. The following zones should be tested later J 3556-64, I 3340-44, C 3228-32 A 3188-92 and the Toronto 2169-94. Before abandoning test the lower Arbuuckle, F and G. This should make a good injection well some day

LEGEND

