

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](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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# Mid-Continent Conductor, LLC

# Invoice

PO Box 1105 Woodward, OK 73802

*Jeff*

Phone: (580)254-5400

Fax: (877)691-5044

Date	Invoice #
9/5/2019	7339

Bill To
McCoy Petroleum Corp. 9342 E. Central Wichita, KS 67206

Ordered By	Terms	Date of Service	Lease Name/Legal Desc.	Drilling Rig
Scott Hampel	Net 30	9/5/2019	Whitaker/Schwab 1H-8, Meade Cnty, KS	Atlas 7

Item	Quantity	Description
Conductor Hole	80	Drilled 80 ft. conductor hole
20 inch pipe	80	Furnished 80 ft. of 20 inch conductor pipe
Mouse Hole	75	Drilled 75 ft. mouse hole
14 inch pipe	75	Furnished 75 ft. of mouse hole pipe
Cellar Hole	1	Drilled 8x6 cellar hole
8x6 Tinchorn	1	Furnished and set 8x6 tinchorn.
Mud and Water	1	Furnished mud and water.
Transport Truck - Conductor	1	Transport mud and water to location.
Grout and Trucking TP	10	Furnished grout and trucking to location.
Grout Pump	1	Furnished grout pump
Safety Netting*	1	Furnished and set safety netting around conductor holes.
Welder and Materials	1	Furnished welder and materials
Dirt Removal	1	Furnished labor and equipment for dirt removal
20" Cover Plates	1	Furnished 20 inch cover plate.
16" Cover Plates	2	Furnished 16 inch cover plate.
Permits	1	Permits.

<b>Subtotal</b>	\$13,940.00
<b>Sales Tax (7.5%)</b>	\$678.00
<b>Total</b>	<b>\$14,618.00</b>

RECEIVED SEP 22 2019



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002661	1718	09/16/2019
INVOICE NUMBER			
93048680			

Pratt (620) 672-1201  
 B MC COY PETROLEUM CORP  
 I PO Box: 39  
 L SPIVEY  
 L KS US 67142  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME WHITAKER-SCHWAB 1H-8  
 O LOCATION  
 B COUNTY MEADE  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41190190	20920		Net - 30 days	10/16/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/14/2019 to 09/14/2019</i>				
0041190190				
171816965A Cement-New Well Casing/Pi 09/14/2019 <u>PLUG TO ABANDON</u>				
Class C Cement	200.00	SK		
Class C Cement	200.00	SK		
188 LBS Calcium Chloride	1.00	LB		
Heavy Equipment Mileage	100.00	MI		
Blending & Mixing Service Charge	400.00	SK		
Ton Mileage	940.00	MI		
Depth Charge, 0'-1000'	1.00	HR		
Light Vehicle Mileage	50.00	MI		
Cement Densimeter, with chart recorder	1.00	EA		
Service Supervisor Charge	1.00	EA		
Driver Charge	3.00	EA		

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TA
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL
DALLAS, TX 75284-1903	FORT WORTH, TX 76102	

*DOC*



Customer McCoy Pet	Lease No.	Date 7-14-17	
Lease	Well #	16765	
Field Order # 16765	Station Pratt, KS	Casing 20	Depth 54
Type Job P-T	Formation	County Moule	State KS
		Legal Description S-30S-30	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
20	4 1/2			Pre Pad	Max	500	5 Min.
Depth 54	Depth 457	From	To	Pad	Min		10 Min.
Volume	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative John Wildsworth	Station Manager J Westerman	Treater D South
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Service Units Vap & Eddy Miguel Jim Euler								
Driver Names South 54950 20920 38119 11525								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1500					Called Out
2100					On Loc w/Trks Safety mtg
					DP stuck @ 457, pump thru TD per Co.
2221	50	10	3		Pump D.P. Volume
2225	100	17.7	3		Mix + Pump 75stk 190cc @ 14.8 ppj
2231	50	7	3		Pump Disp Tbg on Vac
					Back DP off & Run in 90 DP
0120	50	58.7	2		Mix + Pump 250stk Cmt @ 14.8 ppj
0150	50				Circ Cmt to Surface
					T.O.H w/D.P.
1200		17.7	2		Plug RH w/75stk
					Pumped total 400stk
					1.33 f31 14.8 ppj 6.33 gal/stk
					Job complete
					Thank you
					South