

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 Recompletion Date \_\_\_\_\_ 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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|--|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|



Ackarman Hardware & Lumber  
 Ackarman Inc  
 160 East Main St  
 Sedan, KS 67361  
 620-725-3103  
 Fax: 620-725-5688

CUSTOMER COPY



INVOICE  
 1910-153195 PAGE 1 OF 1

| SOLD TO  |
|--|
| JONES & BUCK DEVELOPMENT<br>P. O. BOX 68<br>SEDAN KS 67361 |

| JOB ADDRESS  |
|--|
| JONES & BUCK DEVELOPMENT<br>P. O. BOX 68<br>SEDAN KS 67361<br>620 725-3636 |

| ACCOUNT      | JOB                    |
|--------------|------------------------|
| 00234        | 0                      |
| SOLD ON      | 10/24/2019 10:55:17 AM |
| CUST PICKUP  |                        |
| BRANCH       | 1000                   |
| CUSTOMER PO# | NEWMAN 18-6            |
| STATION      | A1                     |
| CASHIER      | BL                     |
| SALESPERSON  |                        |
| ORDER ENTRY  |                        |

| Quantity | UM   | Item    | Description           | D | T | Price   | Per  | Amount |
|----------|------|---------|-----------------------|---|---|---------|------|--------|
| 10       | EACH | MP10092 | PORTLAND CEMENT 92.6# |   | Y | 16.7500 | EACH | 167.50 |

*Newman  
18-6*

Payment Method(s) Buyer: MATT JONES  
 Charge to Acct 184.25

|                        |        |
|------------------------|--------|
| SubTotal               | 167.50 |
| Sales Tax              | 16.75  |
| Deposit                |        |
| Please Pay This Amount | 184.25 |

*Matt Jones*  
 Signature MATT JONES



HURRICANE SERVICES INC


|                  |                 |  |              |   |            |      |
|------------------|-----------------|--|--------------|---|------------|------|
| Customer         | KANSAS ENERGY   | Lease & Well #   | NEWMAN 18-6  | Date  | 11/1/2019  |      |
| Service District | BARTLESVILLE OK | County & State   | CHATAQUA, KS | Legals S/T/R  | 18/36S/10E |      |
| 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 | Job #      | 2694 |
| Equipment #      | 95              |  |              |   | Ticket #   | 2694 |

| Equipment # | Driver  | Job Safety Analysis - A Discussion of Hazards & Safety Procedures |   |  |   |
|-------------|---------|---|---|--|---|
| 93          | DONNIE  | <input type="checkbox"/> Hard hat                                 | <input checked="" type="checkbox"/> Gloves            | <input type="checkbox"/> Lockout/Tagout                            | <input type="checkbox"/> Warning Signs & Flagging           |
| 213         | CORBIN  | <input checked="" type="checkbox"/> H2S Monitor                   | <input checked="" type="checkbox"/> Eye Protection    | <input type="checkbox"/> Required Permits                          | <input type="checkbox"/> Fall Protection                    |
| 211         | KEVIN   | <input type="checkbox"/> Safety Footwear                          | <input type="checkbox"/> Respiratory Protection       | <input type="checkbox"/> Slip/Trip/Fall Hazards                    | <input type="checkbox"/> Specific Job Sequence/Expectations |
| 199/        | BEN     | <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     |
|             | RUSSELL | <input type="checkbox"/> Hearing Protection                       | <input type="checkbox"/> Fire Extinguisher            | <input type="checkbox"/> Additional concerns or issues noted below |   |

| Product Service Code | Description             | Unit of Measure | Quantity | List Price/Unit | Gross Amount | Item Discount | Net Amount |
|----------------------|-------------------------|-----------------|----------|-----------------|--------------|---------------|------------|
| CP010                | Class A Cement          | sack            | 165.00   |                 |              |               | \$1,935.45 |
| CP095                | Bentonite               | lb              | 900.00   |                 |              |               | \$186.30   |
| CP105                | Gypsum                  | lb              | 300.00   |                 |              |               | \$155.25   |
| CP140                | Salt                    | sack            | 22.00    |                 |              |               | \$151.80   |
| CP125                | Pheno Seal              | lb              | 280.00   |                 |              |               | \$338.10   |
| CP110                | Kol Seal                | lb              | 1,000.00 |                 |              |               | \$517.50   |
| AF080                | Fresh Water             | gal             | 5,460.00 |                 |              |               | \$56.51    |
| M010                 | Heavy Equipment Mileage | mi              | 65.00    |                 |              |               | \$179.40   |
| M020                 | Ton Mileage             | tm              | 504.00   |                 |              |               | \$521.64   |
| M015                 | Light Equipment Mileage | mi              | 65.00    |                 |              |               | \$89.70    |
| C050                 | Cement Plug Container   | job             | 1.00     |                 |              |               | \$258.75   |
| C010                 | Cement Pump             | ea              | 1.00     |                 |              |               | \$517.50   |
| FE115                | 4 1/2" Rubber Plug      | ea              | 1.00     |                 |              |               | \$51.75    |
| T030                 | Transport - 130 bbl     | hr              | 4.00     |                 |              |               | \$358.80   |

|  |  |   |           |  |
|--|--|---|-----------|--|
| Customer Section: On the following scale how would you rate Hurricane Services Inc.?   |  | Gross: \$ -   |           | Net: \$ 5,318.45                       |
| Based on this job, how likely is it you would recommend HSI to a colleague?  |  | Total Taxable \$ -  | Tax Rate: | Sale Tax: \$ -                         |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10<br>Unlikely <span style="float: right;">Extremely Likely</span> |  | 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. |           |  |
|  |  | Total: \$ 5,318.45  |           | HSI Representative: <i>Donnie Tate</i> |

**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 1/2% 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**



