

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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Ackarman Hardware & Lumber

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

**CUSTOMER COPY**



**INVOICE**

1911-153884 PAGE 1 OF 1

SOLD TO
JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361

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

ACCOUNT	JOB
00234	0
SOLD ON	11/4/2019 1:08:01 PM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	WELL # NEWMAN 18-5
STATION	A2
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 #18-5*

Payment Method(s) Buyer: MATT JONES

Charge to Acct 184.25

KS 10.00%	SubTotal	167.50
	Sales Tax	16.75
	Deposit	
<b>Please Pay This Amount</b>		<b>184.25</b>

*Matt Jones*  
 \_\_\_\_\_  
 Signature MATT JONES





**HURRICANE SERVICES INC**

Customer: <b>Kansas Energy</b>		Lease & Well #: <b>Newman 18-5</b>		Date: <b>11/14/2019</b>		
Service District: <b>Bartlesville</b>		County & State: <b>CQ, Kansas</b>		Legals S/T/R: <b>18 35N 10E</b>		
Job Type: <b>Long String</b>		<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD		New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No		
Job #		Ticket #		<b>ICT2763</b>		
Equipment #	Driver	<b>Job Safety Analysis - A Discussion of Hazards &amp; Safety Procedures</b>				
94	John Wade	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input checked="" type="checkbox"/> Warning Signs & Flagging	
212	Kevin	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection	
214	Ben	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations	
197/127	Russell	<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	
		<input checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below		
<b>Comments</b>						
Product/Service Code	Description	Unit of Measure	Quantity	Net Amount		
M015	Light Equipment Mileage	mi	65.00		\$89.70	
M010	Heavy Equipment Mileage	mi	65.00		\$179.40	
M020	Ton Mileage	tm	504.00		\$521.64	
C010	Cement Pump	ea	1.00		\$517.50	
C050	Cement Plug Container	job	1.00		\$258.75	
CP010	Class A Cement	sack	165.00		\$1,935.45	
CP095	Bentonite Gel	lb	3,350.00		\$693.45	
CP110	Kol Seal	lb	1,000.00		\$517.50	
CP125	Pheno Seal	lb	160.00		\$193.20	
CP140	Salt	sack	22.00		\$151.80	
CP105	Gypsum	lb	300.00		\$155.25	
AF080	Fresh Water	gal	5,460.00		\$56.51	
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.?				Total Taxable	\$ -	
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely				Tax Rate:		
				Net:	\$5,680.70	
				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.	Sale Tax:	\$ -
				Total:	\$ 5,680.70	
				HSI Representative:	<i>John Wade</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 3/4% 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**





**CEMENT TREATMENT REPORT**

Customer: <b>Kansas Energy</b>	Well: <b>Newman 18-5</b>	Ticket: <b>ICT2763</b>
City, State:	County: <b>CQ, Kansas</b>	Date: <b>11/14/2019</b>
Field Rep: <b>Matt Jones</b>	S-T-R: <b>18 35N 10E</b>	Service: <b>Long String</b>

Downhole Information	
Hole Size:	<b>6 3/4 in</b>
Hole Depth:	<b>1640 ft</b>
Casing Size:	<b>4 1/2 in</b>
Casing Depth:	<b>1583 ft</b>
Tubing / Liner:	<b>in</b>
Depth:	<b>ft</b>
Tool / Packer:	
Depth:	<b>ft</b>
Displacement:	<b>bbis</b>

Calculated Slurry	
Weight:	<b>14.1 # / sx</b>
Water / Sx:	<b>8.10 gal / sx</b>
Yield:	<b>1.68 ft<sup>3</sup> / sx</b>
Bbls / Ft.:	
Depth:	<b>ft</b>
Annular Volume:	<b>0 bbls</b>
Excess:	
Total Slurry:	<b>50.0 bbls</b>
Total Sacks:	<b>165 sx</b>

Product	% / #	#
Class A	<b>100.00</b>	
Poz		
Gel	<b>4.00</b>	<b>0</b>
CaCl		
Gypsum	<b>2.00</b>	<b>0</b>
Metso		
Kol Seal	<b>6.00</b>	<b>0</b>
Phenoseal	<b>0.40</b>	<b>0</b>
Salt (bww)	<b>10.00</b>	<b>0</b>
<b>Total</b>		<b>-</b>

TIME	RATE	PSI	BBLs	REMARKS
				Class a 4% gel, 10% salt, 5# kolseal, 2% owc .4# phenoseal 14.1ppg 8.1 water 1.68 yield
				Hooked up to well and established circulation, pumping 5bbls water ahead of a 200# gel sweep. Ran 165 sacks of cement
				Shut down and washed pump and lines. Dropped plug and displaced 24.5bbl to land plug at 1200psi.
				Set plug and it held. Topped off well and washed up.
3:15 PM				On Location, safety meeting, hook up to well
3:50 PM			30.0	Established circulation pumping 5bbls water ahead of 200# gel sweep+ gel
4:00 PM		200.0	50.0	Ran 165 sacks cement
4:35 PM			5.0	Dropped plug and washed pump and lines
4:40 PM		1,200.0	24.5	Displaced plug
4:50 PM		1,200.0	0.2	Landed plug
				Wash up, rig down, left location.
				Thank you for choosing HSI!

CREW		UNIT	SUMMARY		
Cementer:	<b>John Wade</b>	<b>94</b>	Average Rate	Average Pressure	Total Fluid
Pump Operator:	<b>Kevin</b>	<b>212</b>	#DIV/0! bpm	867 psi	110 bbls
Bulk #1:	<b>Ben</b>	<b>214</b>			
Bulk #2:	<b>Russell</b>	<b>197/127</b>			

Hurricane Services, Inc.  
 250 N. Water  
 Wichita, KS 67202