KOLAR Document ID: 1606355

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from
City:	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.axxx.xxxxx)
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR	Producing Formation: Kelly Bushing:
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: w/ sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening       □ Re-perf.       □ Conv. to EOR       □ Conv. to SWD         □ Plug Back       □ Liner       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Paymit #	Chloride content:ppm Fluid volume: bbls
Commingled Permit #:  Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	•
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	Countv: 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 Approved by: Date:

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#### Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	ast West	County:				
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casi								
Plug Off Zon								
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (	,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze  I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	Farmer, John O., Inc.
Well Name	JACKSON 1
Doc ID	1606355

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	226	Class A	3%C.C., 2% gel

810 E 7<sup>™</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report

Ticket No. **5785** 

Foreman David Gardner

Camp Eureka

HP1 /5-1	71 75-111-20559										
Date	Cust. ID#	Leas	e & Well Number		Section	To	wnship	Range	,	County	State
8-2-21	1277	Jacks	01 #1		35	1	6 S.	10	E.	Lvon	K5
Customer				Safety	Unit #		Driv	/er		Unit#	Driver
John O	Farmer	, Inc.		Meeting	100		Jas				Billyon
Mailing Address				06	113		Sha.	11101			
P.O. Box	352			SF							
City		State	Zip Code								
Russell		KS	67665-0352								
Job Type	Type Surface Hole Depth 227' K.B. Slurry Vol. 35 Bb1 Tubing										
Casing Depth	205.46	Hole Siz	e 12'/4"		Slurry Wt	15"			Drill Pi	ipe	

		Water Gal/SK		
		Bump Plug to		
Remarks: Safety Meeti	ng. Rig up to 85	18 casing Break circula 3% Caclz, 2% Gel, 14* Bbl fresh water. Shut 10 Bbl slurry to pit.	tion w/ 10 Bbl fre	esh water
Mixed 125 sks Clas	is A' Coment w/	3% (ac/2, 2% Get, 14#	Floseal/sk @ 15#/9	al, vield
1.57 = 35 Bbl sturry	. Displace w/ 13	Bbl fresh water. Shut	down. Close casing	in.
Good coment return	is to surface =	10 Bbl slurry to pit. =	Sob complete. Rigo	town.
			,	
				*
				1

Code	Qty or Units	Description of Product or Services	Unit Price	Total
101	1	Pump Charge	890.00	890.00
107	50	Mileage	4.20	210.00
200	125 sks	Class A' Cement	17.35	2168.75
205	350#	Caclz 3%	,69	241.50
206	235 <sup>tt</sup>	61 2%	.28	65.80
209	30#	Floseal 1/4#/sk	2.60	78.00
108B	5.87 Tons	Ton Mileage - Bulk Truck	1.40	410.90
-				
		Thank You	Sub Total	4.064.95
			Less 5%	212.82
		7,5 %	Sales Tax	191.55
Authoriz	ration by Ch	artie Coulter Title Lighthouse Drig-Tool Pushe	Total	4.043.68

810 E 7<sup>TH</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561



Ticket No. 5804

Foreman Sevin McCoy

Camp Eugera

181   15 - 111-	<i>20554</i>	<u> </u>			ZIV				
Date	Cust. ID#	Leas	se & Well Number		Section	Township	Range	County	State
8-6-21	1424	<u>JACKS</u>	10N #/		35	165	10E	Lyon	15
Customer				Safety	Unit #	1	iver	Unit#	Driver
L19/11	ouse Dell	LINA CO.		Meeting	104	Alan		CIM#	Dilvei
Mailing Address		7		KM	112	BRoke			
P.O. B	Pex 1118			AM BW					
City		State	Zip Code	┪ ̄					
Eldora	b	15	67042					- Line	
Job Type <u>P. 7</u>	.A. WELL	Hole Der	th 2699		Class A Cal				
Casing Depth_		Holo Si-	77/8		Slurry Vol		Tu	ibing	'○孝
					Slurry Wt	<u></u> ,	Dr	ill Pipe <u>4//2</u> /	7
Disalassassi.	V1	Cement L	eft in Casing		Water Gal/SK		Ot	her	
Dishiacement_		Displace	ement PSI	<del></del>	Bump Plug to		BF	PM	
Remarks:	<u>. · Safet</u> )	Meeting:	Rigupto 4	1/2 DRIL	12 ppe. Sp	of Cement	Plugs 1	95 Following	·,
	· · · · · · · · · · · · · · · · · · ·						, -		T
	· · · · · · · · · · · · · · · · · · ·		5 5Ks @ 230						
			5K5 @ 145	36 '			- ""		
			5 5K5 @ Z	49'					<del></del>
		- 25	5 55 @ 64	0 1 <del>%</del> 50	RFA:e				
		<i>3</i>	SKS R.H.						·····
		20	SKS M. H.	<del></del>				,	
					<u>.</u>			······································	

Code	Qty or Units	Description of Product or Services	Unit Price	Total
103		Pump Charge	//00.00	1100.00
107	60	Mileage	4.20	
			7,20	252.00
203	140 sxs	60/40 POZMIX CEMENT	14.75	2065.00
206	4/80 #	Gél 4%	. 28 *	134.40
108 B	6.62 Tons	Ton Mileage 60 Miles	1-40	<i>505</i> . 68
····				
***				
			Sub TotAL	4057.08
		1 HANK YOU 7.5%	Sales Tax	221 G1
A	" 21 Ch	7.0 /6	Jaies Idx	164.96
Authoriz	ation 2) C/M	Kle Coulter Title Lighthouse Delg.	- Total	4222.04