

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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Production
TREATMENT REPORT

Acid Stage No. _____

Date 11/11/2021 District GB F.O. No. C60446
 Company RESSLER WELL SERVICE
 Well Name & No. TETEN B-16
 Location _____ Field _____
 County RENO State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 5 1/2 Type & Wt. _____ Set at 3490 ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____

Auxiliary Equipment 327

Personnel GREG CLARENCE JOE

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Gals. _____ lb.

Company Representative LARRY RESSLER Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:15				ON LOCATION
				PIPE DEPTH: 3490' INSERT: 3478'
				BASKETS: JTS 3&4 CENTRALIZERS: JTS 2,4,6,8,10,12
				CIRCULATE HOLE FOR 1 HOUR
				PUMP 600 GALS MUD FLUSH
				PLUG RATHOLE WITH 30 SKS, PLUG MOUSEHOLE WITH 20 SKS
				MIX 250 SKS COMMON 5#/SK GILSONITE, 6#/SK SALT, 1/2% C-37, 1/2% C41-P
				PUMP LINE AND PUMP OUT
				DISPLACE WITH 82.5, PLUG DOWN @ 3:30
4:00				JOB COMPLETE
				THANK YOU!!!

ROGER L. MARTIN

INDEPENDENT PETROLEUM GEOLOGIST 316-250-6970

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY RESSLER WELL SERVICE, INC.	ELEVATIONS
LEASE TETEN B #16	KB 1505' GL 1493'
FIELD BURRTON	Measurements Are All From KB
LOCATION 990' FSL & 990' FEL	API # 15-155-21783
SECTION 12 TOWNSHIP 23S RANGE 04W	
COUNTY RENO STATE KS	

CONTRACTOR Lighthouse Drilling, Rig #1	CASING
SPUD 11/05/2021 COMP 11/11/2021	SURFACE 13.38" set @ 292' KB w/350 ss 60-40 Pozmix, 3%cc, 2%gel
RTD 3513' (-2008) LTD 3511' (-2006)	PRODUCTION 5 1/2" casing set in the Mississippian System

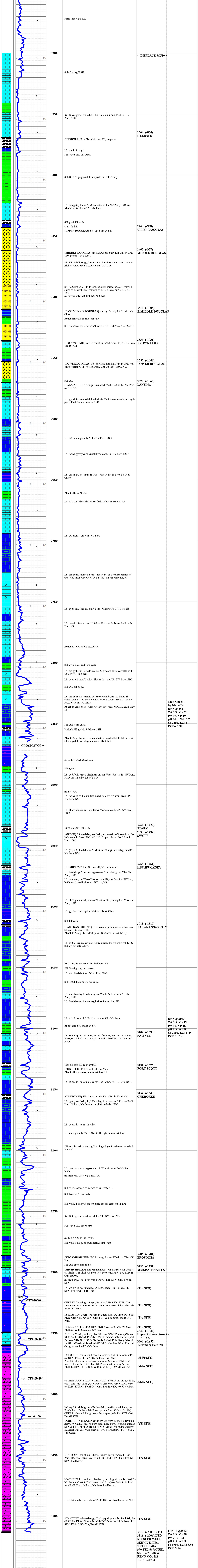
FORMATION TOPS	LOG	SAMPLES	CHRONOLOGY
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HEEBNER	2371' (-866)	2369' (-864)	11/05/2021 - Finish rigging up Lighthouse Drilling rig #1, DTD 311' SHS - 1/2 deg. Run 13.38" surface casing set @ 292' KB.
UPPER DOUGLAS SD	2438' (-933)	2443' (-938)	11/06/2021 - Cement 13.38" w/ 350 ss @ 60-40 Pozmix, 3%cc, 2% gel WOC. SHS @ 932" = 3/4 deg.
MIDDLE DOUGLAS SD	2482' (-957)	2462' (-957)	11/07/2021 - Drlg @ 964' @ 7 AM. SHS @ 1462" = 1 deg. SHS @ 1969" = 3/4 deg.
BASE/MIDDLE DOUGLAS	2510' (-1005)	2510' (-1005)	11/08/2021 - Drlg @ 2023' @ 7 AM. SHS @ 2365" = 1 deg. Displace mud system @ 2300'.
BROWN LIME	2533' (-1028)	2536' (-1031)	11/09/2021 - Drlg @ 2756' @ 7 AM. SHS @ 2917" = 1 deg.
LOWER DOUGLAS SD	2544' (-1039)	2553' (-1048)	11/10/2021 - Drlg @ 3043' @ 7 AM. Add LCM to mud system @ 3309'.
LANSING	2564' (-1059)	2570' (-1065)	11/11/2021 - Drlg @ 3449' @ 7 AM. DTD RTD 3513' TOOH for E logs. Run edge. Run
STARK	2932' (-1427)	2934' (-1429)	5 1/2" casing. Plug down @ 3:30 PM. Start rigging down.
SWOPE	2937' (-1432)	2939' (-1434)	
HUSHPUCKNEY	2983' (-1458)	2966' (-1461)	
BASE/KANSAS CITY	3015' (-1510)	3015' (-1510)	
PAWNEE	3109' (-1599)	3104' (-1599)	
FORT SCOTT	3128' (-1623)	3131' (-1626)	
CHEROKEE	3152' (-1647)	3154' (-1649)	
MISSISSIPPIAN LS	3293' (-1788)	3286' (-1781)	
Upper Primary Porosity Zn	3349' (-1839)	3349' (-1844)	
Base/Upper Primary Porosity Zn	3360' (-1851)	3360' (-1855)	
RTD/LTD	3511' (-2006)	3513' (-2008)	

REMARKS:

5 1/2" Production casing was set in the Mississippian System to further evaluate the Resler Well Service, Inc. Tetten B #16 test well behind pipe.

Respectfully submitted,
Roger L. Martin, Geologist



3513' (-2008)/RTD 3511' (-2006)/LTD
RESSLER WELL SERVICE, INC.
TETEN B #16
990' FSL & 990' FEL
Sec. 12-23S-04W
RENO CO., KS
15-155-21783

CTCH @ 3513'
Wt. 9.3, Vis 58
PV 2, YP 21
pH 9.5, WL 8.0
CI 1900, LCM 3.5#
ECD 9.96