

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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TREATMENT REPORT

Acid Stage No. \_\_\_\_\_

Date 10/1/2021 District GB F.O. No. C60409

Company ANDERSON ENERGY

Well Name & No. STRUTHERS 1-2

Location \_\_\_\_\_ Field \_\_\_\_\_

County SEDGWICK State KS

Casing: Size 8 5/8 Type & Wt. 23 Set at 270 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.

Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of S

Bkdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

\_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

\_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

\_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_ (

from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_ (

from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_ (

Actual Volume of Oil / Water to Load Hole: \_\_\_\_\_ Bbl.

Pump Trucks. No. Used: Std. 320 Sp. \_\_\_\_\_ Twin \_\_\_\_\_

Auxiliary Equipment 360-308T

Personnel GREG CLARENCE

Auxiliary Tools \_\_\_\_\_

Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_

Company Representative BILL ANDERSON Treater GREG C.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:15				9/30/2021 ON LOCATION
				RUN 270' OF 8 5/8 23# SURFACE PIPE
				PUMP 275 SKS 60/40 2% GEL 3% CC
				DISPLACE WITH 15.25 BBLS H2O
				CEMENT DID NOT CIRCULATE TO SURFACE. PLUG DOWN @ 9:45
				AFTER 6 HOURS, PICK UP TO PULL SLIPS. PIPE JUMPED, DIDN'T GO BAC
8:30				RUN 1", COULDN'T GET PASSED 40'
				WAIT ON LOGGING TOOLS TO RUN TEMP SURVEY
				10/1/2021 TOP OF CEMENT @ 200'
				PERFORATE @ 180'. BREAK CIRCULATION WITH MUD PUMP
				PUMP 400 SKS COMMON. DISPLACE WITH 9.5 BBLS H2O, LOST CIRCUL
				AGAIN, PLUG DOWN 11:15
				GO TO BURRTON TO RELOAD CEMENT.
				WAIT TILL 4:30 TO RUN TEMP SURVEY. TOP OF CEMENT APPROX. 150'
				CIRCULATE WITH MUD PUMP FOR 2 HOURS
				PUMP 125 SKS COMMON WITH 25# FLO SEAL AND 125 SKS COMMON
				3% CC. CEMENT CIRCULATED TO SURFACE. PLUG DOWN @ 8:00
8:30				JOB COMPLETE
				THANK YOU!!!




Customer	Anderson Energy	Lease & Well #	Struthers 1-2	Date	10/3/2021
Service District	Pratt Kansas	County & State	Sedgwick Kansas	Legals S/T/R	2-29s-02w
Job Type	PTA	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			

916	M Brungardt	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
179/521	K Lesely	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
181/533	B Whitfeild	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
cp010	Class A Cement	sack	235.00	\$3,795.25
cp100	Calcium Chloride	lb	400.00	\$285.00
m015	Light Equipment Mileage	mi	80.00	\$152.00
m010	Heavy Equipment Mileage	mi	80.00	\$304.00
m020	Ton Mileage	tm	1,316.00	\$1,875.30
d010	Depth Charge: 0'-500'	job	1.00	\$950.00
c030	Cement Service - After 4 Hrs on Location	hr	1.00	\$285.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$7,646.55
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable	\$ -
<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"/>		Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		Sale Tax:	\$ -
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:	\$ 7,646.55
		HSI Representative: <i>Mark Brungardt</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 1/4% 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

Plus





Customer	Anderson Energy	Lease & Well #	Struthers 1-2	Date	10/3/2021
Service District	Pratt Kansas	County & State	Sedgwick Kansas	Legals S/T/R	2-29s-02w
Job Type	PTA	<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 #
Equipment #	Driver	Ticket #			

Job Safety Analysis - A Discussion of Hazards & Safety Procedures					
<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging		
<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection		
<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations		
<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations		
<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below			

**Comments**

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
cp010	Class A Cement	sack	235.00	\$3,795.25
cp100	Calcium Chloride	lb	400.00	\$285.00
m015	Light Equipment Mileage	mi	80.00	\$152.00
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d010	Depth Charge: 0'-500'	job	1.00	\$950.00
e030	Cement Service - After 4 Hrs on Location	hr	1.00	\$285.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$7,646.55
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				Total Taxable	\$ -
				Tax Rate:	
				Sale Tax:	\$ -
				Total:	\$ 7,646.55
HSI Representative: <i>Mark Brungardt</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**

Plus



**CEMENT TREATMENT REPORT**

Customer:	Anderson Energy	Well:	Struthers 1-2	Ticket:	wp1942
City, State:	Clonmel Kansas	County:	Sedgwick Kansas	Date:	10/3/2021
Field Rep:	Jim Johnson	S-T-R:	2-29s-02w	Service:	PTA

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	1000 ft
Casing Size:	in
Casing Depth:	ft
Tubing / Liner:	4 1/2 in
Depth:	400 ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	2.0 bbls

Calculated Slurry - Lead	
Blend:	A
Weight:	15.6 ppg
Water / Sx:	5.2 gal / sx
Yield:	1.18 ft <sup>3</sup> / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft <sup>3</sup> / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	STAGE TOTAL		REMARKS
			BBLs	BBLs	
3:00 PM			-	-	on location job and safety
3:15 PM				-	spot trucks and rig up
				-	
4:15 PM				-	1st plug 400ft
	4.5	-	7.0	7.0	mix 35 sacks A 3%cc
	4.5	-	2.8		displace
4:25 PM				-	shut down pump
				-	
4:50 PM				-	2nd plug 270 ft
	4.5	100.0	21.0	21.0	mix 100 sacks A 3%cc
	3.0	100.0	.8		displacement
5:00 PM					shut down pump
5:30 PM	2.0	-	12.5		plug rat and mouse,,rat hole 35 sacks mouse hole 25 sacks
					wait 3 hours and tag cement at 230ft
8:30 PM	2.0	-	12.0		mix 60 sacks at 60 ft and cement did circulate

CREW		UNIT		SUMMARY		
Cementer:	M Brungardt		916	Average Rate	Average Pressure	Total Fluid
Pump Operator:	K Lesely		179/521	3.4 bpm	33 psi	55 bbls
Bulk #1:	B Whitfeld		181/533			
Bulk #2:						