

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 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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

DRILL LOG

Operator License # 31295
 Operator Prairie Oil LLC
 Address 7553 W 295th St
 Louisburg, KS 66053

API # 15-059-27315-00-00
 Lease Name Noe
 Well 7-W
 Spud Date 11/2/21
 Cement Date 11/8/21

Contractor JTC Oil, Inc, 35790 Plum Creek Rd
 Osawatomie, KS 66064

County Franklin

TD 720 TD of Pipe 684
 Surface Pipe 7" Depth 20 Ft w/3sx cement

Kind of Well Injector

Thickness	Strata	From	To
2	top soil	0	2
28	lime	2	30
29	shale	30	59
23	lime	59	82
90	shale	82	172
20	lime	172	192
21	shale	192	213
7	lime	213	220
6	red mud	220	226
28	shale	226	264
15	lime	264	279
9	shale	279	288
29	lime	288	317
6	coal	317	323
22	lime	323	345
4	coal	345	349
14	lime	349	363
147	shale	363	510
15	lime/shale	510	525
16	lime	525	541
35	shale	541	576
8	black shale	576	584
9	lime	584	593
11	shale	593	604
2	lime	604	606
12	black shale	606	618
8	lime	618	626
11	shale	626	637
2	lime oil	637	639
5	lime oil	639	644
9	shale	644	653
2	oil sand	653	655
4	oil sand	655	659
3	oil sand	659	662
2	oil sand	662	664
56	shale	664	720



CEMENT TREATMENT REPORT

Customer: JTC Oil Inc	Well: Noe 7-W, 5-W	Ticket: EP3216
City, State: Osawatomie, KS	County: FR, KS	Date: 11/8/2021
Field Rep: Tom Cain	S-T-R: 5-18-21	Service: longstrings

Downhole Information	
Hole Size:	5 7/8 in
Hole Depth:	720 ft
Casing Size:	2 7/8 in
Casing Depth:	685 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	pin
Tool Depth:	680 ft
Displacement:	3.94 bbls

Calculated Slurry - Lead	
Blend:	Thixo 1# PS
Weight:	13.70 ppg
Water / Sx:	9.19 gal / sx
Yield:	1.85 ft³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	bbls
Total Sacks:	0 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft³ / 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	BBLs	TOTAL BBLs	REMARKS
2:00 PM			-	-	on location held safety meeting
	4.0			-	7-W - established circulation
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and pumped 70 sks Thixo cement with 1# Phenoseal per sk, cement to surface
	4.0			-	flushed pump clean
	1.0			-	pumped 2 2 7/8" rubber plugs to pin with 3.94 bbls fresh water
	1.0			-	pressured to 400 PSI, well held pressure
				-	shut in casing
	4.0			-	washed up equipment
				-	
3:00 PM	4.0				5-W - established circulation
	4.0				mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0				mixed and pumped 70 sks Thixo cement with 1# Phenoseal per sk, cement to surface
	4.0				flushed pump clean
	1.0				pumped 2 2 7/8" rubber plugs to pin with 3.92 bbls fresh water
	1.0				pressured to 400 PSI, well held pressure
					shut in casing
	4.0				washed up equipment
4:30 PM					left location

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	89	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Garrett Scott	239	3.1 bpm	- psi	- bbls
Bulk:	Nick Beets	248			
H2O:	Keith Detwiler	111			