

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 Recompletion Date \_\_\_\_\_ 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](mailto: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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Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	HESKETT 1-32
Doc ID	1496303

All Electric Logs Run

Survey
Sonic
Porosity
Induction
Micro
Density



# GEOLOGICAL REPORT FINAL

## Larry A. Nicholson

NAD 83  
39.39472799  
-100.13017500

COMPANY & WELL **Culbreath Oil & Gas Co. Heskett #1-32**

LOCATION **657' FSL 1322' FEL S2 SE**

SEC **32** TWP **07S** RGE **25W**

COUNTY **Graham** STATE **Ks**

COMPANY Culbreath Oil & Gas Company, Inc.

API # 15-065-24178 FIELD Wildcat

LEASE Heskett WELL # #1-32

LOCATION S2 SE

SURVEY 657' FSL 1322' FEL

SECTION 32 TWP 07S RGE 25W

COUNTY Graham STATE Kansas

CONTRACTOR Duke Drilling Rig # 4

SPUD 12-27-19 5:00 pm COMP

RTD 4049 9:44am 01-04-20 LTD 4049

MUD UP AT 3337

MUD TYPE Chemical Andy's

SAMPLES SAVED FROM 3500 TO RTD

DRILLING TIME FROM 3400 TO RTD

SAMPLES EXAMINED FROM 3500 TO RTD

WELLSITE GEOLOGIST LARRY A. NICHOLSON

ELECTRICAL SURVEYS STEP Dual Den Neu Micro Sonic Directional

**ELEVATIONS**

K.B. 2497

D.F.

G.L. 2488

All measurements from K.B. 2497

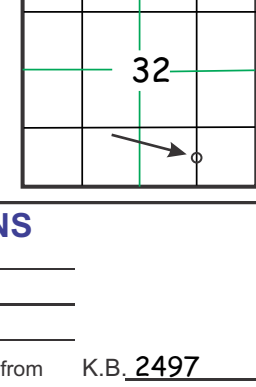
**CASING RECORD**

Conductor of  w/  sx

Surface 266 of 8 5/8 w/ 185 sx

Production of  w/  sx

Drig Supervision



### FORMATION TOPS & STRUCTURAL POSITION

FORMATION	SAMPLE TOPS	SUBSEA DATUM	ELEC LOG TOPS	SUBSEA DATUM	REFERENCE WELL	
					A	B
Anhydrite	2151	+346	2151	+346		
B/Anhydrite	2182	+315	2182	+315		
Heebner Sh	3696	-1199	3696	-1199		
Lansing	3731	-1234	3731	-1234		
LANS C	3766	-1269	3766	-1269		
LANS G	3814	-1317	3814	-1317		
Muncie Ck	3848	-1351	3848	-1351		
LANS J	3899	-1402	3899	-1402		
Stark Sh	3908	-1411	3908	-1411		
BKC	3949	-1452	3949	-1452		
RTD	4049	-1552	4049	-1552		
LTD	4049	-1552	4049	-1552		

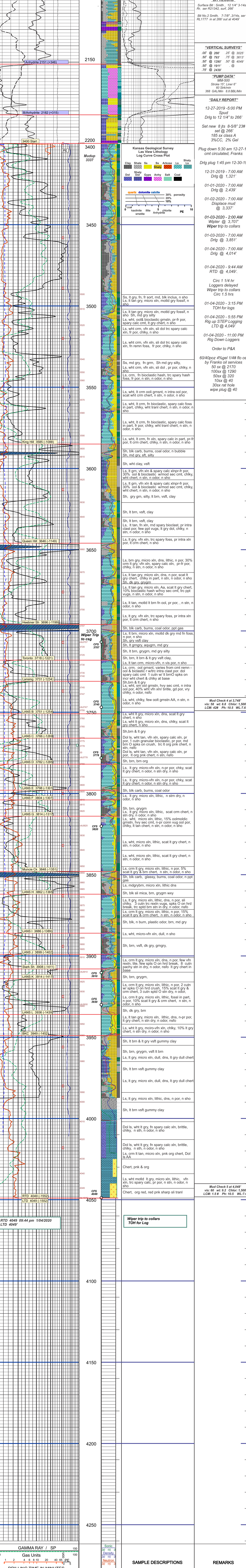
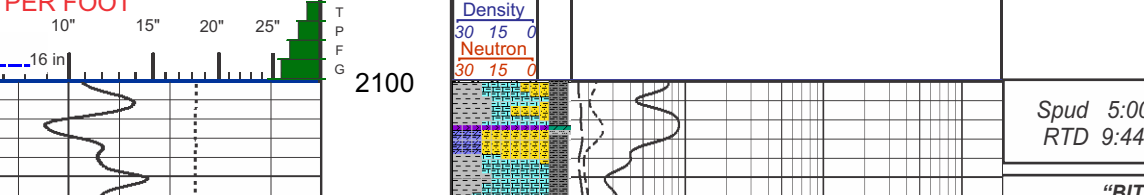
REFERENCE WELLS A: \_\_\_\_\_ B: \_\_\_\_\_

LAN 792, Modified 5/05, 11/11, 4/12, 4/18 1inch=25.4mm 8.5x97.5 216 mm x 2460 mm

### DRILLSTEM TEST SUMMARY : REMARKS & RECOMMENDATIONS:

No Dsts were run. Based on lack of shows and reservoir the well was P&A.

### LEGEND

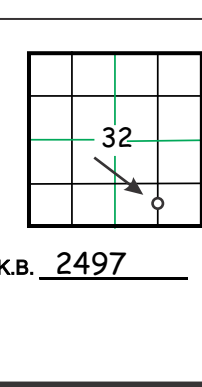


COMPANY Culbreath Oil & Gas Company, Inc. ELEVATIONS K.B. 2497

LEASE Heskett #1-32 S2 SE D.F.

LOCATION 657' FSL 1322' FEL SEC. 32 TWP 07S RGE 25W G.L. 2488

COUNTY Graham STATE Ks All measurements from K.B. 2497



# FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269  
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0121  
 LOCATION Hoxie, KS  
 FOREMAN Miles Shaw

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-28-19		Heshett 1-32	32	7S	25W	Graham	
CUSTOMER Culbreath Oil & Gas		STUDLEY'S 10 LOCUS 12 to Dead end W.W info		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				101	Jack T		
CITY		STATE	ZIP CODE	102	Miles S		

JOB TYPE Surface HOLE SIZE 12.25" HOLE DEPTH 266 CASING SIZE & WEIGHT 8 5/8" 23#  
 CASING DEPTH 266' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8 SLURRY VOL 1.4 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 15.5bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting and Rig up on Duke drilling Rig #4 Circulate  
Casing mix 1855 & Class A cement 36 cc 2 gal displace 15.5bbls water  
Shut in Cement did Circulate 1661 top it

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE	1150. <sup>00</sup>	1150. <sup>00</sup>
M001	15	MILEAGE	6.50	97.50
M003	9.15	Tom Mileage delivery min	60. <sup>00</sup>	60. <sup>00</sup>
CB004	1855x	Surface Blend Class A 3+2	24.50	4532.5
			Subtotal	6380. <sup>00</sup>
			1855 30% discount	1914. <sup>00</sup>
			Subtotal	4466. <sup>00</sup>
<b>RECEIVED</b>				
FEB 3 2020				
			SALES TAX	237.96
			ESTIMATED TOTAL	4,703.96

AUTHORIZATION Hector Torres TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

# FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269  
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0124  
 LOCATION Hoxie KS  
 FOREMAN Mikes Shaw

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-5-20		Heskett 1-32	32	7S	25W	Graham	
CUSTOMER Culbreath							
MAILING ADDRESS							
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				101	Sack T		
				102	Mikes S		

JOB TYPE PTA HOLE SIZE \_\_\_\_\_ HOLE DEPTH 4047 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting and Rig up on Duke drilling Rig #4 Plus as ordered  
1<sup>st</sup> plug 50sx @ 2170'  
2<sup>nd</sup> plug 100sx @ 1290'  
3<sup>rd</sup> plug 50 sx @ 320'  
4<sup>th</sup> plug 10 sx @ 40' w/ plug  
FN 30sx 2405x csp/40 48gal 1/4" #10

Thanks Mikes & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE	1150.00	1150.00
M001	15	MILEAGE	6.50	97.50
M003	10168	Ton Mitpase delivery	6.00	600.00
CB010	2405x	60/40 48gal 1/4" #10	16.25	3900.00
FE054	1	8 1/2 Warden Plug	165.00	165.00
			Subtotal	5912.50
			less 30% discount	1773.75
			Subtotal	4138.75
			SALES TAX	213.41
			ESTIMATED TOTAL	4,352.16

AUTHORIZATION Hoctor Tony TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office and conditions of service on the back of this form are in effect for services identified on this form.