

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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Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
9/30/2021	5858

Bill To	
Daylight Petroleum 1221 McKinney St., Suite 2880 Houston, TX 77010	
Customer ID#	1430

Job Date	9/29/2021
Lease Information	
Olnhausen Farms #9	
County	Wilson
Foreman	DG

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	1,100.00	1,100.00
C107	Pump Truck Mileage (one way)	40	4.20	168.00
C201	Thick Set Cement	110	22.55	2,480.50T
C206	Gel Bentonite	200	0.28	56.00T
C214	Cottonseed Hulls	40	0.55	22.00T
C108A	Ton Mileage (min. charge)	1	365.00	365.00
C113	80 Bbl Vac Truck-H2O Express	3.5	105.00	367.50
C401	2 1/2" Top Rubber Plug	2	33.00	66.00T
D101	Discount on Services		-100.03	-100.03
D102	Discount on Materials		-131.22	-131.22T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$4,393.75
Sales Tax (6.5%)	\$162.06
Total	\$4,555.81
Payments/Credits	\$0.00
Balance Due	\$4,555.81

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



Cement or Acid Field Report
 Ticket No. **5858**
 Foreman David Gardner
 Camp Eureka

API # 15-205-28512

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State		
9-29-21	1430	Olnhausen Farms #9	16	30	16	Wilson	KS		
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver	Unit #	Driver
Daylight Petroleum	1221 McKinney St. Ste. 2880	Houston	TX	77010	DG JH SF JH	105	Jason		
						110	Shannon		
						H2O Express	Jared H.		

Job Type Longstring Hole Depth 923' Slurry Vol. 34 Bbl Tubing _____
 Casing Depth 918' 2 7/8" Hole Size 5 7/8" Slurry Wt. 13.7* Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 5 1/2 Bbl Displacement PSI 1000 Bump Plug to 1000 PSI BPM _____

Remarks: Safety Meeting: Rig up to 2 7/8" Tubing. Break circulation w/ 5 Bbl fresh water, Mix 200# Gel flush w/ Hulls, 5 Bbl water spacer. Mixed 110 SKS Thick Set Cement @ 13.7*/gal, yield 1.74 = 34 Bbl slurry. Good cement returns to surface. Shut down. Wash out pump & lines. Stuff 2 Plugs. Displace plugs to seat w/ 5 1/2 Bbl fresh water. Final pumping pressure of 1000 PSI. Bump plugs to 1000 PSI. Release pressure. Float & plugs held. Close tubing in w/ 0 PSI + Company valve & swedge. Job complete. Rig down.

Thank You

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1100.00	1100.00
C107	40	Mileage	4.20	168.00
C201	110 SKS	Thick Set Cement	22.55	2480.50
C108A	5.78 Tons	Ton Mileage - Bulk Truck	m/c	365.00
C206	200#	Gel Flush	.28	56.00
C214	40#	Hulls	.55	22.00
C401	2	2 7/8" Top Rubber Plugs	33.00	66.00
C113	3 1/2 HRS	80 Bbl Vac Truck - (H2O Express)	105.00/HR	367.50
			Sub Total	4,625.00
			Less 5%	239.78
			Sales Tax 6.5%	170.59
			Total	4,555.81



Field: SEKS-WILSON

Well: OLNHAUSEN FARMS 9

REF: 212603

Date: 9/29/21 Amount: 4555.81

Date: 9/29/21

Authorized Name: KYLE MARVA

Title: _____

Total

4,555.81

Signature: _____
 I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Olnhausen Farms #9

SPUD DATE 9-28-21

Footage	Formation	Thickness	Set 30' of 7" with 10 sacks of portland TD 923'
0	topsoil	2	
2	clay	8	Ran 918' of 2 7/8 on 9-29-21
10	sandstone	46	
56	shale	41	
97	lime	6	
103	shale	4	
107	lime	15	
122	shale	15	
137	lime	51	
188	shale	76	
264	lime	93	
357	shale	35	
392	lime	44	
436	shale	119	
555	lime	38	
593	sandy/shale	10	
603	sand	7	no odor, no bleed
610	shale	20	
630	lime	23	
653	shale	7	
660	lime	13	
673	shale	148	
821	sand	8	good odor, good bleed
829	sandy/shale	5	no odor
834	shae	38	
872	sand	7	good odor, good bleed
879	shale	44	
923			T.D.