

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				

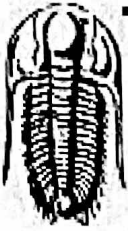
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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) (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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**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Mau-Lou Oil Co, LLC

7-20s-20w Pawnee, KS

1805 Ave D
Wilson, KS 67490

Batchman A #4

ATTN: Roger Fisher

Job Ticket: 67845

DST#: 1

Test Start: 2022.01.26 @ 13:11:00

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: 2232.00 ft (KB)
 Time Tool Opened: 17:51:47
 Time Test Ended: 21:39:02

Test Type: Conventional Bottom Hole (Initial)
 Tester: Chris Hagman
 Unit No: 69

Interval: **4362.00 ft (KB) To 4372.00 ft (KB) (TVD)**
 Total Depth: 4372.00 ft (KB) (TVD)
 Hole Diameter: 7.80 inches Hole Condition: Good

Reference Elevations: 2232.00 ft (KB)
 2224.00 ft (CF)
 KB to GR/CF: 8.00 ft

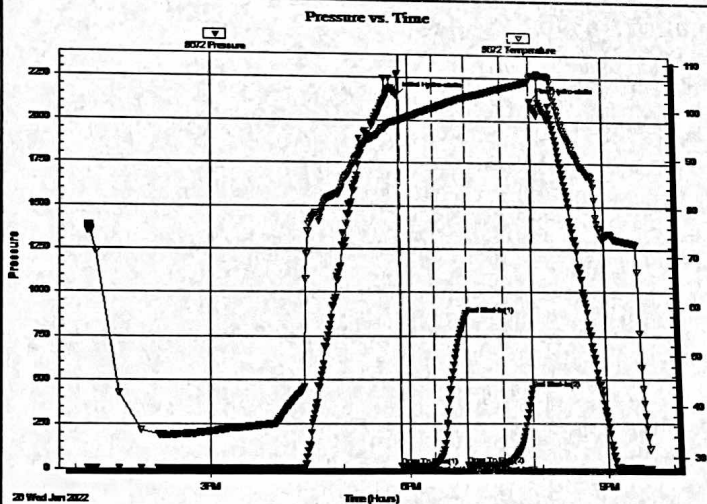
Serial #: 8672

Inside

Press@RunDepth: 23.95 psig @ 4364.00 ft (KB)
 Start Date: 2022.01.26 End Date: 2022.01.26
 Start Time: 13:11:01 End Time: 21:39:02

Capacity: psig
 Last Calib.: 2022.01.26
 Time On Btm: 2022.01.26 @ 17:49:17
 Time Off Btm: 2022.01.26 @ 19:52:47

TEST COMMENT: IF: 30 min., weak surface blow, 1.25"
 IS: 30 min., no blow back
 FF: 30 min., weak surface blow, .4"
 FS: 30 min., no blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2147.62	97.76	Initial Hydro-static
3	14.73	97.72	Open To Flow (1)
33	19.73	100.39	Shut-In(1)
63	874.96	102.64	End Shut-In(1)
63	20.21	102.24	Open To Flow (2)
96	23.95	104.58	Shut-In(2)
123	450.95	106.15	End Shut-In(2)
124	2118.08	106.97	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	Mud w/ oil spots	0.05

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

TOOL DIAGRAM

Mau-Lou Oil Co, LLC

7-20s-20w Pawnee, KS

1805 Ave D
Wilson, KS 67490

Batchman A #4

Job Ticket: 67845

DST#: 1

Test Start: 2022.01.26 @ 13:11:00

ATTN: Roger Fisher

Tool Information

Drill Pipe:	Length: 4331.00 ft	Diameter: 3.80 inches	Volume: 60.75 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 30.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 60000.00 lb
			Total Volume: 60.90 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	18.00 ft			String Weight: Initial 58000.00 lb
Depth to Top Packer:	4362.00 ft			Final 58000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	10.00 ft			
Tool Length:	29.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4348.00	
Hydraulic tool	5.00			4353.00	
Packer	5.00			4358.00	19.00 Bottom Of Top Packer
Packer	4.00			4362.00	
Stubb	1.00			4363.00	
Perforations	1.00			4364.00	
Recorder	0.00	8672	Inside	4364.00	
Recorder	0.00	6751	Outside	4364.00	
Pickup sub perf	5.00			4369.00	
Bullnose	3.00			4372.00	
Total Tool Length:	29.00				10.00 Bottom Packers & Anchor



TRIOBITE TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Mau-Lou Oil Co, LLC

7-20s-20w Pawnee, KS

1805 Ave D
Wilson, KS 67490

Batchman A #4

Job Ticket: 67845

DST#: 1

ATTN: Roger Fisher

Test Start: 2022.01.26 @ 13:11:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 60.00 sec/qt

Water Loss: 9.18 in³

Resistivity: ohm.m

Salinity: 5500.00 ppm

Filter Cake: inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	Mud w / oil spots	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Printed: 2022.01.28 @ 09:15:17

Triobite Testing, Inc

Ref. No: 67845

QUALITY

Home Office: 785-483-1071
785-324-1041

Sec: 7 Twp: 20 Range: 40

Well No. A-4 Location L: Pck: Owner: To Quality Cementer and help Charge in: Mark

TD: 470' City: Street: The above was done to satisfaction and Cement Amount Ordered

Depth: 470' Common: 120 Poz. Mix: 55 Gel: 5 Calcium: 10 Huffs: Salt: Flowseal: Lok-Seal: Mud CLR 48 CPL-117 or CD110 CAF 38 Sand: Handling: 220 Mileage: Guide Shoe: Centralizer: Baskets: ARJ Inserts: Float Shoe: Latch Down: Pumpkit:

Signature: Ryan Stead

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-1071
Cell 785-324-1041

Federal Tax I.D.# 20-2886107
Home Office P.O. Box 32 Russell, KS 67665

No. 2693

Date	12-22	Sec.	7	Twp.	20	Range	20	County	Pawnee	State	Ks	On Location		Finish	9:15 PM
Lease								Batchman							
Contractor								Discovery				Well No. A-4			
Type Job								SURFACE							
Hole Size								12 1/4				T.D. 470'			
Csg.								8 3/8				Depth 470			
Tbg. Size												Depth			
Tool												Depth			
Cement Left in Csg.								20				Shoe Joint			
Meas Line												Displace 282			
Location								Alexandria 9 1/2 S 13 W							

Owner				To Quality Oilwell Cementing, Inc.			
Charge To				MAR LOW OIL CO			
Street							
City				State			
The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Amount Ordered				27574 80/20-3-2			

EQUIPMENT					
Pumptrk	17	No.	Cementer Helper	Common	220
Bulktrk		No.	Driver	Poz. Mix	55
Bulktrk	9	No.	Driver	Gel.	5
			Driver	Calcium	10

JOB SERVICES & REMARKS	
Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling 290
	Mileage

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge	Surface
Mileage	31
X Signature <i>Ryan Jarok</i>	
Thanks 5	
Tax	
Discount	
Total Charge	