

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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Form	ACO1 - Well Completion
Operator	Black Rock Resources, LLC
Well Name	POLIFKA UNIT A 1
Doc ID	1508499

All Electric Logs Run

Dual Induction
DCP
Micro
Sonic



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Black Rock Resources LLC

18-13s-26w Gove KS

PO BOX 553
Russell KS 67665+0553

Polifka Unit A #1

Job Ticket: 66365

DST#: 1

ATTN: Chad Counts

Test Start: 2019.11.19 @ 12:44:00

GENERAL INFORMATION:

Formation: **LKC C**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 16:22:32
 Time Test Ended: 19:57:02
 Interval: **3745.00 ft (KB) To 3766.00 ft (KB) (TVD)**
 Total Depth: 3766.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Spencer J Staab
 Unit No: 84
 Reference Elevations: 4360.00 ft (KB)
 4349.00 ft (CF)
 KB to GR/CF: 11.00 ft

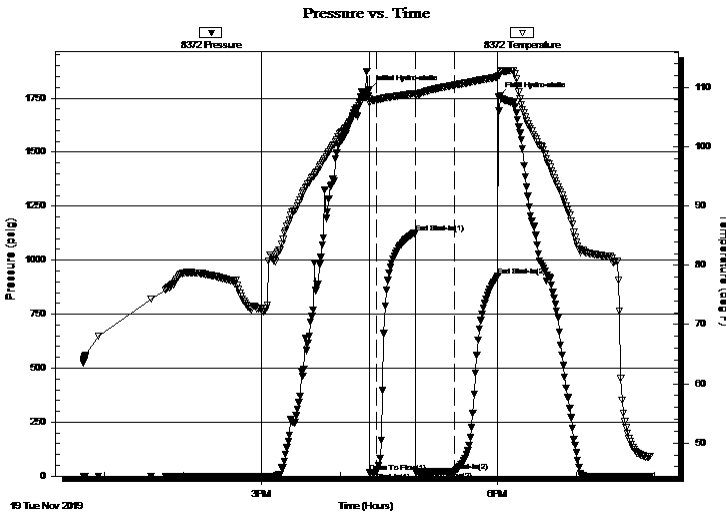
Serial #: 8372

Outside

Press@RunDepth: 22.63 psig @ 3746.00 ft (KB) Capacity: psig
 Start Date: 2019.11.19 End Date: 2019.11.19 Last Calib.: 2019.11.19
 Start Time: 12:44:01 End Time: 19:57:02 Time On Btm: 2019.11.19 @ 16:22:17
 Time Off Btm: 2019.11.19 @ 18:00:47

TEST COMMENT: 5-IF-Weak; Built to 1/2"
 30-ISI-No Return
 30-FF-Weak; Built to 1&1/2"
 30-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1789.51	108.08	Initial Hydro-static
1	17.65	107.47	Open To Flow (1)
6	18.23	107.99	Shut-In(1)
35	1127.51	109.05	End Shut-In(1)
36	20.95	108.75	Open To Flow (2)
65	22.63	110.43	Shut-In(2)
98	927.33	111.83	End Shut-In(2)
99	1758.01	112.02	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	HOCM 25%O 75%M	0.28
5.00	Clean Oil 100%O <19 Gravity	0.07
0.00	Tool Sample 65%O 35%M	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Black Rock Resources LLC

18-13s-26w Gove KS

PO BOX 553
Russell KS 67665+0553

Polifka Unit A #1

Job Ticket: 66365

DST#: 1

ATTN: Chad Counts

Test Start: 2019.11.19 @ 12:44:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 61.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4800.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	HOCM 25%O 75%M	0.284
5.00	Clean Oil 100%O <19 Gravity	0.071
0.00	Tool Sample 65%O 35%M	0.000

Total Length: 25.00 ft Total Volume: 0.355 bbl

Num Fluid Samples: 0

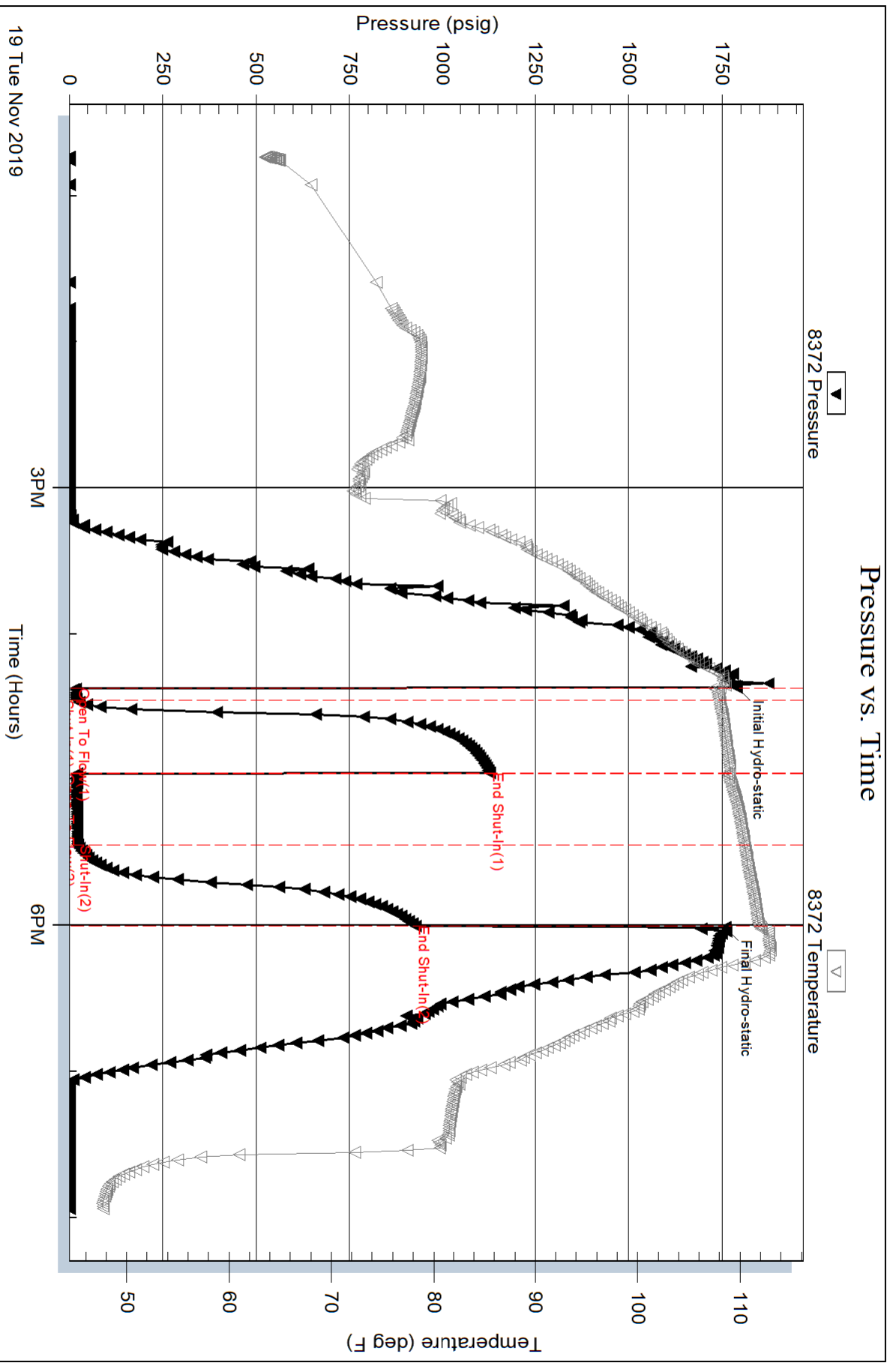
Num Gas Bombs: 0

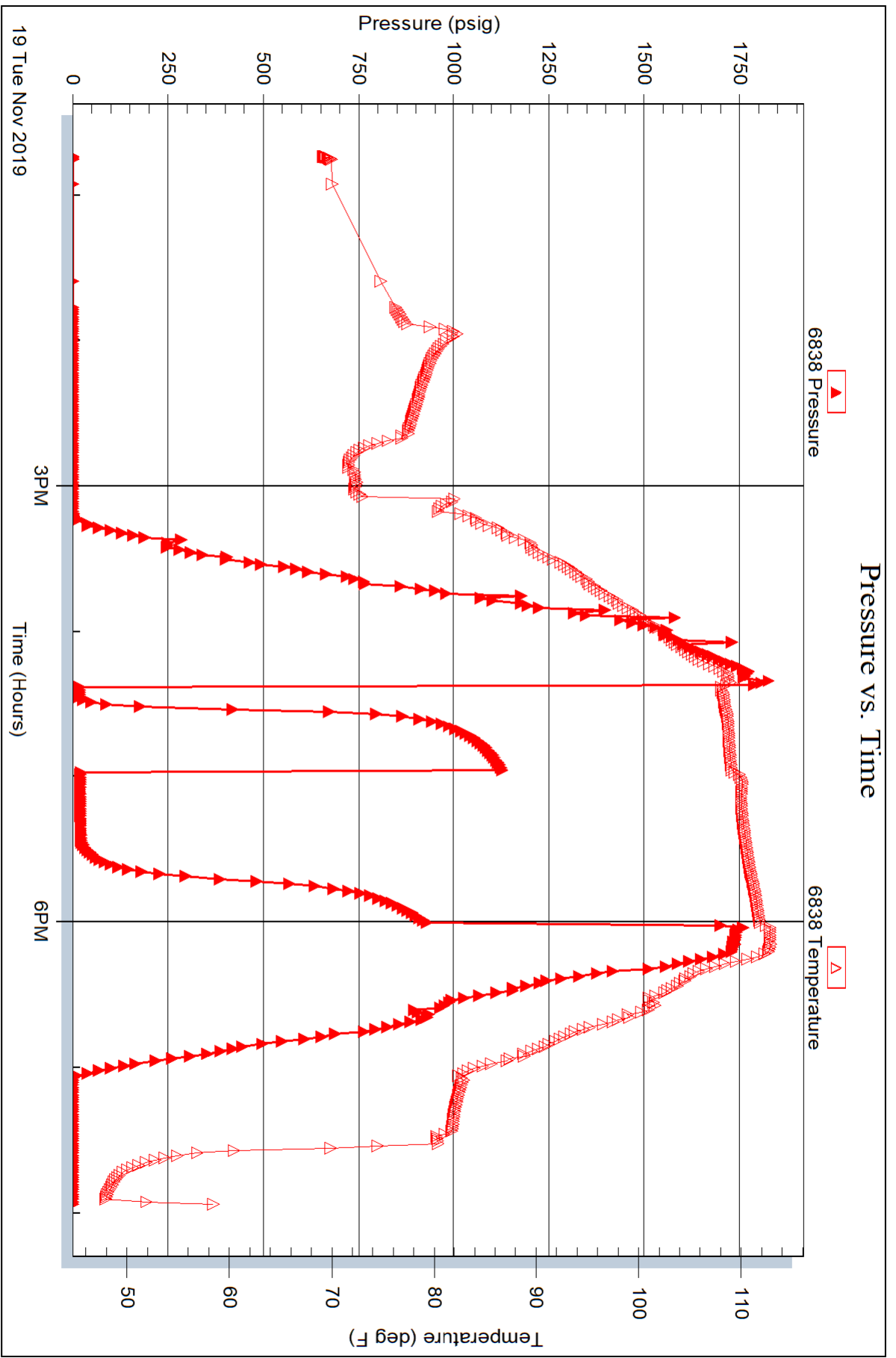
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 3#LCM







TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Black Rock Resources LLC

18-13s-26w Gove KS

PO BOX 553
Russell KS 67665+0553

Polifka Unit A #1

Job Ticket: 66366

DST#: 2

ATTN: Chad Counts

Test Start: 2019.11.20 @ 12:59:00

GENERAL INFORMATION:

Formation: **LKC I-L**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:49:47

Time Test Ended: 23:09:47

Test Type: Conventional Bottom Hole (Reset)

Tester: Spencer J Staab

Unit No: 84

Interval: 3911.00 ft (KB) To 3986.00 ft (KB) (TVD)

Reference Elevations: 4360.00 ft (KB)

Total Depth: 3986.00 ft (KB) (TVD)

4349.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 11.00 ft

Serial #: 8372

Inside

Press@RunDepth: 54.39 psig @ 3914.00 ft (KB)

Capacity: psig

Start Date: 2019.11.20

End Date:

2019.11.20

Last Calib.:

2019.11.20

Start Time: 12:59:01

End Time:

23:09:47

Time On Btm:

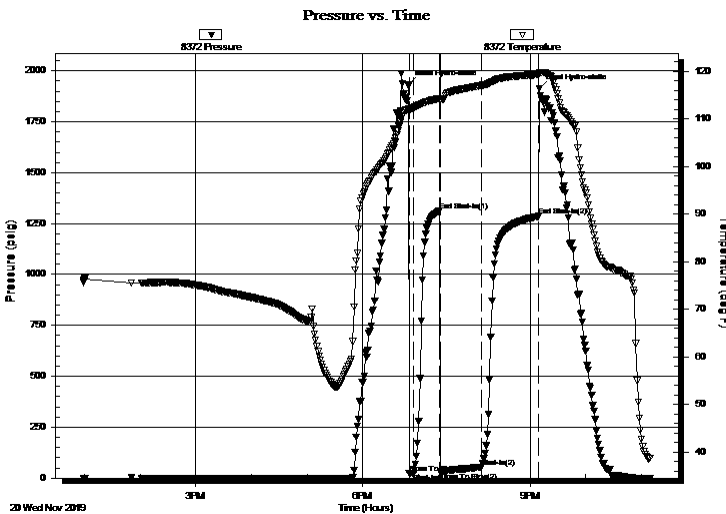
2019.11.20 @ 18:49:32

Time Off Btm:

2019.11.20 @ 21:10:17

TEST COMMENT: 5-IF-Weak; Built to 3&1/2"
30-ISI-Weak Surface; Died in 5 mins
45-FF-BOB 8&1/2 mins; Built to 27&1/2"
60-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1931.12	112.14	Initial Hydro-static
1	23.04	111.77	Open To Flow (1)
6	24.86	112.38	Shut-In(1)
34	1312.36	114.26	End Shut-In(1)
34	27.11	114.05	Open To Flow (2)
79	54.39	117.02	Shut-In(2)
140	1285.76	119.30	End Shut-In(2)
141	1912.80	119.61	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
75.00	GMO 30%G 30%M 30%O	1.06
25.00	GO 40%G 60%O	0.35
0.00	tool sample 50%O 50%M	0.00
0.00	445 GIP 100%G	0.00

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Black Rock Resources LLC

18-13s-26w Gove KS

PO BOX 553
Russell KS 67665+0553

Polifka Unit A #1

Job Ticket: 66366

DST#: 2

ATTN: Chad Counts

Test Start: 2019.11.20 @ 12:59:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

37 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5400.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
75.00	GMO 30%G 30%M 30%O	1.063
25.00	GO 40%G 60%O	0.354
0.00	tool sample 50%O 50%M	0.000
0.00	445 GIP 100%G	0.000

Total Length: 100.00 ft

Total Volume: 1.417 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

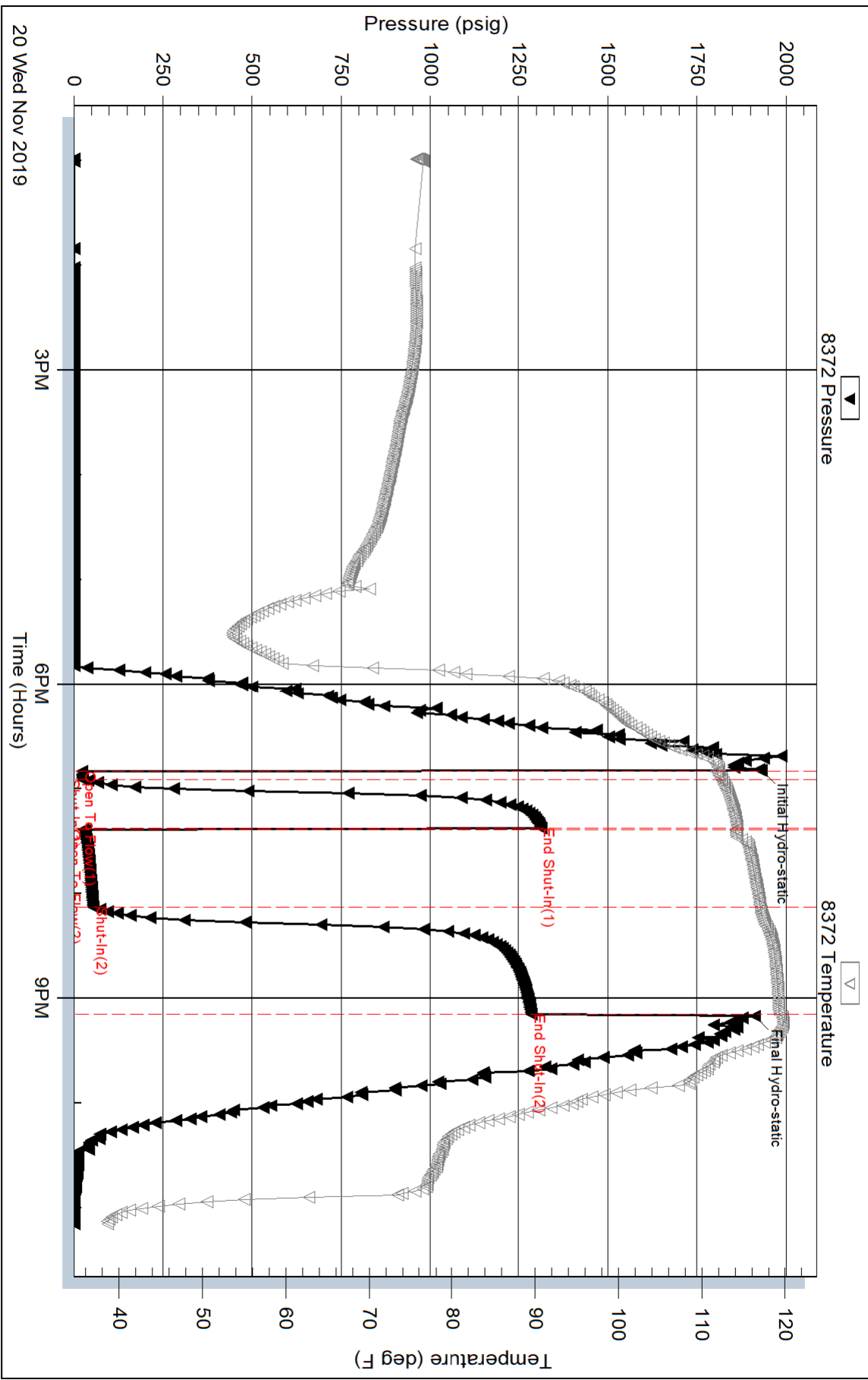
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: 2#LCM

Pressure vs. Time



Serial #: 6838

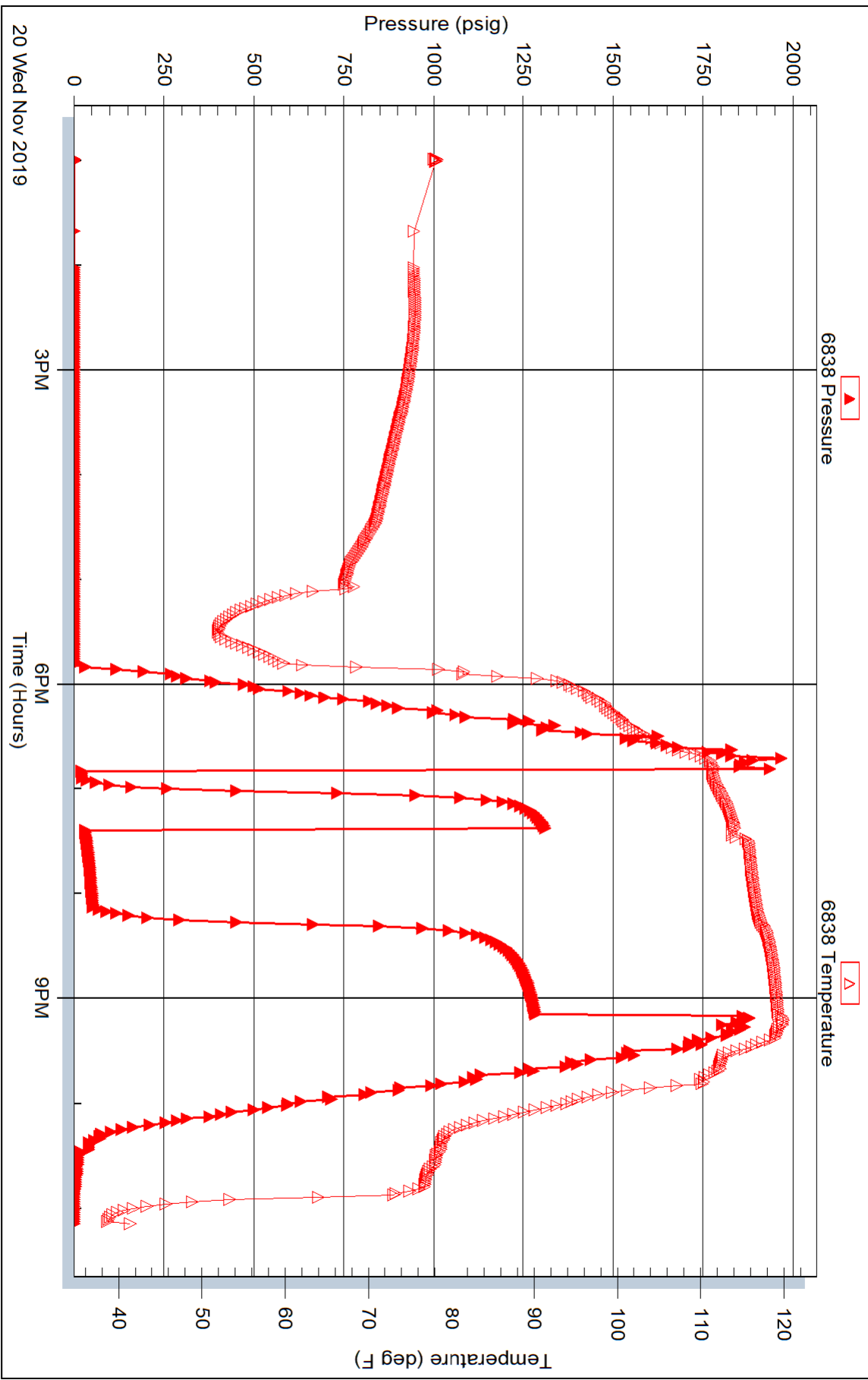
Inside

Black Rock Resources LLC

Poifka Unit A #1

DST Test Number: 2

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 66366

Printed: 2019-11-21 @ 07:32:54

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Home Office P.O. Box 32 Russell, KS 67665

No. 1840

Phone 785-483-1071
 Tel 785-324-1041

Date <u>11-23-49</u>	Sec. <u>18</u>	Twp. <u>13</u>	Range <u>26</u>	County <u>Leone</u>	State <u>KS</u>	On Location	Finish <u>11:30 AM</u>
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Lease Poliska Unit A Well No. 1 Location Quarter 105 Prod Yaw Ninto

Contractor Sawtooth Owner To Quality Oilwell Cementing, Inc.

Type Job DD Job You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 7 7/8 T.D. 4390 Charge To Black Rock

Csg. 5/2 Depth 4333 Street

Tbg. Size Depth City State

Tool DD Tool Depth 2027 The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered 380 @ 20 @ MDC 4440

Meas Line Displace 47.6L

EQUIPMENT

Pumptrk <u>17</u> No. Cementer <u>David</u>	Common
Helper <u>David</u>	Poz. Mix
Bulktrk <u>21</u> No. Driver <u>Tom</u>	Gel.
Driver <u>Tom</u>	Calcium
Bulktrk <u>1</u> No. Driver <u>Lance</u>	Hulls
Driver <u>Lance</u>	Salt

JOB SERVICES & REMARKS

Remarks:	Flowseal
Rat Hole <u>30SK</u>	Kol-Seal
Mouse Hole <u>15SK</u>	Mud CLR 48
Centralizers	CFL-117 or CD110 CAF 38
Baskets	Sand
DN or Port Collar	Handling
<u>Dug Rathole 30SK - mouse hole 15SK</u>	Mileage
<u>Cement 5/2 with 335SK</u>	
<u>Clear lines. Dig hole plug.</u>	
<u>Plug land well 1500*</u>	
<u>Cement Circulate?</u>	
<u>20SK to pit</u>	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge

Mileage

Tax

Discount

Total Charge

X Signature [Signature]

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071

Call 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1839

Date	11-23-19	Sec.	18	Twp.	13	Range	26	County	GOVE	State	KS	On Location		Finish	9:45am
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Lease Polifka Unit A Well No. 1 Location Quinto 105 Prod 1/2w Ninto

Contractor Southwind #8 Bottom Owner To Quality Oilwell Cementing, Inc.

Type Job DV Job You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 7 7/8 T.D. 4390 Charge To Black Rock Resources

Csg. 5 1/2 177 Depth 4333.77 Street

Tbg. Size Depth City State

Tool DV 501 Depth 2027 The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 4307 Shoe Joint 4307 Cement Amount Ordered 200 Q-RO-C

Meas Line Displace 99 1/2 BL

EQUIPMENT

Pumptrk	17	No.	Cement		Common
			Helper		Poz. Mix
Bulktrk	1	No.	Driver		Gel.
			Driver		Calcium
Bulktrk	21	No.	Driver		Hulls
			Driver		Salt

JOB SERVICES & REMARKS

Remarks:
 Rat Hole
 Mouse Hole
 Centralizers
 Baskets
 DV or Port Collar
5 1/2 set @ 4333. Baskets @ 4239.
Best Circulation
Mix 15+ 25 SK @ 1177.
175 SK @ 15. Clear lines & Displace
Plug. 54 BL water 36 BL mud 9 1/2 BL
water to land plug. Plugland @
1800 Lbs pressure 2000

FLOAT EQUIPMENT

Guide Shoe
 Centralizer
 Baskets
 AFU Inserts
 Float Shoe
 Latch Down

Pumptrk Charge
 Mileage

Tax
 Discount
 Total Charge

Signature Douglas W. Roberts

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

Home Office P.O. Box 32 Russell, KS 67665

No. 1748

Date	11-15-19	Sec.	18	Twp.	13	Range	26	County	Gove	State	Ks	On Location		Finish	8:30PM
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Lease	Polofka unit							Well No.	A 1	Owner	NINTO				
Location									Quinter - 1000 105 to P Rd, 1/2 W						

Contractor	Southwind #8	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.													
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Type Job	Surface	Charge To Black Rock Resources													
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Hole Size	12 1/4"	T.D.	266'	Street											
Csg.	8 5/8"	Depth	266'	City											
Tbg. Size		Depth		State											

Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.	15'	Shoe Joint	15'	Cement Amount Ordered 170 80/20 3% CC 2% Gel											

Meas Line		Displace	16 BLS												
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EQUIPMENT

Pumptrk	17	No.	Cementer	Tim	Common	135
			Helper		Poz. Mix	35
Bulktrk	19	No.	Driver	Doug	Gel.	3
			Driver		Calcium	6
Bulktrk	p.u.	No.	Driver	Rick		

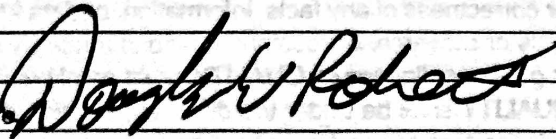
JOB SERVICES & REMARKS

Remarks:	Cement did Circulate					
Rat Hole	Hulls					
Mouse Hole	Salt					
Centralizers	Flowseal					
Baskets	Kol-Seal					
D/V or Port Collar	Mud CLR 48					
	CFL-117 or CD110 CAF 38					
	Sand					
	Handling 179					
	Mileage					

FLOAT EQUIPMENT

	Guide Shoe					
	Centralizer					
	Baskets					
	AFU Inserts					
	Float Shoe					
	Latch Down					

	Pumptrk Charge Surface					
	Mileage 45					

X Signature						Tax
						Discount
						Total Charge

