

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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SWIFT
Services, Inc.

CHARGE TO: Bethel Area Ministry Center
ADDRESS
CITY, STATE, ZIP CODE

TICKET 34353
PAGE 1 OF 12

1. SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
2. <u>Nebraska</u>		<u>P. 11-2-1511</u>	<u>Rock</u>	<u>KS</u>	<u>Lexington</u>	<u>10-30-2011</u>	
3. <u>Nebraska</u>							
4. <u>Nebraska</u>							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	UM	UNIT PRICE	AMOUNT
575					MILEAGE TR #112	90	MI	6.22	510.00
579					Ramp Charge - Turn Stage	1	YB	2050.00	2050.00
408					DV Tool + Plug Set	1	EA	3375.00	3375.00
402					Contrabands	8	EA	75.00	600.00
403					CMT Bats	1	EA	275.00	275.00
407					Insert Flare St. w/ A/B P.H.	1	EA	325.00	325.00
417					DV Latch down Plug + Bore	1	EA	200.00	200.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

DATE SIGNED _____ TIME SIGNED _____ A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1
WE UNDERSTOOD AND MET YOUR NEEDS?				2
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				3
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				4
TOTAL				7367

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

WIFT OPERATOR _____ APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE

10-30-2021

PAGE NO.

1

CUSTOMER

John Asst Maintenance

WELL NO.

1-32 0000

LEASE

D. W. W. W. W.

JOB TYPE

Test Stop

TICKET NO.

34353

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							On Location 5/6 171b/1c RTD: 3610 TP 3.668 ST: 4293 DV 1640 #K2E475 Cont: 1, 2, 3, 4, 5, 6, 47, 48 Bask #102
10/29	2300							Start 5/6 171b/1c Csg in Well
10/30	0100							Drop Well Circulate
	0200	4	12		✓			Pump 500 gal Mud Flush
		4	20		✓			Pump 20 bbl KCL Spacer
	0215	3 1/2	36		✓			Mix 150 sks EA-2 @ 15 36ppg
	0230							Wash Pump + Lines Drop Latch down Plug
	0234	6 1/2	0		✓	300		Begin Displacement
		6 1/2	445		✓	300		Displace w/ Mud
		6 1/2	1000		✓	300		11ft PSI
		5 1/2	81		✓	800		Max Lift PSI
	0240	5 1/2	82.7		✓	1600		Land Latch down Plug - Retire PSI #1111
	0245							Wash up Trk #112 Drop Bomb
	0300				✓	800		Open DV Tool



CHARGE TO: P. A. / Mustang
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET

PAGE 1 OF 2

1. SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			UM	UM		
325					Standard Cement	14	12	217		
314					Cement	42	1	187		
293					S&P	7	16	82		
292					1142-302	8	16	82		
276					1142-302	3	16	595		
290					DA	43	1	420		
330					SWIFT MUD DAILY CNT	18	1	420		
281					MUD	1	1	760		
291					1142-302	4	1	100		
281					CMT S&P - CHINA	2	1	770		
283					DA	3	1	170		

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X

DATE SIGNED
 TIME SIGNED
 A.M.
 P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	WE UNDERSTOOD AND MET YOUR NEEDS?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE

PAGE NO.

CUSTOMER

WELL NO.

LEASE

JOB TYPE

TICKET NO.

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								CONT...
	0335	4	20		✓		250	Pump 20 bbl KCL Spine
	0345	1 1/2	107		✓		75	Plug R11-M11 [30-215]
	0345	3 1/2	103		✓		200	Mix 185 sks of SMD 112 PPG
	0430							Wash Pump + Lines Rebar Top Plug
	0434	5/6	0		✓		150	Brine Displacement
		5/6	27		✓		200	1 1/2 PSE
		5/6	37		✓		600	Mix 1 1/2 PSE
	0440	5/6	38		✓		850	Line Top Plug
								CMT Circulated w/ 36bbls left in Displacement
								Approx 5 sk. to the P/T
	0445							Wash up TB 4 1/2
	0515							Job Complete
								150 sks of LA 2 used on Bottom Stage DV opened @ 850 PSI
								235 sks of SMD on Top Stage DV closed @ 850 PSI
								Thank
								Yakov V. by Mark



SWIFT
Services, Inc.

CHARGE TO: BREWM Asset Management LLC
ADDRESS
CITY, STATE, ZIP CODE

TICKET 33975

PAGE 1 OF 1

SERVICE LOCATIONS
1. NESS WY, KS

WELL/PROJECT NO. 1-32
LEASE DENTON - WILKINS
CONTRACTOR ULTIMATE WELL SERVICE
RIG NAME/NO. ROCKS
STATE KS CITY LOCOTON
WELL PERMIT NO.

TICKET TYPE
 SERVICE
 SALES

WELL TYPE OIL
WELL CATEGORY Development
JOB PURPOSE Squeeze Perforations

DATE 12-2-2021
ORDER NO. SMC
WELL LOCATION MID/Stockton, KS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
578					MILEAGE # 111						
578					Pump Charge - Deep Squeeze	60	gpm	1	3550	1500	1500
325					Stumped Const	75	hrs			1450	108750
206					HAAB-1	30	hrs			800	24000
200					D-ADR	1	gal			4200	4200
581					Squeeze Charge Const	75	hrs			200	15000
582					Minimum Drivage Charge	7050	lbs	211.5	tm	300	30000

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

DATE SIGNED 12-2-2021
TIME SIGNED 1000
 A.M.
 P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY				PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	WE UNDERSTOOD AND MET YOUR NEEDS?	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	
AGREE	UNDecided	DISAGREE		3679.50
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TAX
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

OPERATOR APPROVAL
Thank You!

JOB LOG

SWIFT Services, Inc.

DATE: 12-2-2021
PAGE NO. 1

CUSTOMER: BROWN ASSET MANAGEMENT LLC

WELL NO.: 1-32

LEASE: DETTMER - WILKENS

JOB TYPE: SQUEEZE PERFS

TICKET NO.: 33975

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0945							ON LOCATION
								TUBING - 2 3/8
								CASING - 5 1/2 17"
								PERFS - 3550 - 57
								PKR - 3420
	1005		1/2		✓		500	PST ANALOG - HELD - SHUT IN
	1015	2 1/2	6		✓		800	INT RTTE
	1025		3					PUMP FRESH WATER SPACER
	1030	2 1/2	16		✓		500 AVG	MAX 75 SVS CEMENT (1ST 30 SVS HEAD-1)
	1037	1 1/2	0		✓		0	DISPLACE CEMENT
		1 1/2	2		✓		600	"
		1 1/2	5		✓		1000	"
		1 1/2	7		✓		1300	"
		1	11		✓		1500	"
	1045	3/4	13 1/2		✓		1550	" SHUT DOWN
	1050						1000	SHUT IN - WASH TRUCK
	1105				✓		700/1000	STAGE - BLEED OFF
	1125				✓		750/1000	" "
	1140				✓		800/1000	"
	1150				✓		1000	" HOUSING
	1155		13 3/4		✓		1250	" "
	1205						1250	RELEASE PST - HELD
	1215	2 1/2	20		✓		400	REVERSE CLEAN
	1330				✓		500	PULL TUBING OUT WELL
								PST UP 5 1/2" CASING - HELD - SHUT IN
								65 SVS CEMENT IN PERFS
								TOC = 3430 ±
	1100							JOB COMPLETE

THANK YOU
WHITF, DREW F., SETH, MARK