

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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# 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 0435  
 LOCATION Hotie  
 FOREMAN Tom Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-26-21	31160	Gezer 3-34	34	10 S	24 W	Graham
CUSTOMER Phillips Exploration Company LLC			TRUCK #			
MAILING ADDRESS 211 Leder Ridge Ct PO Box 950			DRIVER			
CITY Andover			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67002			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 216' CASING SIZE & WEIGHT 55/8" 23#  
 CASING DEPTH 210' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8 SLURRY VOL 1.41 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 12.2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting & rig up on Murfin #16 Circulated mud pump 150sx surface blend. Displace with 12.2 bbl + shut in cement did circulate

Play down 2:15 pm

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE	\$1150 <sup>00</sup>	\$1150 <sup>00</sup>
M001	45	MILEAGE	\$6.50	\$292 <sup>50</sup>
M002	7.40 tons	Tan Mileage delivery	\$100 <sup>00</sup>	\$740 <sup>00</sup>
LB004	150 sk	Class A 390cc 290 gal	\$2450	\$3675 <sup>00</sup>
			sub total	\$5717 <sup>50</sup>
			less 25% disc.	\$1429 <sup>38</sup>
			sub total	\$4288 <sup>12</sup>
			SALES TAX	206.72
			ESTIMATED TOTAL	4494.84

AUTHORIZATION [Signature] TITLE Tool P. DATE 10-26

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TICKET NUMBER 0443  
 LOCATION Haxie  
 FOREMAN Tom Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-4-21	31160	RH Geysor 3-34	34	10 S	24 N	Graham
CUSTOMER Phillips Exploration Company LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 211 Cedar Ridge LT			101 Tom W			
CITY STATE ZIP CODE Andover KS 67002			102 Jack T			
			Jace M			
			Preston D			

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

REMARKS: Safety meeting & rig up on Muffin #16 Shiner can pipe & float equipment. Circulated mud & reciprocated for 1 hour. Pump 500 gal mud flush followed by 20 Bbl K/L water mix 50sx 60/40 to plug RH & M Ho mix 150 DWL & displaced with 97.25 Bbl shut in rack-up & moved off plug down 500

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC003	1	PUMP CHARGE	\$1850 <sup>00</sup>	\$1850 <sup>00</sup>
MO01	42	MILEAGE	\$6 <sup>50</sup>	\$273 <sup>00</sup>
MO02	12.5 tons	Tan Mileage delivery	\$787.50	\$787.50
CB010	50 sx	60/40 490	\$16.75	\$837 <sup>50</sup>
CB030	175 sx	Class A 60 phos 10% salt 200 gal 5# KOL	\$28 <sup>25</sup>	\$4996 <sup>25</sup>
FE014	7	5 1/2" turbolizer	\$108 <sup>00</sup>	\$756 <sup>00</sup>
FE096	24	Reciprocating Scratchers	\$75 <sup>00</sup>	\$1800 <sup>00</sup>
FE022	2	5 1/2" basket	\$385 <sup>00</sup>	\$770 <sup>00</sup>
FE0033	1	5 1/2" Guide shoe AFU	\$600 <sup>00</sup>	\$600 <sup>00</sup>
FE081	1	5 1/2" partcoller IR.	\$3000 <sup>00</sup>	\$3000 <sup>00</sup>
FE051	1	5 1/2" hatch down plug asym.	\$155 <sup>00</sup>	
CP013	500 gal	mud flush	\$1 <sup>00</sup>	\$500 <sup>00</sup>
CP014	2	gallons K/L	\$30 <sup>00</sup>	\$60 <sup>00</sup>
			sub total	\$11,230 <sup>25</sup>
			less 25% disc.	\$4057 <sup>56</sup>
			sub total	\$12,172 <sup>49</sup>
			SALES TAX	\$749.24
			ESTIMATED TOTAL	\$12,921.93

AUTHORIZATION [Signature] TITLE Tool DATE 11-4

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TICKET NUMBER 0450  
 LOCATION Hoxie  
 FOREMAN Tam Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-16-21	31160	Geyer 3-34	34	105	29 W	Butler
CUSTOMER Phillips Exploration Company LLC			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE Part collar HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 11.70 SLURRY VOL 2.39 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting & rig up on well. Fishers run in tool  
for part collar. Pressure test to 1000 psi. Release pressure open back side.  
Mix 10 Bbl gel. Open part collar. Finish mixing gel. Mix 1855x  
cement to circulate. Displace 6 Bbl Flush. Shut part collar.  
Run 10 joints. Washed clean. Back up moved off location

Thanks Tam & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P1002	1	PUMP CHARGE Part collar	\$1150 <sup>00</sup>	\$1150 <sup>00</sup>
M001	42	MILEAGE	\$6 <sup>50</sup>	\$273 <sup>00</sup>
M002	8.94 tons	tan Mileage delivery	\$100 <sup>00</sup>	\$100 <sup>00</sup>
C0021	<del>3000</del> 1855x	60/40 599a gel 1/4 # Fla seal	\$17 <sup>35</sup>	\$3,209 <sup>75</sup>
LP003	1000 <sup>00</sup>	50# bags gel	\$.30	\$300 <sup>00</sup>
			sub total	\$5,532 <sup>75</sup>
			less 25% disc.	\$1383 <sup>18</sup>
			sub total	\$4149 <sup>57</sup>
			SALES TAX	197.42
			ESTIMATED TOTAL	4346.99

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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