

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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HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
BRINKER ENTERPRISES LLC
216 S MARSHALL ST
GLEN ELDER, KS 67446

Invoice Date: 2/17/2020
Invoice #: 0346716
Lease Name: ThomasSW
Well #: 30-1 (New)
County: Thomas, Ks
Job Number: ICT3277
District: Oakley

Date/Description	HRS/QTY	Rate	Total
Surface	0.000	0.000	0.00
Cement Pump truck	1.000	637.500	637.50
Heavy Eq Mileage	55.000	3.400	187.00
Light Eq Mileage	55.000	1.700	93.50
Ton Mileage	719.270	1.275	917.07
H-325	265.000	17.000	4,505.00

*Pd
3-12-20*

Total 6,340.07

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



HURRICANE SERVICES INC

Customer	Brinker Enterprises	Lease & Well #	Thomas SW 30-1	Date	2/17/2020
Service District	Oakley KS	County & State	Thomas KS	Legals S/T/R New Well?	30-10S-36W
Job Type	Surface	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> No
Equipment #	Driver	Ticket #			

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C010	Cement Pump	ea	1.00	\$637.50
M010	Heavy Equipment Mileage	mi	55.00	\$187.00
M015	Light Equipment Mileage	mi	55.00	\$93.50
M020	Ton Mileage	tm	719.27	\$917.07
CP015	H-325	sack	265.00	\$4,805.00

Customer Section: On the following scale how would you rate Hurricane Services Inc?

Based on this job, how likely is it you would recommend HSI to a colleague?

1 2 3 4 5 6 7 8 9 10 Unlikely Extremely Likely

Total Taxable	\$ -	Tax Rate:		Net:	\$6,340.07
State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -	Total:	\$ 6,340.07

HSI Representative: *Jimmie Cottrell*

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to effect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: Brinker Enterprises	Well: Thomas SW 30-1	Ticket: ICT 3277
City, State:	County: Thomas KS	Date: 2/17/2020
Field Rep:	S-T-R: 30-10S-36W	Service: Surface

Downhole Information	
Hole Size:	12 1/4 in
Hole Depth:	389 ft
Casing Size:	8 5/8 in
Casing Depth:	388.19 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	23.3 bbls

Calculated Slurry	
Weight:	14.8 # / sx
Water / Sx:	6.00 gal / sx
Yield:	1.41 ft ³ / sx
Bbls / Ft.:	
Depth:	ft
Annular Volume:	bbls
Excess:	
Total Slurry:	67.0 bbls
Total Sacks:	265 sx

Product	% / #	#
Class A	100.00	24910
Poz		
Gel	2.00	498
CaCl	3.00	747
Gypsum		
Metso		
Kol Seal		
Flo Seal		
Salt (bww)		

TIME	RATE	PSI	BBLs	REMARKS	Total
700P				ON LOCATION	26,156
705P				SAFETY MEETING GET THE FOLLOWING FROM TP 389 FT TD, 388.19 FT 8 5/8 23# CASING WITH 9 FT LANDING JOINT	
710P				RIG UP	
820P				CASING ON BOTTOM	
825P				BREAK CIRCULATION	
840P	4.0	120.0	5.0	H2O AHEAD	
842P	5.0	90.0	67.0	CEMENT 265 SKS H-325	
856P	4.0	90.0	13.0	DISPLACE H2O	
900P	4.0	90.0	10.3	DISPLACE H2O	
				CEMENT TO SURFACE 10 BBLs TO PIT	
903P				SHUT IN	
907P				WASH UP	
915P				RIG DOWN	
935P				LEFT LOCATION	

CREW		UNIT	SUMMARY		
Cementer:	Jimmie Cottrell	73	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Jeff Jackson	271	4.25 bpm	98 psi	95 bbls
Bulk #1:	John Polley	194/254			
Bulk #2:					



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
BRINKER ENTERPRISES LLC
216 S MARSHALL ST
GLEN ELDER, KS 67446

Invoice Date: 2/24/2020
Invoice #: 0346709
Lease Name: Thomas SW
Well #: 30-1 (New)
County: Thomas, Ks
Job Number: ICT3314
District: Oakley

Date/Description	HRS/QTY	Rate	Total
Plug to Abandon	0.000	0.000	0.00
Pump truck #209	1.000	637.500	637.50
Heavy Eq Mileage	40.000	3.400	136.00
Light Eq Mileage	40.000	1.700	68.00
Ton Mileage	427.200	1.275	544.68
H-Plug	420.000	11.050	4,641.00

*Pd
3-12-20*

Net Invoice	6,027.18
Sales Tax:	301.97
Total	6,329.15

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

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HURRICANE SERVICES INC

Customer	Brinker Enterprises LLC	Lease & Well #	Thomas SW #30-1	Date	2/24/2020
Service District	Oakley Ks	County & State	Thomas Ks	Legals S/T/R	30-10S-36W
Job Type	PTA	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			

73	Michael R.	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input checked="" type="checkbox"/> Warning Signs & Flagging
209	Cory Davis	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
205	John Polly	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations
	Dane Retzloff	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Product/ Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
C010	Cement Pump	ea	1.00				\$637.50
M010	Heavy Equipment Mileage	mi	40.00				\$136.00
M015	Light Equipment Mileage	mi	40.00				\$68.00
M020	Ton Mileage	tm	427.20				\$544.68
CP055	H-Plug	sack	420.00				\$4,641.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Gross:		Net:	\$6,027.18				
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable	\$ -	Tax Rate:					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -				
Unlikely	1	2	3	4	5	6	7	8	9	10	Extremely Likely
				Total:	\$	6,027.18					
				HSI Representative: <i>Dane Retzloff</i>							

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X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: Brinker Enterprises LLC	Well: Thomas SW #30-1	Ticket: ICT 3314
City, State: Oakley Kansas	County: Thomas	Date: 2/24/2020
Field Rep: Lonnie	S-T-R: 30-10S-36W	Service: PTA

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	2770 ft
Casing Size:	in
Casing Depth:	ft
Tubing / Liner:	4 1/2 in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	bbls

Calculated Slurry	
Weight:	13.8 # / sx
Water / Sx:	6.89 gal / sx
Yield:	1.42 ft ³ / sx
Bbls / Ft.:	
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	60.7 bbls
Total Sacks:	240 sx

Product	% / #	#
Class A	60.00	13536
Poz	40.00	7104
Gel	4.00	826
CaCl		
Gypsum		
Metso		
Kol Seal		
Flo Seal		
Salt (bww)		

Total 21,466

TIME	RATE	PSI	BBLs	REMARKS
6:30 PM				Arrived on location
6:32 PM				Safety meeting
6:45 PM				Rig up pump truck
6:48 PM	4.0	150.0	5.0	H2O ahead
6:50 PM	4.0	150.0	12.6	Set 1st plug at 2,770' with 50 sks H plug
6:55 PM	4.0	150.0	5.0	Displace H2O
7:00 PM				switch to rig pump
7:58 PM	4.0	150.0	5.0	H2O ahead
8:00 PM	4.0	150.0	25.3	Set 2nd plug at 1,890 with 100 sks H plug
8:08 PM	4.0	150.0	5.0	Displace H2O
8:10 PM				switch to rig pump
8:50 PM	4.0	150.0	12.6	Set 3rd plug at 440' with 50 sks H plug
8:55 PM	3.0	50.0	2.0	Displace H2O
9:42 PM				Plug top 40 ft with 10 sks H plug
9:45 PM	4.0	50.0	2.5	Plug rat hole with 30 sks H plug
10:00 PM	3.0	50.0	7.6	Rig down pump truck
10:30 PM				Depart location

CREW		UNIT	SUMMARY		
Cementer:	Cory Davis	209	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Cory Davis	209	3.8 bpm	120 psi	83 bbls
Bulk #1:	Michael R.	73			
Bulk #2:	John Polly	205			