

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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CEMENT TREATMENT REPORT

Customer: Kansas Resources Exp & Dev	Well: Roberts AC-3	Ticket: EP4012
City, State: Overland Park, KS	County: JO, KS	Date: 3/4/2022
Field Rep: Brad Kramer	S-T-R: 11-14-22	Service: Longstring

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	OWC 1/2# PS	Blend:	
Hole Depth:	742 ft	Weight:	15.00 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sk:	6.75 gal / sx	Water / Sk:	gal / sx
Casing Depth:	739.6 ft	Yield:	1.43 ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft:	bbs / ft.	Annular Bbls / Ft:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	4.28 bbls	Total Slurry:	22.16 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	87 sx	Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
2:30 PM			-	-	on location, held safety meeting
	4.0			-	established circulation
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and pumped 87 sks OWC cement with 1/2# PhenoSeal per sk, cement to surface
	4.0			-	flushed pump clean
	1.0			-	pumped 2 7/8" rubber plug to casing TD
	1.0			-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve, shut in casing
	4.0			-	washed up equipment
				-	
3:30 PM					left location

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	89	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	239	3.1 bpm	- psi	- bbls
Bulk:	Devin Katzer	193			
H2O:	Keith Detwiler	110			

MAR 21 2022

McGOWAN DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing			
Roberts #AC-3 Kansas Resources, Exploration & Development, LLC				Surface		Longstring	
				Size:	7.000 "	Size:	2 7/8 "
API #: 15-091-24522 S-T-R: 11-14S-22E				Tally:	21.5 '	Tally:	739.6 '
County: Johnson Co., KS Date: 3/3/2022				Cement:	5 sx	Bit:	5.875 "
				Bit:	9.875 "	Date:	3/4/2022
Top	Base	Formation		Top	Base	Formation	
0	2	Soil					
2	9	Clay					
9	14	Shale					
14	87	Lime					
31	40	Shale					
40	67	Lime					
67	96	Shale					
96	165	Lime					
165	204	Shale					
204	212	Lime					
212	233	Shale					
233	239	Lime					
239	245	Shale					
245	252	Lime					
252	283	Shale					
283	286	Lime					
286	293	Shale					
293	321	Lime					
321	328	Shale					
328	408	Lime					
350	354	Shale					
354	415	Lime					
359	363	Shale					
363	437	Lime					
370	544	Shale					
544	548	Lime					
548	560	Shale					
560	566	Lime					
566	583	Shale					
583	586	Lime					
586	593	Shale					
593	601	Shale	Limey				
601	604	Lime					
604	631	Shale					
631	636	Lime					
636	706	Shale					
706	717	Sand	Good show				
717		Sandy shale	Total Depth:	742			

Sand / Core Detail		
Core #1:	Core #2:	
706	708	Laminated sand, fair odor, some bleed to pit
708	716	Good odor, good bleed to pit
716	717	Very laminated, good odor, rainbow on samples