

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 Recompletion Date _____ 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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STIMULATION TREATMENT REPORT

Customer: G&J OIL COMPANY	Well: WATSON 32-22	Ticket: EP4673
City, State:	County: MG. KS.	Date: 5/19/2022
Field Rep: SAM NUNNELY	S-T-R: S34-T33S-R14E	Service: ABO-FRAC

Downhole Information	
Formation:	WAYSIDE
Casing:	2 7/8 in
Tubing:	in
Treatment Via:	CASING
Perforations	
Top Perf:	719 ft
Bottom Perf:	739 ft
Shots Per Foot:	2 spf
Total Shots:	42 shots

Capacity			
Casing / Tubing:	0.00587 bbls/ft		
Displacement:	4.3 bbls		
Pressure Test			
Iron Test:	3,500 psi		
Max Pressure:	3,000 psi		
Proppant (#)			
20/40	-	12/20	5,500
16/30	-	8/12	-
Diversions			
Salt	-	Balls	68

Treatment Fluid		
Product	GPT	Gal
Water		6,300
Gel		35.0
KCl		7.0
Biocide		2.0
Surfactant		1.0
Breaker		1.0
Acid		200.0

Time	Rate	PSI	PPG	Stage Pounds	Stage BBLs	Total BBLs	Remarks
							CASING SWABBED TO BELOW PERFS
							DUMP SPOT 50 GAL. 15% HCL ACID AND LOAD CASING
	1.0	1,550					BREAKDOWN PERFS
	4.0	350					ACIDIZE PERFS WITH 150 GAL. 15% HCL ACID
	4.0	1,100					DROPPING 50 BALLSEALERS STAGED THRU-OUT ACID
	4.0	3,000					PUMP TILL ALL ACID AND BALLS TO PERFS
	5.0	575					RELEASE BALLS TO CASING T.D. AND OVER FLUSH CASING
		200					ISIP
						18.0	TOTAL BBLs ABO/ RUN IN SWABLINE TO CLEAR ANY STUCK BALLSEALERS
	20.0	1,050				25.0	BEGIN FRAC PAD
	20.0	1,200	0.50	150.0			START 12/20 SAND
	20.0	1,200	1.00	350.0			START 12/20 SAND
	20.0	1,150	2.00	500.0			START 12/20 SAND
	20.0	1,800	2.00	750.0			START 12/20 SAND + DROP 10 BALLSEALERS
	20.0		2.00	750.0			START 12/20 SAND
	20.0	2,300	2.00	750.0			START 12/20 SAND + DROP 5 BALLSEALERS
	20.0		2.00	750.0			START 12/20 SAND
	20.0	3,300	2.00	750.0			START 12/20 SAND + DROP 3 BALLSEALERS
	20.0	2,500	2.00	750.0			START 12/20 SAND
	20.0	2,600				5.0	FLUSH CASING AND RELEASE BALLS OFF PERFS
	20.0	1,500				10.0	OVERFLUSH CASING
						130.0	TOTAL BBLs FRAC
		350					INSTANT SHUT IN PRESSURE

	CREW	UNIT	SUMMARY		
Treater / Foreman:	BRETT/ RYAN	97/ 816	Average Rate (bpm)	Max Rate (bpm)	Total Proppant (#)
Pump Operator:	LANDON/ JOSH	815/ 820	15.2	20.0	5500
Sand:	RUSSELL	140T130	Average PSI	Max Pressure (psi)	Total Load (bbls)
Water:	SCOTT M	139T132	1513	3300	130
Acid:					

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **6351**
 Foreman David Gardner
 Camp Eureka

API# 15-125-22531

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
4/4/22	P111	Watson #33-22	34	33S	14E	MCG	KS	
Customer G45 Oil Company, Inc.			Safety Meeting DG SH SM		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 188					105	Jason		
City Caney					113	Steve		
State KS		Zip Code 67333						

Job Type Longstring Hole Depth 823' Slurry Vol. 30 Bbl Tubing 2 7/8"
 Casing Depth 816' Hole Size 5 7/8" Slurry Wt. 13.7" Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 5 Bbl Displacement PSI 500 Bump Plug to 900 PSI BPM _____

Remarks: Safety Meeting: Rig up to 2 7/8" Tubing. Break circulation w/ 5 Bbl fresh water, Mixed 200# Gel Flush, 2 Bbl water spacer. Mixed 100 SKS Thick Set Cement w/ 1" Phenoseal /sk @ 13.7"/gal, yield 1.68 = 30 Bbl slurry. Shut down. Wash out pump 4 lines. Stuff 2 plugs. Displace plugs to seat w/ 5 Bbl fresh water. Final pumping pressure of 500 PSI. Bump plugs to 900 PSI. Release pressure to 300 PSI. Shut tubing in. Good cement returns to surface. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1180.00	1180.00
C107	60	Mileage	4.50	270.00
C201	100 SKS	Thick Set Cement	24.25	2425.00
C208	100 #	Phenoseal 1"/sk	1.55	155.00
C108B	5.5 Tons	Ton Mileage - Bulk Truck	1.50	495.00
C206	200 #	Gel Flush	.30	60.00
C401	2	2 7/8" Top Rubber Plugs	35.00	70.00
<u>Thank You</u>			Sub Total	4,655.00
			Less 5%	241.56
			6.5% Sales Tax	176.15
Authorization by <u>Sam Nunnley</u> Title <u>Owner</u>			Total	4,589.59

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

