

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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Frank's Oilfield Service

1000 N Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269
 Office Phone (785) 639-3949 ♦ Email: franksoilfield@yahoo.com

TICKET NUMBER 0155
 LOCATION Hoxie US
 FOREMAN Mikes Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/28/20		Pratt A-4-35	35	8S	29W	Shannon

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
RL Investment	101	Cody H		
MAILING ADDRESS		Mikes S		
CITY				
STATE				
ZIP CODE				

JOB TYPE Surface HOLE SIZE 12.25' HOLE DEPTH 266' CASING SIZE & WEIGHT 85/8" 28#
 CASING DEPTH 266' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.41 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15.5645 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meetings + Rig up on STP drilling Circulate casing mix 185sx
Class A 38 cc 28 gal displace 15.5645 water Shut in Cement did
Circulate

Thanks Mikes & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL002	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
M001	10	MILEAGE	6.50	65. ⁰⁰
M002	9.15 Tons	Ten Mileage	600. ⁰⁰	400. ⁰⁰
CB004	185sx	Class A Surface blend	24.50	4532.50
			Sustotal	6347.50
			less 35% disc	2221.62
			Subtotal	4125.88
			SALES TAX	250.42
			ESTIMATED TOTAL	4,376.30

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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 0160
 LOCATION Hoxie KS
 FOREMAN Preston J. Drilling

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5/9/20		Prett A 4-35	35	85	29W	Shesiden	
CUSTOMER <u>RL Investments</u>		Hoxie 5 west to 50 rd 3 1/2 south east into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				101	Cody H.		
CITY		STATE	ZIP CODE	102	Jack T.		
					Preston D.		

JOB TYPE Long string / 2 step HOLE SIZE 7 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT 5.5" 15.5"
 CASING DEPTH 4448.44' DRILL PIPE _____ TUBING _____ OTHER D.U. tool at 2453'
 SLURRY WEIGHT 14.8"/11.7" SLURRY VOL 1.5/2.39 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 104.87 DISPLACEMENT PSI 1000 MIX PSI _____ RATE _____

REMARKS: Safety meeting and Rig up on STP, run 106 lbs. Cen. on its # 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24 & 4/1. Bdr its # 2, 17, 24 & 50. D.U. tool on its # 50 - 2453'. Circulate casing. Pump 500 gal. mud flush, 20 Bbls KCL, mix 50 sxs scavenger at 11.7", 80 sxs at 13", 100 sxs at 14.8" displace w/ 50 Bbls water + 54 1/4 Bbls mud. 1 Pt pressure 1000", land plug w/ 1500". Release - held. Drop D.U. opener. Open D.U. tools, Circ. for 3 hrs. pump 500 gal. mud flush. Plug return w/ 30 sxs mix 50 sxs 10/40 8% gel 1/4" fl. down casing. Shut down. Clear lines, Release plug. Replace 58 1/4 Bbl, 750" 1 Pt. Plug landed & Shut at 2000" Rig Down. cement did circulate.

Thanks Pre + Greg

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC004	1	PUMP CHARGE	2500.00	2500.00
MD01	10	MILEAGE	4.50	45.00
MD02	38.34	Ten mileage delivery	1.50	575.10
DP013	1000 gal.	DU1100 mud flush	1.00	1000.00
CP014	2 gal.	KCL	39.00	78.00
CB021	550 sxs	10/40 8% gel 1/4" fl	17.35	9,542.50
CB031	230 sxs	OLC Blend 5" Kalseal	28.55	6,566.50
FE013	13	5 1/2" centralizers	80.00	1,040.00
FL022	4	5 1/2" Basket	385.00	1,540.00
FL033	1	5 1/2" AFD Guide See	600.00	600.00
FL052	1	5 1/2" Flex latch down plug & assembly	195.00	195.00
FL090	1	5 1/2" D.U. Tool	4000.00	4,000.00
FA096	44	5 1/2" Reciprocating Scratches	75.00	3,300.00
			Subtotal	33,502.10
			less 35% discount	11,725.74
			sub total	21,776.36
			SALES TAX	1677.50
			ESTIMATED TOTAL	23,453.86

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



Company: R. L. Investment, LLC

Lease: Pratt A #4-35

SEC: 35 TWN: 8S RNG: 29W
County: SHERIDAN
State: Kansas
Drilling Contractor: STP Drilling, LLC - Rig 1
Elevation: 2819 egl
Field Name: Hoxie West
Pool: Infield
Job Number: 448
API #: 15-179-21466

Operation:
Uploading recovery & pressures

DATE
May
02
2020

DST #1 **Formation: Elmont** **Test Interval: 3545 - 3568'** **Total Depth: 3568'**
Time On: 10:43 05/02 Time Off: 16:43 05/02
Time On Bottom: 12:02 05/02 Time Off Bottom: 15:02 05/02

Electronic Volume Estimate:
98'

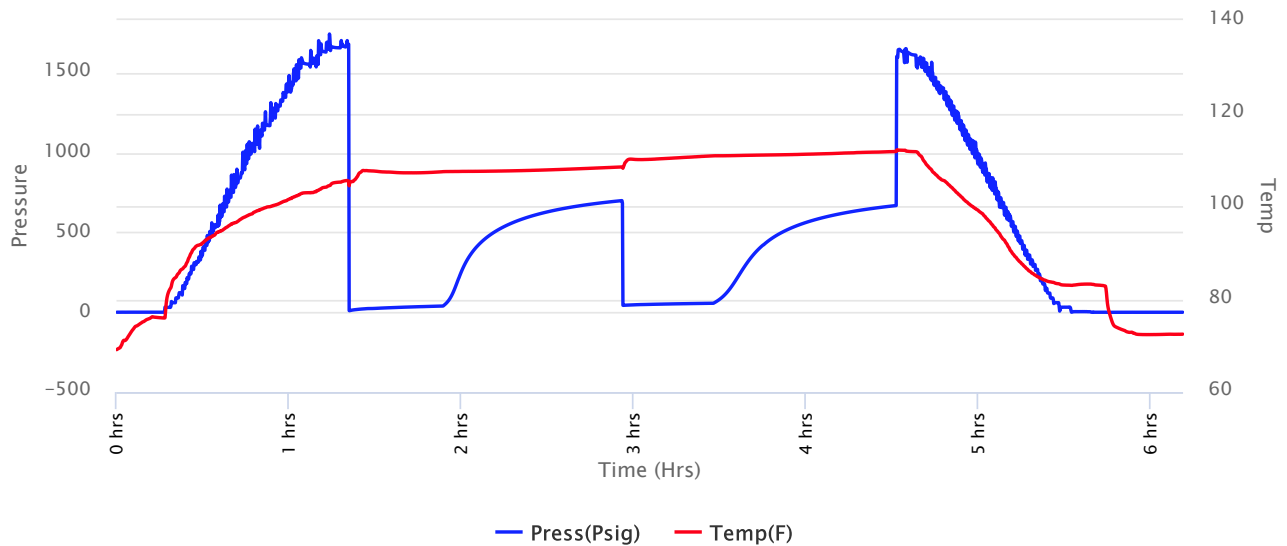
1st Open
Minutes: 30
Current Reading:
2.3" at 30 min
Max Reading: 2.3"

1st Close
Minutes: 60
Current Reading:
0" at 60 min
Max Reading: 0"

2nd Open
Minutes: 30
Current Reading:
1.3" at 30 min
Max Reading: 1.3"

2nd Close
Minutes: 60
Current Reading:
0" at 60 min
Max Reading: 0"

Inside Recorder





Company: R. L. Investment, LLC

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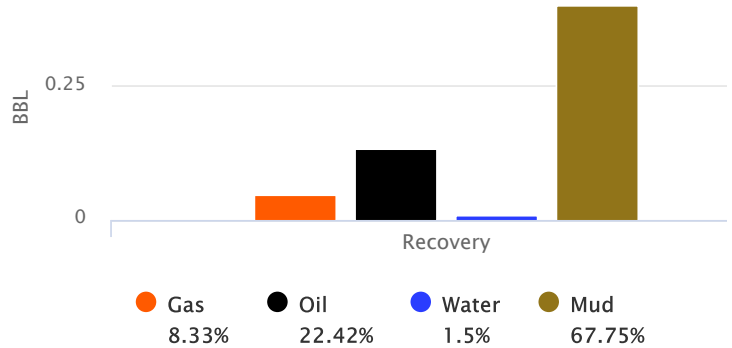
Recovered

Foot	BLS	Description of Fluid	Gas %	Oil %	Water %	Mud %
10	0.0492	G	100	0	0	0
20	0.0984	O	0	100	0	0
30	0.1476	SLOCM	0	3	0	97
60	0.2952	SLWCSLOCM	0	10	3	87

Total Recovered: 120 ft
 Total Barrels Recovered: 0.5904

Reversed Out
 NO

Recovery at a glance



Initial Hydrostatic Pressure	1656	PSI
Initial Flow	10 to 39	PSI
Initial Closed in Pressure	699	PSI
Final Flow Pressure	44 to 57	PSI
Final Closed in Pressure	668	PSI
Final Hydrostatic Pressure	1651	PSI
Temperature	112	°F
Pressure Change Initial Close / Final Close	4.4	%

GIP cubic foot volume: 0.27623



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BUCKET MEASUREMENT:

1st Open: 1/4 Blow, Built to 2 1/4 inch in 30 min
1st Close: NOBB
2nd Open: WSB. Built to 1 1/4 inch in 30 mins
2nd Close: NOBB

REMARKS:

Tool Sample: 0% Gas 100% Oil 0% Water 0% Mud
Gravity: 23.3 @ 60 °F



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Down Hole Makeup

Heads Up: 15.89 FT	Packer 1: 3540 FT
Drill Pipe: 3415.27 FT <i>ID-3 1/2</i>	Packer 2: 3545 FT
Weight Pipe: FT <i>ID-2 7/8</i>	Top Recorder: 3532 FT
Collars: 120.46 FT <i>ID-2 1/4</i>	Bottom Recorder: 3547 FT
Test Tool: 26.16 FT <i>ID-3 1/2-FH</i>	Well Bore Size: 7 7/8
Total Anchor: 23	Surface Choke: 1"
Anchor Makeup	Bottom Choke: 5/8"
Packer Sub: 1 FT	
Perforations: (top): FT <i>4 1/2-FH</i>	
Change Over: FT	
Drill Pipe: (in anchor): FT <i>ID-3 1/2</i>	
Change Over: FT	
Perforations: (below): 22 FT <i>4 1/2-FH</i>	



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Mud Properties

Mud Type: Chem **Weight:** 8.7 **Viscosity:** 54 **Filtrate:** 7.2 **Chlorides:** 800 ppm



Operation:

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County: SHERIDAN
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Elevation: 2819 egl
Field Name: Hoxie West

DRILLING TIME AND SAMPLE LOG

COMPANY: B.L. Investment, LLC
LEASE: Pratt A #4-35
FIELD: Hoxie West

LOCATION: 1700' E 1/4 + 1005' FWL
SEC: 35 TWP: 8S RNG: 29W
COUNTY: Sheridan STATE: Kansas

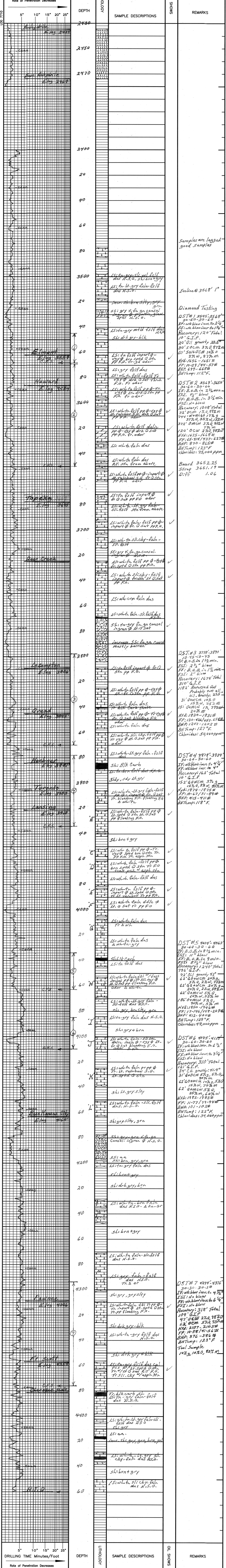
CONTRACTOR: S.T.P. Drilling LLC
SPUD: 4-28-10 COMP: 5-8-10
SAMPLES SAVED FROM: 3000' TO B.I.D.

FORMATION TOPS AND STRUCTURAL POSITION
FORMATION: SHALE, SANDSTONE, LIMESTONE, ETC.

Table with columns: Formation, Start, E. Log, and Structural Position. Lists various geological formations and their depths.

REMARKS: This well ran structurally favorable to other producers in the area, so production casing was cemented to further test the well. These zones should be tested...

LEGEND: Symbols for Anhydrite, Salt, Sandstone, Shale, Carb sh, Limestone, Ool. Lime, Chert, Dolomite.



Summary table with columns: CONTRACTOR, LEASE, ELEVATION, LOCATION, SEC, TWP, COUNTY, STATE.