

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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Scale: 5" / 100'
Measured Depth Log

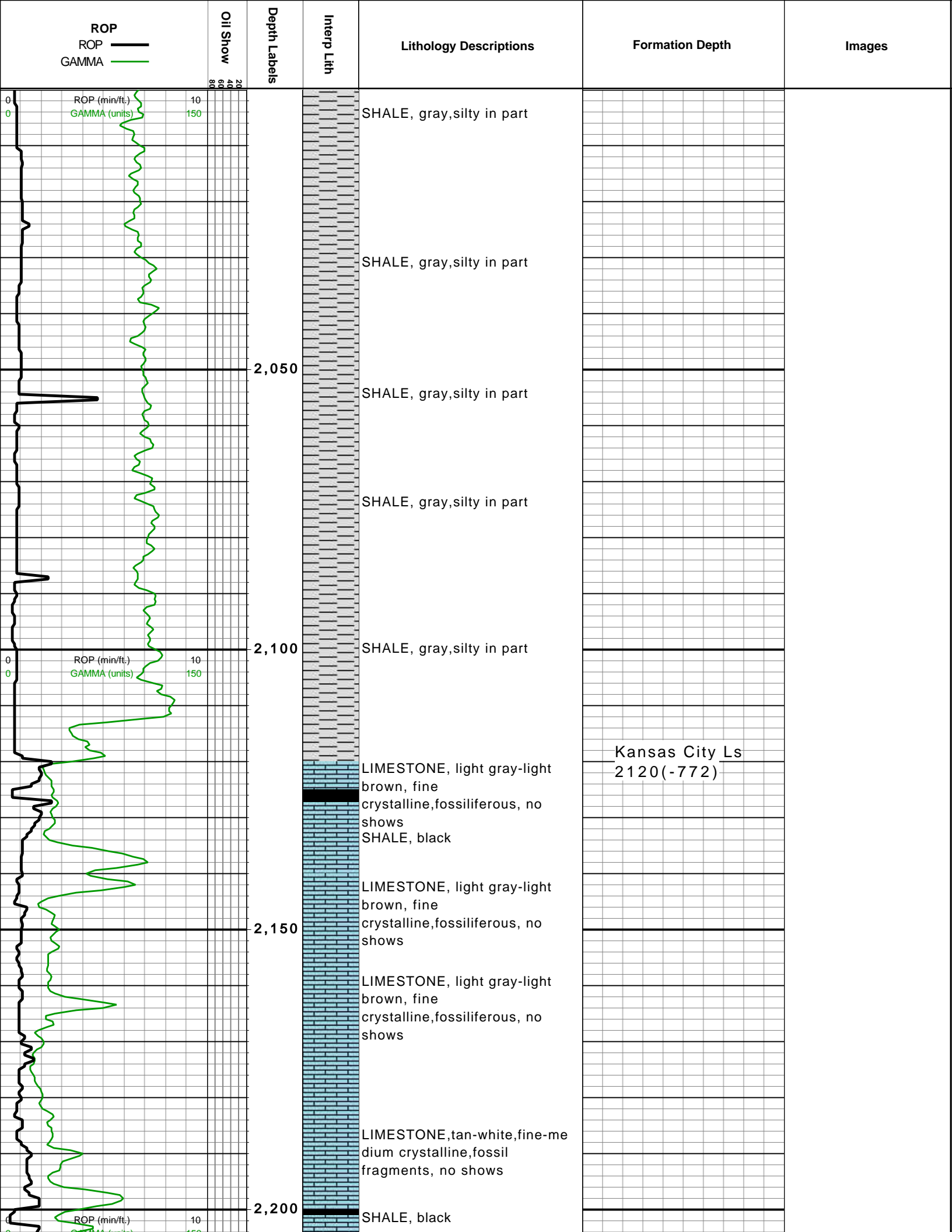
Well Name Flying J 1
Location SE SE NE 32 T25S-R4E
State Kansas **County** Butler
Country USA **Rig Number** C&G Drilling Rig 2
API Number 15-015-24141-00-00 **Field** Whitewater
Geographic Region Mid-continent **Drilling Completed** 6/11/2020
Spud Date 6/8/2020
Ground Elevation 1339 **K.B. Elevation** 1348
Logged Interval 2000 **To** 2647 **Total Depth** 2647
Formation Mississippi
Type of Drilling Fluid Chemical

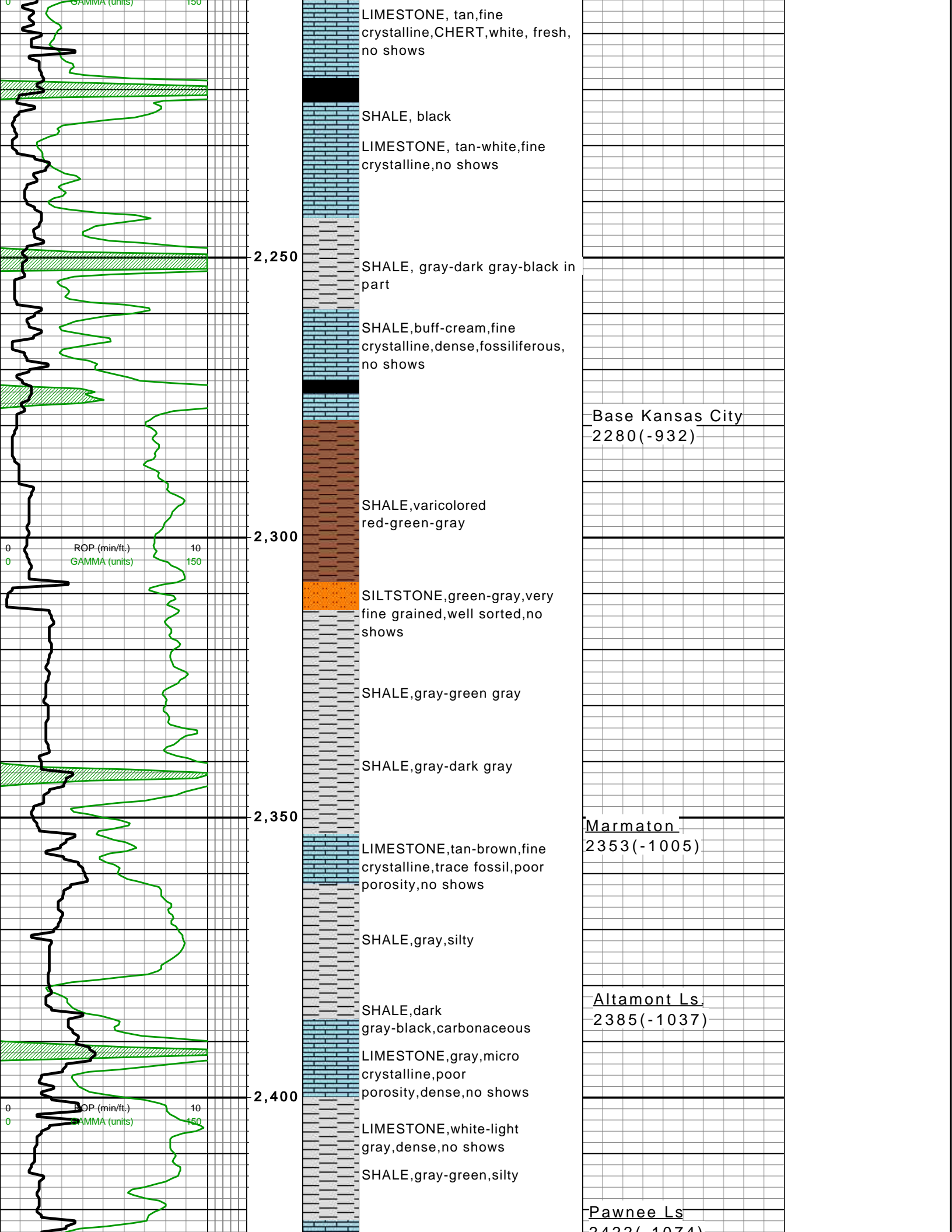
Operator

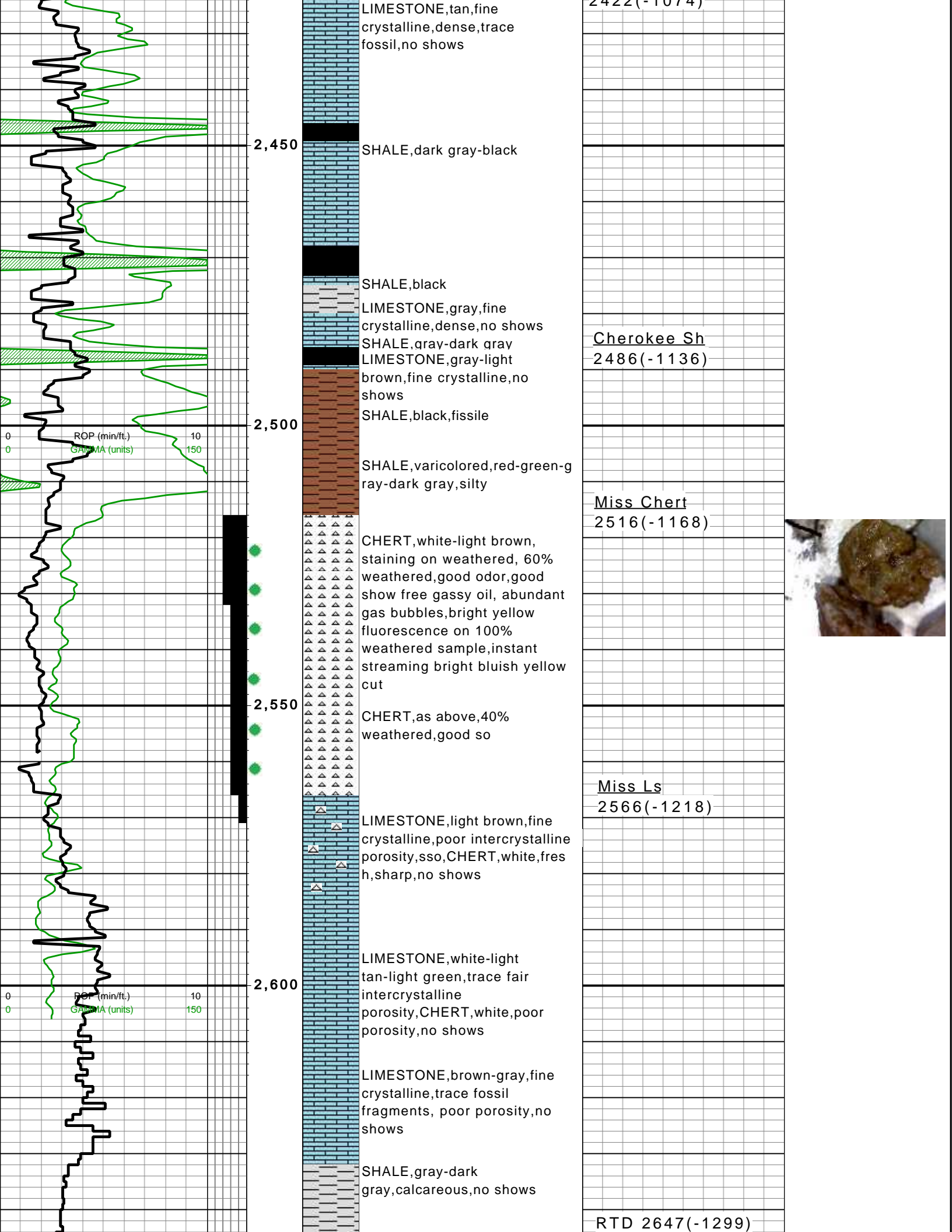
Company IGWT, Inc. KCC License 3167
Address P.O. Box 550
Rose Hill, Kansas 67133

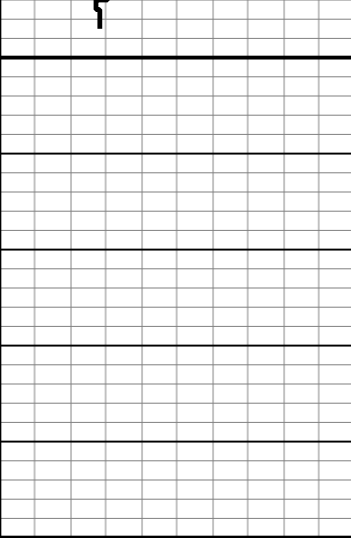


Geologist

Name Daniel T. Johnson
Company Consulting Geologist
Address 19749 121st Rd
Winfield, Kansas 67156
620-229-3258
daniel.johnson3258@gmail.com







	<p>2,650</p> <p>2,700</p>	<p>Interp Lith</p>	<p>Lithology Descriptions</p>	<p>Formation Depth</p>	<p>Images</p>
<p>ROP</p> <p>ROP </p> <p>GAMMA </p>	<p>Oil Show</p> <p>20</p> <p>40</p> <p>60</p> <p>80</p>	<p>Depth Labels</p>			

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



Cement or Acid Field Report
 Ticket No. **5120**
 Foreman Russell McCoy
 Camp Eureka AB

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-12-20	1380	Flying J # 1	32	25	4	Butler	KS
Customer TGWT Oil + Gas			Unit #	Driver		Unit #	Driver
Mailing Address P.O. Box 550			104	AIA-11			
City Rose Hill			112	AB			
State KS			115	ZEV			
Zip Code 67133-0550			141	JOSH			
			128	KUSS			

Job Type Longstring Hole Depth 2643 KB Slurry Vol. 79 Bbl light 40 Bbl Tail Tubing _____
 Casing Depth 2640 K.B. Hole Size 11 7/8 Slurry Wt. 12.8 14 # Drill Pipe _____
 Casing Size & Wt. 5 1/2 19# new Cement Left in Casing 7' Water Gal/SK 8 Other _____
 Displacement 63 Bbl Displacement PSI 1300# Bump Plug to 1800# BPM 5

Remarks: Safety meeting + Job Prock-bore, Rig to 5 1/2 casing circulate w/ dig for 1 hr to prep hole for cementing Rig up Elite 5 1/2 cement Head Pump 10 Bbl Fresh water mix 265 gal/40 Puzmix 6 gal 2" Phenoseal @ 12.7 = 79 Bbl Slurry Yield 167 Tail @ 135 SK's T.S. cement (= 1,000 FT fill) 2" Phenoseal @ 14" = 40 Bbl Slurry. w/ Yield 1.66 wash out Pump + Lincs Release 5 1/2 Latch Down Plug Displace to seat w/ 63 Bbl water Final Pump PSI 1300# Bump plug to 1800# wait 2 min Release Float, Float H=10. 7 Bbl cement slurry to surface. Annulus stayed full Good Circulation During cementing Procedure Job Complete, T&A Down. Plug Rat hole + Mouse Hole THANK YOU Russ & crew
 Centralizer's on #1 & 5 19 40 Basket #15 #41

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1100.00	1100.00
C-107	20	Mileage	4.20	84.00
C-203	265	SK's 60/40 Puzmix	13.40	3551.00
C-206	1350#	Gal = 6%	.21	283.50
C-208	330#	Phenoseal 2" fresh	1.30	429.00
C-201	135	SK's Thick set cement	20.50	2767.50
C-200	290#	Phenoseal 2" per SK	1.30	377.00
C-401	1	5 1/2 Gulf shoe w/ AFU 7' above	309.00	309.00
C-421	1	5 1/2 Latch Down Plug	242.00	242.00
C-604	2	5 1/2 cement Basket	236.00	472.00
C-504	5	5 1/2 x 7 1/8 Landmark Industries Plug	50.00	250.00
C-108A	20 Tons	Ton mileage Bulk Truck (x 2 m/c)	365.00	730.00
Q-113	4	hls @ Bbl UAC w/ city water (mix cement)	90.00	360.00
C-204	3,000	gallon's city water	10.00/gal	30.00
			Subtotal	11,919.00
			- 5%	(595.95)
			Sales Tax	571.43

Authorization Witnessed by Krentler Title owner Total 11210.41

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.

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



Cement or Acid Field Report
 Ticket No. 5117
 Foreman Russell mcLOY
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-8-20	1380	Flying J # 1	32	25	4	Butter	KS
Customer		Safety Meeting Rm JASON Steve	Unit #	Driver	Unit #	Driver	
IGWT OIL + GAS			105	JASON			
Mailing Address			119	Steve			
P.O. Box 550			128	Russell			
City	State	Zip Code					
ROSE HILL	KS	67133-0550					

Job Type SURFACE Hole Depth 202 G.L. Slurry Vol. 30 Bbl Tubing _____
 Casing Depth 201 G.L. Hole Size 12 1/4 Slurry Wt. 15 # Drill Pipe _____
 Casing Size & Wt. 8 5/8 24 # Cement Left in Casing 15 # Water Gal/SK 6.5 Other _____
 Displacement 12 1/2 Bbl Displacement PSI - Bump Plug to _____ BPM _____

Remarks: SAFETY meeting, RIG TO 8 5/8 CASING BREAK circulation w/ 10 water
 Mix 115 Bag w/ 39 cc 19 Gal 1/4 Flocc @ 15 # = 30 Slurry Displace w/ 12 1/2
 water 4 Bbl Good Slurry to PIT close casing in. Job complete, TEAR DOWN.
 Thank you
 Russell mcLOY

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-101	1	Pump Charge	890.00	890.00
C-167	20	Mileage	4.20	84.00
C-200	115	5Ks class A Cement	15.95	1811.25
C-205	325 #	CA12 = 3%	.63	204.75
C-206	215 #	CA1 = 2%	.21	45.15
C-209	30 #	Flocc 1/4 # per 1/5K	2.35	70.50
C-108R	5.40	TON TON Mileage BULK TRUCK	m/c 365.00	365.00
				3,470.65
				- 52
				6.5 Sales Tax
				132.51

Authorization Witnessed by Kenton Title OWNER Total 3128.75

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.