

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) (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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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 0530
 LOCATION Hattie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-15-23	34657	Ottleg 1-20	20	10	30W	Sherman
CUSTOMER Drilling Exploration LLC			TRUCK #		DRIVER	
MAILING ADDRESS 815 Main St			101		Tom W	
CITY Victoria			102		Jack Y	
STATE KS					Dean W	
ZIP CODE 67671						

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>265</u>	CASING SIZE & WEIGHT <u>8 3/8"</u>
CASING DEPTH <u>265.24'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>15.2</u>	SLURRY VOL <u>1.32</u>	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>15.5 Bbl</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting & set up on STP drilling. Circulate hole
with 225 surface blend. Displaced 15.5 Bbl shot in
release pressure. Rack up more of
plug down 7:45 pm

Thanks Tom & CW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	1	PUMP CHARGE <u>Surface</u>	\$950 ⁰⁰	\$950 ⁰⁰
M001	30	MILEAGE	\$6 ⁰⁰	\$195 ⁰⁰
M002	11.10	Ton mileage delivery	\$600 ⁰⁰	\$660 ⁰⁰
LB004	225 sacks	Class A 2 bag 39 lb	\$24 ⁵⁰	\$5512 ⁵⁰
			sub total	\$7,257 ⁵⁰
			less 15% disc.	\$1,088 ⁴³
			sub total	\$6,169 ⁰⁷
			SALES TAX	398.28
			ESTIMATED TOTAL	6567.15

AUTHORIZATION _____ 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 0541

LOCATION Haxie

FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-22-22	34657	Ottley 1-20	20	1.0	30W	Shelburne
CUSTOMER <u>Drilling Exploration LLC</u>			TRUCK #			
MAILING ADDRESS <u>815 Main St</u>			DRIVER			
CITY <u>Victoria</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67071</u>			TRUCK #			
			DRIVER			

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting + set up an STP Drilling Plug as ordered
1st 2500' 50 sacks
2nd 1575' 100 sacks
3rd 300' 50 sacks
4th 10 sacks
RH 30 sacks

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005	1	PUMP CHARGE PTA	\$1500.00	\$1500.00
MO01	30	MILEAGE	\$6.50	\$195.00
MO02	10.68 tons	Ton Mileage delivery	\$60.00	\$640.80
CB010	240 sacks	60/40 4 bag 1/4" #10 seal	\$16.75	\$4020.00
			sub total	\$6315.80
			less 15% disc.	\$947.25
			sub total	\$5367.75
			SALES TAX	290.45
			ESTIMATED TOTAL	5658.20

AUTHORIZATION [Signature] TITLE _____ DATE _____

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002 #15-129-21472-0000
 GEOLOGICAL REPORT
 DRILLING TIME AND SAMPLE LOG

COMPANY DeWitt Exploration, Inc.
 LEASE Ottley #1-20
 FIELD Widdowat
 ELEVATION
 KB EST 2888

LOCATION 1688 E 51st & 1975th Ave
 SEC 20 TWP 10 S RGE 30 W
 COUNTY Shelburne STATE Kansas
 CONTRACTOR STP Drilling & Rig #1
 SURFACE 8888 224th
 PRODUCED FROM None
 SAMPLES SAVED FROM 3120' TO 4120'
 ELECTRIC LOGS
 F.L.I.

FORMATION	SAMPLE	FORMATION TOPS AND STRUCTURAL POSITION			
		A	B	C	D
Annihilite	2471	2470	418		
Base Annihilite	2502	2500	388		
Track	3212	3217	829		
Heabner	3932	3932	1029		
LaSalle	3938	3938	1032		
LaSalle	3975	3975	1082		
Base Kansas City	4248	4249	1341		
Lawrence	4373	4373	1485		
La Scott	4442	4442	1584		
Cherokee Sh	4472	4472	1584		
Mississippian	4551	4551	1643		
Total Depth	4600	4600	1712		

REFERENCE WELLS
 #1000 Q1 Camp, DeWitt #1, C-510-500 Sec. 20-10-S-30-W
 #500000 Q1 Camp, DeWitt #1, C-510-500 Sec. 20-10-S-30-W
 #500000 Q1 Camp, DeWitt #1, C-510-500 Sec. 20-10-S-30-W
 #500000 Q1 Camp, DeWitt #1, C-510-500 Sec. 20-10-S-30-W
 #500000 Q1 Camp, DeWitt #1, C-510-500 Sec. 20-10-S-30-W

REMARKS
 This well ran 12 to 19 feet lower on the Lansing top than the reference wells. After review of all pertinent information it was decided no further testing was warranted. The well was plugged and abandoned.
 Richard A. Bell
 3/22/82

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Ool. Lime	Chert	Dolomite

