

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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CEMENT TREATMENT REPORT

Customer: Murfin Drilling Company	Well: Frisbie # 3 - 23	Ticket: ICT 3918
City, State:	County: Rawlins Ks	Date: 8/6/2020
Field Rep:	S-T-R: 23-2-36	Service: PTA

Downhole Information			Calculated Slurry - Lead			Calculated Slurry - Tail		
Hole Size:	7.875 in		Blend:	H-plug		Blend:		
Hole Depth:	1220 ft		Weight:	13.8 ppg		Weight:	ppg	
Casing Size:	8 5/8 in		Water / Sk:	6.9 gal / sx		Water / Sk:	gal / sx	
Casing Depth:	345 ft		Yield:	1.43 ft³ / sx		Yield:	ft³ / sx	
Tubing / Liner:	in		Annular Bbls / Ft.:	0.0406 bbls / ft.		Annular Bbls / Ft.:	bbls / ft.	
Depth:	ft		Depth:	1220 ft		Depth:	ft	
Tool / Packer:			Annular Volume:	49.5 bbls		Annular Volume:	0 bbls	
Tool Depth:	ft		Excess:			Excess:		
Displacement:	17.3 bbls		Total Slurry:	49.5 bbls		Total Slurry:	0.0 bbls	
			Total Sacks:	155 sx		Total Sacks:	#DIV/0! sx	

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
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1200P			-	-	GOT TO LOCATION
1206P				-	SAFETY MEETING
1210P				-	RIGGED UP TRUCKS
1226P	3.0	50.0	5.0	5.0	H2O AHEAD
1227P	3.5	50.0	12.7	17.7	50 SKS OF H-PLUG @1220 FT
1231P	3.0	50.0	17.3	35.0	DISPLACED WITH H2O
112P	3.0	50.0	5.0	40.0	H2O AHEAD
114P	3.5	50.0	12.7	52.7	50 SKS OF H-PLUG @400 FT
117P	3.0	50.0	5.7	58.4	DISPLACED WITH H2O
208P	3.0	50.0	2.5	60.9	10 SKS OF H-PLUG IN TOP 40 FT
212P	3.0	50.0	3.8	64.7	15 SKS OF H-PLUG IN MH
216P	3.0	50.0	7.8	72.3	30 SKS OF H-PLUG IN RH
219P				72.3	WASHED UP PUMP TRUCK
230 P				72.3	RIGGED DOWN TRUCKS
245P				72.3	OFF LOCATION
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CREW		UNIT	SUMMARY		
Cementor:	Jesh	73	Average Rate	Average Pressure	Total Fluid
Pump Operator:	John	208	3.1 bpm	50 psi	72 bbls
Bulk #1:	Kale	205			
Bulk #2:					

ALLIED OIL & GAS SERVICES, LLC 062053

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Outlet KS

DATE <u>7-15-14</u>	SEC <u>23</u>	TWP <u>28</u>	RANGE <u>3W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00pm</u>	JOB FINISH <u>9:30pm</u>
LEASE <u>Fiddle</u>	WELL # <u>323</u>	LOCATION <u>Bendley 4N 4W S into</u>	COUNTY <u>Rauley</u>	STATE <u>Ks</u>			
OLD OR <input checked="" type="radio"/> (Circle one)							

CONTRACTOR Martin #8
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 3 1/2 ft
 CASING SIZE 8 5/8 DEPTH 3 1/2 ft
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSO. 1500
 PERFS.
 DISPLACEMENT 21.021

OWNER Sam C
 CEMENT AMOUNT ORDERED 350 com 3% cc

COMMON 350 sls @ 17.70 \$6,265.00
 POZMIX @
 GEL @
 CHLORIDE 12 sls @ 62.00 \$768.00
 ASC @

EQUIPMENT
 PUMP TRUCK CEMENTER Tolan / Paul Beaver
 # 432 HELPER Wayne McGee
 BULK TRUCK
 # 386/310 DRIVER Juan (Tus)
 BULK TRUCK
 # DRIVER

HANDLING 36.75 cutt @ 2.48 \$911.90
 MILEAGE 16.94km x 75mi @ 2.00 3303.30
 TOTAL 11247.70

REMARKS:

Mix 350 sls com 3% calcium
Displace with 21 bbl water
Cement did circulate 25 bbls

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE 1,512.25
 EXTRA FOOTAGE @
 MILEAGE 75 mi @ 7.70 577.50
 MANIFOLD Swedge @ 275.00
Light duty 75mi @ 4.40 330.00

CHARGE TO: Martin drilling
 STREET
 CITY STATE ZIP

TOTAL 2494.75

PLUG & FLOAT EQUIPMENT

PLUG & FLOAT EQUIPMENT
 @
 @
 @
 @
 @

TOTAL

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)
 TOTAL CHARGES 13,942.45
 DISCOUNT 4,879.85 IF PAID IN 30 DAYS
9,062.59 Net.

PRINTED NAME Rodney Farr

SIGNATURE Rodney Farr