

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 _____ 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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Form	ACO1 - Well Completion
Operator	Talon Group LLC
Well Name	VIRGINIA 1-1 OWWO
Doc ID	1529782

Tops

Name	Top	Datum
Anhydrite	2020	616
Topeka	3606	-970
Toronto	3881	-1245
Lansing	3901	-1265
BKC	4248	-1612
Marmaton	4274	-1638
Pawnee	4360	-1724
Cherokee	4414	-1778
Johnson	4481	-1845



CONSOLIDATED
Oil Well Services, LLC.

266489

TICKET NUMBER 47557
LOCATION Oakley ks
FOREMAN Dane Peteloff

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

MAR 20 2014

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE 14	KS COUNTY	
3-13-14	2430	Virginia 1-1				lane	
CUSTOMER		Dighton 5 East 2 1/2 N East into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				057	Travis		
				566	hance		
CITY	STATE	ZIP CODE					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 249.03 CASING SIZE & WEIGHT R 3/8 24 LBS
 CASING DEPTH 253.74 DRILL PIPE 4.5 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 14.88 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Integrity Rig 11. Rig up pump truck. Break circulation with rig pump. mix 180 sks class A cement 3% cc 20c gel. wash pump + lines. Displace 14.88 BBbl of water. shut in. cement did circulate.

Thanks Dane + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	30	MILEAGE	5.25	157.50 ✓
5407	8.46	Ten Mileage. Delivery	1.75	444.30 ✓
1104s	180 sks	Class A cement	18.55	3339.00 ✓
1102	50g	Calcium Chloride	.94	477.52 ✓
1118B	33g	Bentonite	.27	91.26 ✓
			Sub	5699.58 ✓
			less 10%o	565.96 ✓
			Sub	5093.62 ✓
			7.15	SALES TAX
				ESTIMATED TOTAL
				251.47 ✓
				5345.09 ✓

completed

Authorization [Signature] TITLE _____ DATE 3/14/14

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.



CHARGE TO: Talon Group
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 033169

PAGE 1 OF

SERVICE LOCATIONS
 1. Hay's Ks WELL/PROJECT NO. DWVO LEASE Virginia COUNTY/PARISH Lane STATE KS CITY
 2. Ness City Ks TICKET TYPE SERVICE SALES CONTRACTOR Southwind RIG NAME/NO. Rig # 8 SHIPPED via DELIVERED TO location ORDER NO. 8-9-2020
 3. WELL TYPE D1 WELL CATEGORY DWVO JOB PURPOSE long string WELL PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DE	DESCRIPTION	QTY.		UNIT		AMOUNT
				UM	UM	PRICE		
<u>575</u>			<u>MILEAGE TRK # 111</u>	<u>3D</u>	<u>Mi</u>		<u>50</u>	<u>150</u>
<u>578</u>			<u>Pump Charge - Long String</u>	<u>1</u>	<u>EA</u>		<u>1400</u>	<u>1400</u>
<u>250</u>			<u>D-Air</u>	<u>2</u>	<u>GM</u>		<u>42</u>	<u>84</u>
<u>281</u>			<u>Mudflush</u>	<u>1</u>	<u>50</u>		<u>50</u>	<u>50</u>
<u>221</u>			<u>Liquid Ker</u>	<u>2</u>	<u>600</u>		<u>25</u>	<u>50</u>
<u>325</u>			<u>Standard Cement</u>	<u>225</u>	<u>50</u>		<u>13</u>	<u>3037</u>
<u>284</u>			<u>Car Seat</u>	<u>10</u>	<u>SKS</u>		<u>40</u>	<u>400</u>
<u>283</u>			<u>SALT</u>	<u>1200</u>	<u>lbs</u>		<u>25</u>	<u>360</u>
<u>292</u>			<u>Hayns - 322</u>	<u>100</u>	<u>lbs</u>		<u>8</u>	<u>850</u>
<u>277</u>			<u>Gilsonite</u>	<u>1575</u>	<u>lbs</u>		<u>1</u>	<u>1968</u>
<u>276</u>			<u>Fiberline</u>	<u>50</u>	<u>lbs</u>		<u>3</u>	<u>150</u>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X
 DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		

P. 1
 PAGE TOTAL 223
 TOTAL 948
 TAX 94
 Lane 536
948

SWIFT OPERATOR David Edgerton APPROVAL
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8-9-20 PAGE NO.

CUSTOMER Talon Group WELL NO. 1-1 OKW10 LEASE Virginia JOB TYPE Long String TICKET NO. 33169

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	530							On location
								RTD - 3600
								TOTAL pipe 3601'
								Shoe - 43.26
								Port collar - 1977
	605							Hook up to circ on Bottom
	915	2.5				0		plug rat hole - 30 sks
		2.5				0		plug mouse hole - 20 sks
		5	12			300		pump Mudflush - 500 gal
		5	20			300		pump KCL spacer
	930	5	42			350		pump CMT - 175 sks @ 15.5 ^{ppg}
								Drop plug - WASH P&L
	945	6	0			0		Start Disp
	955	6	72.5			800/1600		Land plug - lift psi - 800 #
								land psi - 1600 #
								Release psi - Dry
								Job Complete
								Thanks
								David, Zach & Kirby



CHARGE TO: Tobacco Group
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 033410
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness City, KS WEL/PROJECT NO. #10110 LEASE Virginia COUNTY/PARISH LANE STATE KS CITY Dighton DATE 9-3-2020 OWNER
 2. TICKET TYPE SERVICE CONTRACTOR Cheyenne RIG NAME/NO.
 3. SALES WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE Port Collar SHIPPED VIA OT DELIVERED TO Location ORDER NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS WELL PERMIT NO. WELL LOCATION Dighton, S-E, 2 1/2-N

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE TRK #110	30	mi	1		5.00	150.00
576D		1			Pump Charge - Port Collar	1	job	1		1400.00	1400.00
330		1			SMD Cement	210	skts	1		17.00	3570.00
276		1			Floacle	75	lbs	3		3.00	225.00
275		1			Cotton Seed Hells	3	skts	3		35.00	105.00
290		1			D-Air	3	gal	3		42.00	126.00
288		1			SAND	1	sk	1		22.00	22.00
581		1			CMT Service Charge					85.00	555.00
583		1			Drayage	29853	lbs	448	TM	0.95	425.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X

DATE SIGNED 9-3-2020 TIME SIGNED 2:30 A.M. P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES. The customer hereby acknowledges receipt of the materials and services listed on this ticket.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO

PAGE TOTAL 1

TOTAL 6193.98

SWIFT OPERATOR Anderson Frank APPROVAL

Thank You!

SWIFT Services, Inc.

DATE 9-3-2006 PAGE NO. 1

JOB LOG

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
<u>Talon Group</u>		<u>#1 OWWO</u>		<u>Virginia</u>		<u>Part Celler</u>		<u>033410</u>	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	<u>0800</u>								<u>ON Location 2 3/8" x 4 1/2"</u>
									<u>PC: 1972' Plug: 3664'</u>
	<u>0820</u>	<u>2 1/2</u>	<u>75</u>	<input checked="" type="checkbox"/>		<u>400</u>			<u>Roll Hole</u>
	<u>0850</u>	<u>∅</u>	<u>-</u>	<input checked="" type="checkbox"/>		<u>1,000</u>			<u>Test Plug @ 2065' * Hold *</u>
	<u>0910</u>	<u>1/2</u>	<u>6</u>	<input checked="" type="checkbox"/>		<u>0</u>			<u>Spot Sand</u>
	<u>0920</u>								<u>- Let fall 40 MINS</u>
	<u>1000</u>								<u>Pull up to PC</u>
	<u>1005</u>								<u>Open PC</u>
		<u>3 3/4</u>	<u>4</u>		<input checked="" type="checkbox"/>	<u>100</u>			<u>Injection Rate</u>
									<u>* SMALL BLOW ON 8 5/8"</u>
	<u>1020</u>	<u>4</u>	<u>116</u>	<input checked="" type="checkbox"/>		<u>600</u>			<u>Mix 210 sks of SMD Cement</u>
									<u>@ 11.2 ppg. 200# of hulls in first 50 sks</u>
									<u>100# of Hulls in remaining CMT</u>
	<u>1055</u>	<u>3 1/2</u>	<u>6.5</u>	<input checked="" type="checkbox"/>		<u>500</u>			<u>Displace CMT</u>
	<u>1100</u>	<u>∅</u>	<u>-</u>	<input checked="" type="checkbox"/>		<u>1000</u>			<u>- Close PC - Test to 1,000 PSI * Hold *</u>
									<u>Run 5 Jts</u>
	<u>1115</u>	<u>3 1/2</u>	<u>25</u>	<input checked="" type="checkbox"/>		<u>450</u>			<u>Reverse Clean</u>
	<u>1130</u>								<u>Wash up Trk #112</u>
									<u>Run Tb to Plug</u>
	<u>1215</u>	<u>∅ 2</u>	<u>50</u>	<input checked="" type="checkbox"/>		<u>400</u>			<u>Circulate SAND off Plug</u>
	<u>1300</u>								<u>Job Complete</u>
									<u>THANKS!</u>
									<u>Gregory Kirby, Preston, La. Inc</u>