

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator CHEROKEE WELLS		Well No. 11-20	Lease DART ET AL	Loc. 1/4 1/4 1/4	Sec. 20	Twp. 27	Rge. 16					
County WILSON		State KS		Type/Well	Depth 1256'	Hours	Date Started 6-8-20	Date Completed 6-16-20				
Job No.	Casing Used 43.3' 8 5/8"	Bit Record				Coring Record						
Driller	Cement Used	Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller	Rig No.											
Driller	Hammer No.											

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	43	SURFACE	768	801	SHALE	1078	1090	SAND (OIL ODOR)			
43	158	SHALE	801	819	LIME	1086		GAS TEST SAME			
158	179	LIME	819	827	BLK SHALE	1090	1100	SHALE			
179	184	SHALE	824		GAS TEST	1100	1103	SAND (OIL ODOR)			
184	257	LIME	827	831	LIME	1103	1115	SHALE			
257	275	SHALE	831	834	SHALE	1115	1198	SAND WATER			
275	290	SANDY SHALE	834	854	SAND (OIL ODOR)	1125		7# 1/8"			
290	292	COAL	735		GAS TEST SAME	1198	1218	MISS CHAT			
292	320	SHALE	854	857	LIME	1218	1256	LIME			
320	329	LIME	857	909	SANDY SHALE						
329	349	SHALE	885		GAS TEST SAME			T.D. 1256'			
349	424	LIME	909	910	COAL						
424	429	BLK SHALE	910	925	SHALE						
429	435	LIME	911		GAS TEST 3# 1/8"						
435		GAS TEST (LIGHT BLOW)	925	927	LIME						
435	457	SHALE	927	929	BLK SHALE						
457	474	LIME	929	932	SHALE						
474	477	BLK SHALE	936		3.5# 1/8"						
477	515	LIMEY SHALE	932	943	SANDY SHALE						
485		GAS TEST SAME	943	959	SHALE						
515	600	SHALE	959	960	COAL						
600	605	BLK SHALE	960	962	SHALE						
605	644	SHALE	962	964	COAL						
644	654	LIME	964	979	SHALE						
654	743	SHALE	979	980	LIME						
710		GAS TEST SAME	980	982	COAL						
743	744	LIME	982	993	SHALE						
744	746	COAL	993	994	COAL						
746	751	SHALE	994	1076	SHALE						
750		GAS TEST SAME	1011		GAS TEST SAME						
751	768	LIME	1076	1078	LIME						



CEMENT TREATMENT REPORT

Customer: Domestic Energy Partners	Well: Dart et al 11-20	Ticket: ICT3698
City, State: Fredonia, KS	County: WL, KS	Date: 6/16/2020
Field Rep: Jeff Morris	S-T-R: SE020-27-16	Service: longstring

Downhole Information

Hole Size:	6 3/4 in
Hole Depth:	1255 ft
Casing Size:	4 1/2 in
Casing Depth:	1248.47 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	19.91 bbbls

Calculated Slurry - Lead

Blend:	H854 Thixo
Weight:	13.50 ppg
Water / Sx:	9.63 gal / sk
Yield:	1.91 ft³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbbls
Excess:	
Total Slurry:	41.84 bbbls
Total Sacks:	123 sks

Calculated Slurry - Tail

Blend:	
Weight:	ppg
Water / Sx:	gal / sk
Yield:	ft³ / sk
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbbls
Excess:	
Total Slurry:	0.0 bbbls
Total Sacks:	#DIV/0! sks

TIME	RATE	PSI	STAGE	TOTAL	REMARKS
			BBLs	BBLs	
3:00 PM			-	-	on location, wait to log hole and run casing
6:00 PM				-	held safety meeting
	4.0			-	established circulation
	4.0			-	mixed and pumped 200# Bentonite followed by 10 bbbls fresh water
	4.0			-	mixed and pumped 123 sks H854 Thixo cement (5# Kolseal) w/ 1/2# Phenoseal per sk
	4.0			-	flushed pump clean
	4.0			-	pumped 4 1/2" rubber plug to casing TD w/ 19.91 bbbls fresh water, cement to surface
				-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve
	4.0			-	washed up equipment
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	

CREW			UNIT	SUMMARY		
Cementer:	Casey Kennedy	89		Average Rate	Average Pressure	Total Fluid
Pump Operator:	Alan Mader	238		4.0 bpm	#DIV/0! psi	- bbbls
Bulk #1:	Josh Myers	247				
H20						