

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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Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
5/24/2022	6368

Bill To	
Sheedy Energy Production Co. 709 E. Kansas Yates Center, KS 66783	
Customer ID#	1292

Job Date	5/23/2022
Lease Information	
Fulhage #1	
County	Woodson
Foreman	DG

Item	Description	Qty	Rate	Amount
C102	Cement Pump-Longstring	1	1,180.00	1,180.00
C107	Pump Truck Mileage (one way)	25	5.00	125.00
C200	Class A Cement-94# sack	200	18.55	3,710.00T
C206	Gel Bentonite	750	0.30	225.00T
C205	Calcium Chloride	375	0.75	281.25T
C208	Pheno Seal	400	1.55	620.00T
C108A	Ton Mileage (min. charge)	1	390.00	390.00
C113	80 Bbl Vac Truck	3	95.00	285.00
C224	City Water	3,300	0.012	39.60T
C401	2 1/2" Top Rubber Plug	2	35.00	70.00T
C206	Gel Bentonite	250	0.30	75.00T
D101	Discount on Services		-99.00	-99.00
D102	Discount on Materials		-251.05	-251.05T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$6,650.80
Sales Tax (7.5%)	\$357.74
Total	\$7,008.54
Payments/Credits	\$0.00
Balance Due	\$7,008.54

Farm Deed
 6-6-22
 #5526

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



Cement or Acid Field Report
 Ticket No. **6368**
 Foreman David Gardner
 Camp Eureka

API # 15-207-29857

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-23-22	1292	Fulhage #1	27	25S	14E	Woodson	KS
Customer			Unit #	Driver		Unit #	Driver
Sheddy Energy Production Company			105	Jason			
Mailing Address			113	Steve			
709 E Kansas			144	Shannon			
City	State	Zip Code					
Vates Center	KS	66783					

Job Type Longstring Hole Depth 1520' Slurry Vol. 54 Bbl Tubing 2 7/8"
 Casing Depth 1508' Hole Size 5 7/8" Slurry Wt. 14" Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 9 1/4 Bbl Displacement PSI 800 Bump Plug to 1200 PSI BPM _____

Remarks: Safety Meeting: Rig up to 2 7/8" Tubing set @ 1508'. Break circulation w/ 5 Bbl fresh water, Mix 250# Gel Flush, 5 Bbl water spacer. Mixed 200 SKS Class A Cement w/ 4% Gel, 2% Calc, 2% Phenoal/sk @ 14#/gal, yield 1.52 = 54 Bbl slurry. Shut down. Wash out pump & lines. Stuff 2 plugs. Displace plugs to seat w/ 9 1/4 Bbl fresh water. Final pumping pressure of 800 PSI. Bump plugs to 1200 PSI. Wait 2 mins. Release pressure. Float & Plugs held. Shut Tubing in w/ 0 PSI. Good circulation @ all times while cementing. Good cement returns to surface = 7 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1180.00	1180.00
C107	25	Mileage	5.00	125.00
C200	200 SKS	Class A Cement	18.55	3710.00
C206	750#	Gel 4%	.30	225.00
C205	375#	Calc 2%	.75	281.25
C208	400#	Phenoal 2#/sk	1.55	620.00
C108A	9.4 Tons	Ton Mileage - 25 Miles	m/c	390.00
C113	3 HRS	80 Bbl Vac Truck	95.00/HR	285.00
C224	3300 Gals	City Water	12.00/1000	39.60
C401	2	2 7/8" Top Rubber Plugs	35.00	70.00
C206	250#	Gel Flush	.30	75.00
		Thank You	Sub Total	7,008.85
			Less 5%	368.87
		7.5%	Sales Tax	376.56
Authorization	<u>[Signature]</u>	Title <u>Co owner</u>	Total	7,008.54

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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Susan K. Duffy, Commissioner
Andrew J. French, Commissioner

Laura Kelly, Governor

September 23, 2022

Charles Sheedy
Sheedy, Charles W. dba Sheedy Energy
Production Company
709 E KANSAS
YATES CENTER, KS 66783-1349

Re: ACO-1
API 15-207-29857-00-00
FULHAGE 1
SW/4 Sec.27-25S-14E
Woodson County, Kansas

Dear Charles Sheedy:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 05/16/2022 and the ACO-1 was received on September 22, 2022 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License #31613		API # 15-207-29857	
Operator; Charles W Sheedy dba Sheedy Energy Production Co.		Lease: Fulhag	
Address: 709 E Kansas ,Yates Center, Ks		Well # 1	
Phone:620-625-3440		Spud Date: 5/16/2022 Completed:5/23/2022	
Contractor License: 33900		Location: Sec: 27 TWP: 25 R: 16E	
T.D. 1520	Bite Size : 5.875	2200' from South Line	
Surface Pipe Size: 7"	Surface Depth: 44'	2000' From West Line	
Kind of Well: Oil		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Shale	1132	1134
Clay	5	15	Lime	1134	1139
Lime	15	25	Shale	1139	1170
Shale	25	40	Lime	1170	1186
Lime	40	60	Shale	1186	1197
Broken lime	60	185	Lime	1197	1204
Lime	185	189	Shale	1204	1218
Shale	189	195	Lime	1218	1224
Lime	195	201	Oil Sand	1224	1240
Shale	201	377	Broken Sand	1240	1245
Lancing Lime	377	650	Shale	1245	1278
Shale	650	673	Lime	1278	1280
Lime	673	678	Shale	1280	1450
Shale	678	706	Oil Sand	1450	1468
KC Lime	706	832	Sand Fair Bleed	1468	1473
Shale	832	836	Broken Sand Oder	1473	1484
Lime	836	860	Shale	1484	1520
Shale	860	1002			
Lime	1002	1008	TD 1520		
Shale	1008	1030	SN 1446		
Lime	1030	1040	Pipe TD 1509		
Shale	1040	1113			
Lime	1113	1116			
Shale	1116	1122			
Lime	1122	1126			
Shale	1126	1130			
Lime	1130	1132			