

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)</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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Ackarman Hardware & Lumber
 Ackarman Inc
 160 East Main St
 Sedan, KS 67361
 620-725-3103
 Fax: 620-725-5688

CUSTOMER COPY



INVOICE

2009-176957 PAGE 1 OF 1

SOLD TO	JOB ADDRESS
JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361	JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361 620 725-3636

ACCOUNT	JOB
00234	0
SOLD ON	9/21/2020 8:16:59 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	A1
CASHIER	BL
SALESPERSON	
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
10	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	16.7500	EACH	167.50

Payment Method(s) Buyer: RANDY BROWN

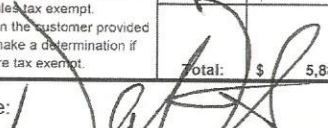
Charge to Acct 184.25

KS 10.00%	SubTotal	167.50
	Sales Tax	16.75
	Deposit	
Please Pay This Amount		184.25

Randy

Signature RANDY BROWN



Customer	JBD	Lease & Well #	NEWMAN 18-7		Date	30-Sep		
Service District	BARTLESVILLE,OK	County & State	CHAUTAUQUA,KS	Legals S/T/R	18/35E/10E	Job #		
Job Type	LS	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
93	DONNIE	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging			
135/218	KEVIN	<input type="checkbox"/> H2S Monitor	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection			
214	JOHN	<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations			
109	CORBIN	<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations			
135/130	RUSSELL	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below				
Comments								
Product/ Service Code	Description	Unit of Measure	Quantity				Net Amount	
CP010	Class A Cement	sack	165.00				\$1,963.50	
cp105	Gypsum	lb	300.00				\$210.00	
CP095	Bentonite Gel	lb	950.00				\$199.50	
CP125	Pheno Seal	lb	160.00				\$196.00	
CP110	Kol Seal	lb	1,000.00				\$525.00	
CP140	OWC	lb	1,100.00				\$385.00	
AF080	Fresh Water	gal	7,980.00				\$83.79	
M010	Heavy Equipment Mileage	mi	65.00				\$182.00	
M015	Light Equipment Mileage	mi	65.00				\$91.00	
M020	Ton Mileage	tm	505.00				\$530.25	
C010	Cement Pump Service	ea	1.00				\$525.00	
C050	Cement Plug Container	job	1.00				\$175.00	
FE115	4 1/2" Rubber Plug	ea	1.00				\$52.50	
T030	Transport - 130 bbl	hr	5.00				\$455.00	
T010	Vacuum Truck - 80 bbl	hr	5.00				\$315.00	
Customer Section: On the following scale how would you rate Hurricane Services Inc.?							Net:	\$5,888.54
Based on this job, how likely is it you would recommend HSI to a colleague?							Total Taxable	\$ -
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely							Sale Tax:	\$ -
State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.							Total:	\$ 5,888.54
HSI Representative:								

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: JBD	Well: NEWMAN 18-7	Ticket: ICT4207
City, State: SEDAN KANSAS	County: CHAUTAUQUA,KS	Date: 9/30/2020
Field Rep: PJ BUCK	S-T-R: 18/35E/10E	Service: LS

Downhole Information	
Hole Size:	6.75 in
Hole Depth:	1652 ft
Casing Size:	4 1/2 in
Casing Depth:	1652 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	26.4 bbls

Calculated Slurry - Lead	
Blend:	SEE BELOW
Weight:	14.1 ppg
Water / Sx:	8.1 gal / sx
Yield:	1.71 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	50.3 bbls
Total Sacks:	165 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
500PM			-	-	ON LOCATION
515PM			-	-	JSA
530PM			-	-	RIG UP
	4.0	400.0	15.0	15.0	ESTABLISH CIRCULATION WITH GEL AND H2O
	4.0	400.0	50.0	65.0	GO TO CEMENT RUN 165 SACKS CLASS A WITH 4% GEL, 6#KOLSEAL, 10% SALT, 2%OWC, .25# PHENO
				65.0	ONCE ALL CEMENT PUMPED WE WASH PUMP AND LINES AND RELEASE PLUG
	3.0	1,000.0	26.4	91.4	DISPLACE
				91.4	LANDED PLUG AT 1800# RELEASED PLUG HELD. TOP WELL OFF AND RIG DOWN
				91.4	5 BBLs SLURRY TO PIT
700PM				91.4	WASH UP RACK UP RETURN TO SHOP
				91.4	
				91.4	
				91.4	
				91.4	
				91.4	
				91.4	
				91.4	
				91.4	
				91.4	
				91.4	

CREW		UNIT	SUMMARY		
Cementer:	DONNIE	93	Average Rate	Average Pressure	Total Fluid
Pump Operator:	KEVIN	135/218	3.7 bpm	600 psi	91 bbls
Bulk #1:	JOHN	214			
Bulk #2:	CORBIN	109			

DRILLERS LOG

API NO: 15 - 019 - 27682 - 00 - 00

OPERATOR: KANSAS ENERGY COMPANY LLC

ADDRESS: PO BOX 68, SEDAN, KS 67361

WELL #: 18 - 7

LEASE NAME: NEWMAN

FOOTAGE LOCATION: 170 FEET FROM (N) (S) LINE 4845 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY

GEOLOGIST: MIKE JONES

SPUD DATE: 9/21/2020

TOTAL DEPTH: 1675 P.B.T.D.

DATE COMPLETED: 9/30/2020

OIL PURCHASER: Coffeyville Resources Crude Transportation

S. 18 T. 35 R. 10 E. W.

LOCATION: SE SW SW SW

COUNTY: CHAUTAUQUA

ELEV. GR.: 1009

DF: 0 KB: 5

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC.

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (in O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12.25	8.625	28	47.8	I	15	SERVICE COMPANY
PRODUCTION:	6.75	4.5	115	1652	70-30	145	SERVICE COMPANY

WELL LOG

CORES: # NONE

RAN: 1 - FLOAT SHOE
5 - CENTRALIZERS
1 - CLAMP

RECOVERED:

ACTUAL CORING TIME:

FORMATION	TOP	BOTTOM
TOP SOIL	0	2
LIME	2	11
SHALE	11	21
LIME	21	30
SHALE	30	40
LIME	40	43
SHALE & SAND	43	69
LIME	69	74
RED BED	74	78
SAND & SHALE	78	84
LIME	84	98
SAND & SHALE	98	128
LIME	128	129
SAND & SHALE	129	140
LIME	140	142
LIME & SHALE	142	147
SHALE	147	255
LIME	255	260
SAND & SHALE	260	268
LIME & SHALE	268	287
SHALE	287	307
LIME	307	310
SHALE & LIME	310	315
SHALE	315	331
SAND	331	350
SAND & SHALE	350	383
LIME	383	387
SHALE	387	416
LIME	416	418
SAND & SHALE	418	618
LIME	618	623
SANDY LIME	623	637
SAND & SHALE	637	862
LIME	862	866
SHALE	866	872
LIME	872	875
SAND & SHALE	875	897
LIME	897	900
SAND & SHALE	900	907
LIME	907	911
SAND & SHALE	911	918

FORMATION	TOP	BOTTOM
LIME	918	923
LIME SHALE & SAND	923	942
LIME	942	947
SAND	947	1039
LIME	1039	1041
SHALE	1041	1051
LIME	1051	1053
SHALE	1053	1105
LIME	1105	1113
SAND & SHALE	1113	1258
LIME	1258	1261
SAND & SHALE	1261	1296
LIME	1296	1300
SAND & SHALE	1300	1378
LIME	1378	1380
SAND & SHALE	1380	1438
LIME	1438	1440
SHALE	1440	1549
LIME	1549	1555
SHALE	1555	1557
CAP LIME	1557	1573
SAND & SHALE	1573	1577
OIL SAND	1577	1594
SAND & SHALE	1594	1658
LIME	1658	1675 T.D.