

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) (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 #
6/21/2022	6471

Bill To	
Brickley Enterprises PO Box 1118 El Dorado, KS 67042	
Customer ID#	1316

Job Date	6/15/2022
Lease Information	
Nelson #2	
County	Butler
Foreman	DG

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C101	Cement Pump-Surface	1	950.00	950.00
C107	Pump Truck Mileage (one way)	30	5.00	150.00
C200	Class A Cement-94# sack	125	18.55	2,318.75T
C205	Calcium Chloride	350	0.75	262.50T
C206	Gel Bentonite	235	0.30	70.50T
C108A	Ton Mileage (min. charge)	1	390.00	390.00
D101	Discount on Services		-74.51	-74.51
D102	Discount on Materials		-132.59	-132.59T

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	\$3,934.65
Sales Tax (6.5%)	\$163.75
Total	\$4,098.40
Payments/Credits	\$0.00
Balance Due	\$4,098.40

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



Cement or Acid Field Report
 Ticket No. **6471**
 Foreman David Gardner
 Camp Eureka

HPI # 15-015-24164

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-15-22	1242	Nelson # 2	17	27 S.	6 E.	Butler	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Brickley Enterprises			DG	105	Jason		
Mailing Address			JH	115	Steve		
PO Box 107			SM				
City	State	Zip Code					
Eureka	KS	67042					

Job Type Surface Hole Depth 223' K.B. Slurry Vol. 31 Bbl Tubing _____
 Casing Depth 213' G.L. Hole Size 12 1/4" Slurry Wt. 15" Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23" Cement Left in Casing 15' 4" Water Gal/SK _____ Other _____
 Displacement 13 1/4 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meetings: Rig up to 8 5/8" casing. Break circulation w/ 10 Bbl fresh water. Mixed 125 sks Class A Cement w/ 3% Cacta, 2% Gel @ 15#/gal, yield 1.39 = 31 Bbl slurry. Displace w/ 13 1/4 Bbl fresh water. Shut down. Close casing in. Good cement return to surface = 8 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	950.00	950.00
C107	30	Mileage	5.00	150.00
C200	125 sks	Class A Cement	19.55	2383.75
C205	350"	Cacta 3%	.75	262.50
C206	235"	Gel 2%	.30	70.50
C108A	5.87 Tons	Ton Mileage - 30 M.les	m/c	390.00
			590	2315.11
		Thank You		
			Sub Total	4,141.75
			Sales Tax	172.36

Authorization by Duke Gaultier Title Lighthouse Delg. - Tool Pusher Total **4098.40**

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.

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



Date	Invoice #
6/21/2022	6533

Bill To	
Brickley Enterprises PO Box 1118 El Dorado, KS 67042	
Customer ID#	1316

Job Date	6/19/2022
Lease Information	
Nelson #2	
County	Butler
Foreman	RM

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	1,180.00	1,180.00
C107	Pump Truck Mileage (one way)	30	5.00	150.00
C201	Thick Set Cement	160	24.25	3,880.00T
C207	KolSeal	800	0.56	448.00T
C208	Pheno Seal	320	1.55	496.00T
C108A	Ton Mileage (min. charge)	1	390.00	390.00
C603	4 1/2" Cement Basket	1	251.00	251.00T
C503	4 1/2" Centralizer	5	55.00	275.00T
C760	4 1/2" Type B Basket Shoe	1	1,248.00	1,248.00T
C403	4 1/2" Top Rubber Plug	1	57.00	57.00T
C790	Thread Lock Kit	1	35.00	35.00T
C113	80 Bbl Vac Truck	4	95.00	380.00
C224	City Water	3,000	0.012	36.00T
D101	Discount on Services		-105.00	-105.00
D102	Discount on Materials		-336.30	-336.30T

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	\$8,384.70
Sales Tax (6.5%)	\$415.33
Total	\$8,800.03
Payments/Credits	\$0.00
Balance Due	\$8,800.03

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



Cement or Acid Field Report

Ticket No. **6533**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
6-19-22	1242	Nelson # 2	17	29 E	6 E	Rutler	KS	
Customer Brickley Enterprises			Safety Meeting Am Kevin Josh Em		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 107					104	Am		
City Eureka					114	Kevin		
State KS					145	Josh		
Zip Code 67042					128	Russell		

Job Type Logging Hole Depth 2128 KB Slurry Vol. _____ Tubing _____
 Casing Depth 3125 KB Hole Size 7 7/8 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 10.5 Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 51 BBL Displacement PSI 800 Bump Plug to 1300# BPM 5

Remarks: Safety + Job Procedure, Tap bottom w/ 4 1/2 casing, Pick up 3 ft well on collar for floor connection. Circulate for 30 min to clean hole. Rig to cement
Down Brass Ball set Basket shoe @ 1100# pump 10 BBL spacer ahead. Mix 135 SK's
T.S. cement w/ 5# Kolseal 2# Phenoseal @ 12.8# yield 1.75 = 42 Slurry
Wash out filter + lines Release 4 1/2 Top Rubber Plug Displace w/ 51 BBL water.
Final pump PSI 800# Bump Plug to 1300# wait 2 min, check float, float held.
Good circulation during all cementing procedure. Job complete, Turn Down.

NOTE Plug in hole + mouse hole
 Centralizer # (397) 20-20 # 10
 Thank you
 Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1,180.00	1,180.00
C-107	30	Mileage	5.00	150.00
C-201	120	SK's T.S. cement	24.25	3,880.00
C-207	800#	Kolseal = 5# per SK	.56	448.00
C-208	220#	Phenoseal = 2# per SK	1.55	472.00
C-403	1	4 1/2 cement BASKET	251.00	251.00
C-503	5	4 1/2 x 7 7/8 centralizers	55.00	275.00
C-760	1	4 1/2 TYPE B BASKET SHOE	1248.00	1248.00
C-403	1	4 1/2 TOP Rubber Plug	57.00	57.00
C-790	1	Thread lock KIT for Bottom Joint/BASKET SHOE	35.00	35.00
C-108A	B Tons	Ton mileage x 30 miles (Bull Truck)	1.50 mile	390.00
C-113	4 hr	80 BBL UNC TRUCK w/ city water	95.00	380.00
C-224	3,000	gallon city water	12.00	36.00
				8826.00
			-5%	(443.16)
			Sales Tax	439.19

Authorization by Andy + Luke Title owner Tool person Total 7800.03

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.

