

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) (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	Northern Natural Gas Co.
Well Name	BUCKLIN A 1
Doc ID	1673217

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface		13.375		175		200	
Intermediate		8.625		702		100	
Production		5.5		4370	Class A/Class H/H-Con	450	
Liner		2.875	6.4	4278	Class A/H-Con	260	



Remit To: Hurricane Services, Inc.
 250 N. Water, Suite 200
 Wichita, KS 67202
 316-303-9515

Customer:
 TRES MANAGEMENT INC
 15304 N MAY AVE
 EDMOND, OK 73013

Invoice Date: 10/24/2022
 Invoice #: 0364358
 Lease Name: Bucklin
 Well #: 1-A
 County: Pratt, Ks
 Job Number: WP3544
 District: Pratt

Date/Description	HRS/QTY	Rate	Total
Squeeze	0.000		
H-CON	175.000		
Class H Cement	200.000		
Calcium Chloride	376.000		
Cement Fluid Loss 2	57.000		
Cement Retarder	113.000		
Sugar	250.000		
Light Eq Mileage	10.000		
Heavy Eq Mileage	20.000		
Ton Mileage Minimum	1.000		
Cement Blending & Mixing	375.000		
Depth Charge-2001'-3000'	1.000		
Cement Data Acquisition	1.000		
Service Supervisor	1.000		

Cunningham: Bucklin 1A
 522.9215
 JAP 11/7/22

Net Invoice [REDACTED]
 Sales Tax: [REDACTED]
Total [REDACTED]

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



Customer	TRES Management	Lease & Well #	Bucklin A-1	Date	10/24/2022
Service District	Pratt Kansas	County & State	Pratt.Kansas	Legals S/T/R	6-28s-11w
Job Type	Squeeze	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No	Job #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
916	M Brungardt	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
179/521	A Clifton	<input type="checkbox"/> H2S Monitor	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
182/534	K Julian	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input checked="" type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	
Comments					

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
cp025	H-Con	sack	175.00	
cp085	Class H Cement	sack	200.00	
cp100	Calcium Chloride	lb	376.00	
cp132	Cement Fluid Loss 2	lb	57.00	
cp145	Cement Retarder	lb	113.00	
cp180	Sugar	lb	250.00	
m015	Light Equipment Mileage	mi	10.00	
m010	Heavy Equipment Mileage	mi	20.00	
m025	Ton Mileage - Minimum	each	1.00	
c060	Cement Blending & Mixing Service	sack	375.00	
d013	Depth Charge: 2001'-3000'	job	1.00	
e025	Cement Pump - Hourly Service	hr		
e035	Cement Data Acquisition	job	1.00	
r061	Service Supervisor	day	1.00	

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Based on this job, how likely is it you would recommend HSI to a colleague?


1 2 3 4 5 6 7 8 9 10

Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely

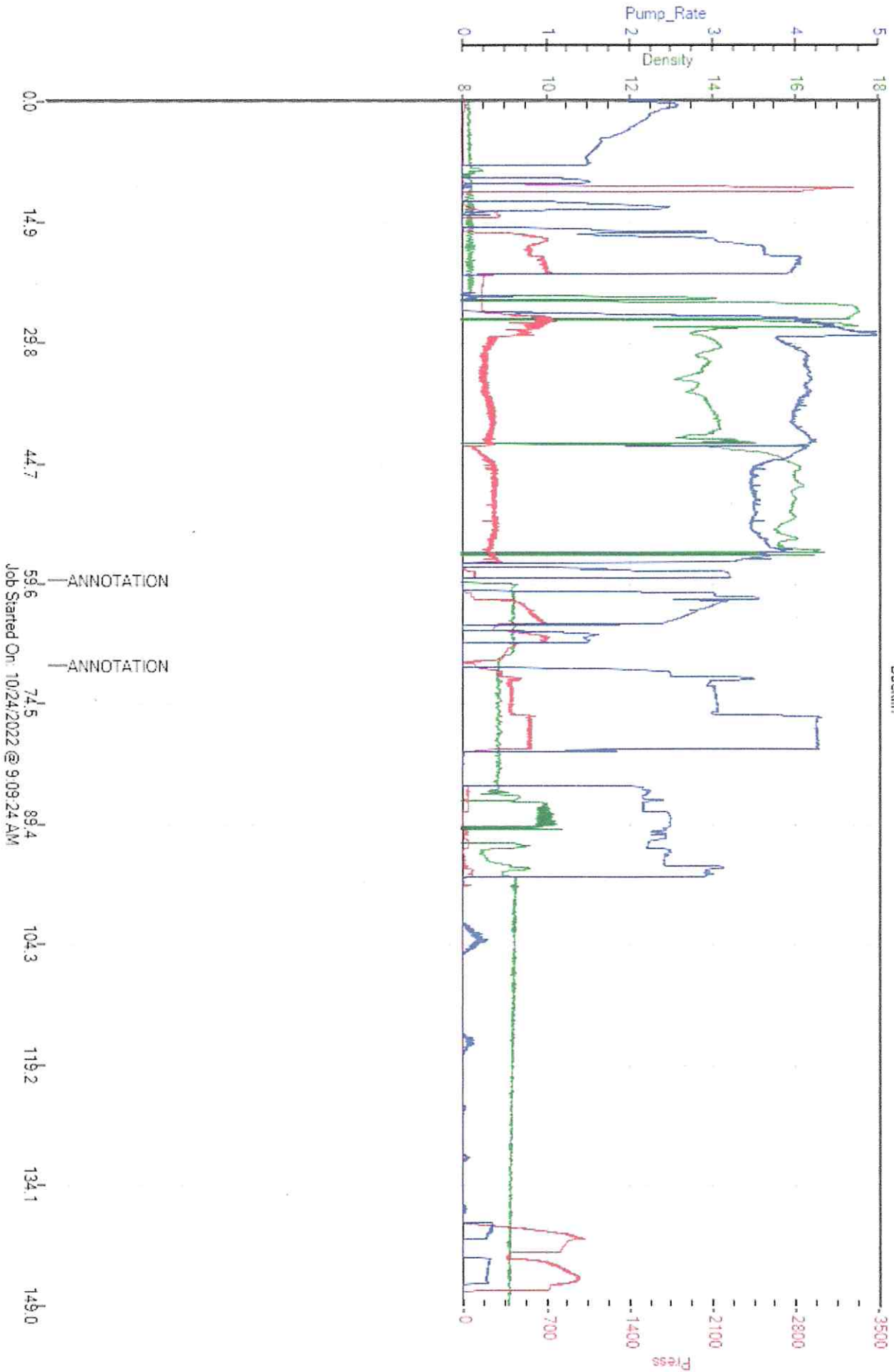
Total Taxable	\$ -	Tax Rate:		Net:	
State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.				Sale Tax:	\$ -
				Total:	\$

HSI Representative: *Mark Brungardt*

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

Tres
Bucklin





Remit To: Hurricane Services, Inc.
 250 N. Water, Suite 200
 Wichita, KS 67202
 316-303-9515

Customer:
 TRES MANAGEMENT INC
 15304 N MAY AVE
 EDMOND, OK 73013

Invoice Date: 11/3/2022
 Invoice #: 0364416
 Lease Name: Bucklin
 Well #: 1-A
 County: Pratt, Ks
 Job Number: WP3582
 District: Pratt

Date/Description	HRS/QTY	Rate	Total
Liner	0.000		
H-CON	85.000		
Cement Class A	175.000		
Cement Fluid Loss 2	83.000		
Cement Friction Reducer	74.000		
Defoamer Powder C-41P	33.000		
Calcium Chloride	160.000		
Sugar	200.000		
Light Eq Mileage	10.000		
Heavy Eq Mileage	20.000		
Ton Mileage Minimum	1.000		
Cement Blending & Mixing	260.000		
Depth Charge 4001'-5000'	1.000		
Cement Data Acquisition	1.000		
Service Supervisor	1.000		

Cunningham #20-41
 538.9215
 JAP 11/11/22

Net Invoice [REDACTED]
 Sales Tax: [REDACTED]
Total [REDACTED]

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Customer	TRES Management	Lease & Well #	Bucklin 1-A	Date	11/3/2022
Service District	Pratt Kansas	County & State	Pratt.Kansas	Legals S/T/R	6-28s-11w
Job Type	Liner	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
916	M Brungardt	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
179/521	A Clifton	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
526/256	B Strickland	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<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
cp025	H-Con	sack	85.00	
cp010	Class A Cement	sack	175.00	
cp132	Cement Fluid Loss 2	lb	83.00	
cp133	Cement Friction Reducer	lb	74.00	
cp135	Defoamer Powder	lb	33.00	
cp100	Calcium Chloride	lb	160.00	
cp180	Sugar	lb	200.00	
m015	Light Equipment Mileage	mi	10.00	
m010	Heavy Equipment Mileage	mi	20.00	
m025	Ton Mileage - Minimum	each	1.00	
c060	Cement Blending & Mixing Service	sack	260.00	
d015	Depth Charge: 4001'-5000'	job	1.00	
c035	Cement Data Acquisition	job	1.00	
r061	Service Supervisor	day	1.00	

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	
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:	\$ -
		Total:	
		HSI Representative:	Mark Brungardt

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X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	TRES Management	Well:	Bucklin 1-A	Ticket:	wp 3582
City, State:	Cairo Kansas	County:	Pratt.Kansas	Date:	11/3/2022
Field Rep:	michael William	S-T-R:	6-28s-11w	Service:	Liner

Downhole Information	
Hole Size:	5 in
Hole Depth:	ft
Casing Size:	2 7/8 in
Casing Depth:	4278 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
a	24.0 bbls

Calculated Slurry - Lead	
Blend:	H-Con
Weight:	12.1 ppg
Water / Sx:	13.9 gal / sx
Yield:	2.39 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	36.0 bbls
Total Sacks:	85 sx

Calculated Slurry - Tail	
Blend:	A
Weight:	15.6 ppg
Water / Sx:	5.2 gal / sx
Yield:	1.18 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	36.7 bbls
Total Sacks:	175 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
7:30 AM			-	-	on location job and safety
7:40 AM				-	spot trucks ans rig up
				-	
8:00 AM				-	safety meeting
8:30 AM		3,000.0		-	pressure test lines
				-	
8:35 AM				-	start cement
	4.5	250.0	36.0	36.0	mix 85 sacks lead
	4.5	250.0	36.0	72.0	mix 175 sacks tail
8:55 AM				72.0	cement in and shut down
					wash pump and lines and drop the plug
9:03 AM					start displacement
	2.0	-	5.0		
	2.0	150.0	7.0		
	2.0	400.0	10.0		
	2.0	600.0	12.0		
	2.0	750.0	15.0		
	2.0	950.0	18.0		
	1.5	1,050.0	20.0		
9:15 AM	1.5	1,750.0	24.0		plug down.....cement did circulate
					release pressure to 200 psi and close in

CREW		UNIT	SUMMARY		
Cementer:	M Brungardt	916	Average Rate	Average Pressure	Total Fluid
Pump Operator:	A Clifton	179/521	2.4 bpm	832 psi	183 bbls
Bulk #1:	B Strickland	526/256			
Bulk #2:					

TRES
Bucklin 1-A

