

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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802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS

Concrete to be delivered to the nearest accessible point over possible road under truck's own power. Due to delivery of concrete in any manner to sidewalks, roadways, driveways, buildings, lawns, sidewalks, etc., which are not customer's risk. The maximum allowed time for unloading trucks is 3 minutes per yard. A charge will be made for missing trucks longer. This concrete contains correct water content for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request. Contractor must provide place for truck to wash out. A \$50 charge will be added per truck if contractor does not supply a place to wash truck out. You charge are to your responsibility.

NOTICE TO OWNER

Failure of the contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

THORNBERRY FAMILY PARTNERSHIP
PO BOX 4677
NEW WAVERLY KS 67450

CUBB 3-1

BLUE MOUND 5.1 MI TO 300 E 1 3/4
19 80

TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK		PLANT/TRANSACTION #
7:00 PM	WELL	7.50	7.50		35		10000
DATE		LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
11/22		1	7.50		1.00	4.00 TO	031202

WARNING
IRRITATING TO THE SKIN AND EYES

Contains Portland Cement, Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Ingestion Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS PERMANENT. QUANTITY NOT TO EXCEEDS 90% OF THE FULL TRUCK. UPON LEAVING THE PLANT ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorney fees, incurred in collecting any such debt.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$30 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks. Extra Daily Time Charge is \$100/hr.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer: The driver of the truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of the truck may possibly cause damage to the premises and/or adjacent property if it places the material in the spot where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE, assuming this and the supplier from any responsibility from any damage that may result to the premises and/or adjacent property. Building, sidewalks, driveways, curbs, etc. In the event of any damage and that you also agree to hold him harmless from the responsibility of the vehicle as that he will not file the public check. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of the truck and the supplier for any and all damage to the premises and/or adjacent property which may be caused by anyone to have with out of delivery of the order.

X

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
7.50	WELL	WELL (10 YARDS PER UNIT)	7.50	
1.00	FS	FUEL SURCHARGE	1.00	
2.00	TRUCKING	TRUCKING CHARGE	2.00	
7.50	MIXING	MIXING AND POURING	7.50	

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
		140	1. JOB NOT READY 2. SLOW POUR ON PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. NEED WATER	7.30
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
1221	113	120		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

ADDITIONAL CHARGE 1 _____

ADDITIONAL CHARGE 2 _____

GRAND TOTAL ▶

Lone Jack Oil Company

Blue Mound, KS

1-620-363-0492

Lease: Cobbs Operator: Thornberry Family Partnership API # 15-107-25405-00-00Contractor: Lone Jack Oil Company Date Started: 7/8/22 Date Completed: 7/14/22Total Depth: 638 feet Well # 9-T Hole Size: 5 5/8Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5

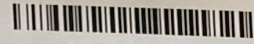
Depth of Seat Nipple: _____ Rag Packer At: _____

Length and Size of Casing: 630 2 7/8 Sacks of Cement: 75Legal Description: SE NE NE NW Sec: 10 Twp: 23S Range: 22E County: Linn

Thickness	Depth	Type of Formation	Core	Depth	Time
1	1	Top Soil			
15	16	Lime			
3	19	Shale			
11	30	Lime			
4	34	Shale			
14	48	Lime			
3	51	Shale			
6	57	Lime			
5	62	Shale			
3	65	Lime			
5	70	Shale			
9	79	Lime			
26	105	Shale			
1	106	Lime			
99	205	Shale			
39	244	Shale w/ Lime Streak			
10	254	Shale			
24	278	Lime			
65	343	Shale			
12	355	Lime			
6	361	Shale			
10	371	Lime			
43	414	Shale			
5	419	Lime			
4	423	Shale			
11	434	Lime			
197	631	Shale			
1	632	Oil Sand Small Bleed			
6	638	Oil Sand Really Good Bleed			
	638	TD			

Avery Lumber

411 Main St. P.O. Box 66
Mound City, KS 66056
PH (913) 795-2210
EMAIL averylumber@yahoo.com



INVOICE

Customer Copy

Page 1 of 1

Sales Order #: 00060825

Invoice #: INV0147076

Special:

Instructions:

Terms CASH

Sales Rep: JAROD Jarod Avery

Accr Rep:

Invoice Date: 07/08/2022 11:21 AM

Ship Date: 07/08/2022

Requested Ship:

Due Date: 07/08/2022

Sold To: CASH CUSTOMER - TAXABLE

Ship To: CASH CUSTOMER - TAXABLE

Phone:

Phone:

Customer #: *9

Customer-PO #:

Order by:
Terminal: POS 1

LN	ORDER	SHIP	L	UOM	ITEM #	DESCRIPTION	PRICE	EXTENSION
1	5.00	5.00	L	BAG	CPPC	PORTLAND CEMENT	16.1900	80.95

MC 4965 87.83
Auth Code: 331625
Total Applied: 87.83

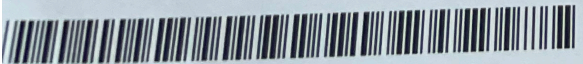
FILLED BY CHECKED BY DATE SHIPPED DRIVER

SHIP VIA CP/Customer Pickup

Signature

Taxable 80.95
Non-taxable 0.00
Tax #

Sales Total	\$80.95
Add Charges	0.00
Freight	0.00
Tax	6.88
TOTAL	\$87.83
Change	\$0.00



Customer Copy

Customer Copy