

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](mailto: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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Form	ACO1 - Well Completion
Operator	Shelby Resources LLC
Well Name	VICKERS-BUSTER #1-3
Doc ID	1537895

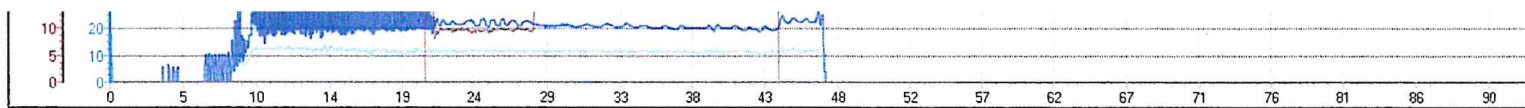
All Electric Logs Run

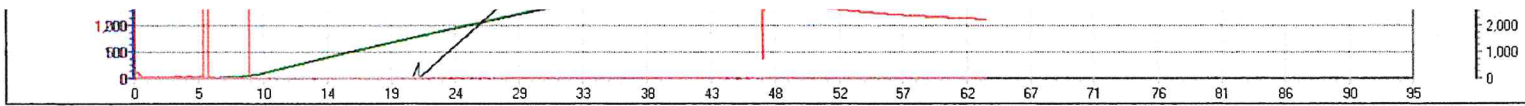
Dual Induction
Compensated Nuutron
Micro
Sonic















**CEMENT TREATMENT REPORT**

Customer: <b>SHELBY RESOURCES</b>	Well: <b>VICKERS-BUSTER 1-3 OWWO</b>	Ticket: <b>ICT 4310</b>
City, State:	County: <b>PAWNEE, KS</b>	Date: <b>10-17-2020</b>
Field Rep: <b>CHRIS GOTTSCHALK</b>	S-T-R: <b>26- 21S- 17W</b>	Service: <b>5 1/2 " L. S.</b>

Downhole Information	
Hole Size:	<b>7 7/8 in</b>
Hole Depth:	<b>3963' ft</b>
Casing Size:	<b>5 1/2 in</b> 14#
Casing Depth:	<b>3948 ft</b>
Tubing / Liner:	<b>in</b>
Depth:	<b>ft</b>
Tool / Packer:	
Tool Depth:	<b>ft</b>
Displacement:	<b>95.2 bbls</b>

Calculated Slurry - Lead	
Blend:	<b>SCAVENGER</b>
Weight:	<b>12.0 ppg</b>
Water / Sx:	<b>gal / sx</b>
Yield:	<b>ft<sup>3</sup> / sx</b>
Annular Bbls / Ft.:	<b>bbs / ft.</b>
Depth:	<b>ft</b>
Annular Volume:	<b>0.0 bbls</b>
Excess:	
Total Slurry:	<b>15.0 bbls</b>
Total Sacks:	<b>50 sx</b>

Calculated Slurry - Tail	
Blend:	<b>H-LONG</b>
Weight:	<b>14.8 ppg</b>
Water / Sx:	<b>6.4 gal / sx</b>
Yield:	<b>1.47 ft<sup>3</sup> / sx</b>
Annular Bbls / Ft.:	<b>bbs / ft.</b>
Depth:	<b>ft</b>
Annular Volume:	<b>0 bbls</b>
Excess:	
Total Slurry:	<b>65.5 bbls</b>
Total Sacks:	<b>250 sx</b>

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
3:00AM			-	-	ON LOCATION
4:45AM				-	RUN 94 JTS OF 5 1/2" X 14# CASING
				-	TURBO- 2,3,4
				-	BASKET- 1 , 11
6:15AM				-	CASING ON BOTTOM
6:45AM				-	HOOK UP TO CSG AND BREAK CIRCULATION WITH RIG
7:40AM	2.0		7.0	7.0	PLUG RATHOLE
7:50AM	2.0		5.0	12.0	PLUG MOUSEHOLE
8:04AM	6.0	300.0	10.0	22.0	H2o AHEAD OF CEMENT
8:06AM	6.0	300.0	15.0	37.0	MIX 50 SKS SCAVENGER @ 12PPG
8:09AM	6.0	100.0	65.5	102.5	MIX 250 SKS H-LONG CEMENT @ 14.8 PPG
8:20AM				102.5	SHUT DOWN- CLEAR PUMP AND LINES- DROP LATCH DOWN PLUG
8:41AM	6.0	-	-	102.5	START DISPLACEMENT
8:51AM	6.0	200.0	60.0	162.5	LIFT PRESSURE
8:55AM	4.0	400.0	80.0	242.5	SLOW RATE
9:00AM	3.0	1,500.0	95.2	337.7	PLUG DOWN- HELD
				337.7	CIRCULATION THRU JOB
				337.7	WASH UP PUMP TRUCK
				337.7	
				337.7	
				337.7	JOB COMPLETE,
				337.7	THANK YOU - KEVEN AND CREW
				337.7	
				337.7	
				337.7	
				337.7	
				337.7	

CREW		UNIT	SUMMARY		
Cementer:	<b>LESLEY</b>	<b>75</b>	Average Rate	Average Pressure	Total Fluid
Pump Operator:	<b>OSBORN</b>	<b>179-522</b>	4.6 bpm	400 psi	338 bbls
Bulk #1:	<b>EJ McGRAW</b>	<b>181-532</b>			
Bulk #2:					



Customer	Shelby Resources	Lease & Well #	Vickers Buster 1.3	Date	11/5/2020
Service District	Garnett, KS	County & State	Pawnee Co. KS	Legals S/T/R	
Job Type	X-link Frac	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Ticket #
					EP1033

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
81/850	Jake M.	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
524/801	Garrett S.	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input checked="" type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
820	Pat S.	<input checked="" type="checkbox"/> Safety Footwear	<input checked="" type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
	Kevin N.	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input checked="" type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
m010	Heavy Equipment Mileage	mi	480.00	
m015	Light Equipment Mileage	mi	240.00	
m020	Ton Mileage	tm	675.00	
f010	Combo Unit	ea	1.00	
f020	Sand Truck	day	1.00	
f050	Data Acquisition Unit	ea	1.00	
f060	Chem Add Pump	ea	1.00	
f065	Densimeter	ea	1.00	
af010	20/40 Frac Sand	cwt	195.00	
af045	Hurrigel 907	gal	124.00	
af065	Cross Linker	gal	27.00	
af056	Liquid KCL Substitute 2	gal	10.00	
af157	MicroSurf 3	gal	20.00	
af127	Non Emulsifier - NE3C	gal	20.00	
af060	Biocide	gal	2.00	
af070	Liquid Enzyme Breaker	gal	2.00	

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:

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.

HSI Representative: *Jake Mueller*

**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 1/4% 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**

Well Name:  
 Surface Location:  
 Bottom Location:  
 API:  
 License Number:  
 Spud Date: 4/17/2012 Time: 10:00 AM  
 Region:  
 Drilling Completed: 2/2/2011 Time: 5:50 PM  
 Surface Coordinates:  
 Bottom Hole Coordinates:  
 Ground Elevation: 0.00ft  
 K.B. Elevation: 0.00ft  
 Logged Interval: 0.00ft To: 0.00ft  
 Total Depth: 0.00ft  
 Formation:  
 Drilling Fluid Type: Chemical/Fresh Water Gel

**OPERATOR**

Company:  
Address:

Contact Geologist:  
Contact Phone Nbr:  
Well Name:  
Location:

API:  
Pool: Field:  
State: Country: USA

**LOGGED BY**



**Charlie Sturdavant Consulting**

Company: Charlie Sturdavant Consulting  
Address: 920 12th Street  
Golden, CO 80401

Phone Nbr: 303-907-2295----303-384-9481  
Logged By: Geologist Name: Charlie Sturdavant

**NOTES**

**Daily Drilling Report**

**Well Comparison Sheet**


**SURFACE CO-ORDINATES**

Well Type: Vertical  
 Longitude:  
 Latitude:  
 N/S Co-ord:  
 E/W Co-ord:






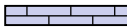


**CONTRACTOR**

Contractor:  
 Rig #:  
 Rig Type: mud rotary  
 Spud Date: 4/17/2012  
 TD Date: 2/2/2011  
 Rig Release:  
 Time: 10:00 AM  
 Time: 5:50 PM  
 Time:

**ELEVATIONS**

K.B. Elevation: 0.00ft  
 K.B. to Ground: 0.00ft  
 Ground Elevation: 0.00ft

**ROCK TYPES**

 Dolprim	 Lmst fw<7	 shale, grn	 shale, red
 Dolsec	 Lmst fw>7	 shale, gry	 Ss

**ACCESSORIES**

**MINERAL**

— Argillaceous  
 ⊥ Calcareous  
 △ Chert White  
 P Pyrite

**FOSSIL**

☞ Coral  
 ○ Oolites  
 ⊕ Oomoldic

**OTHER SYMBOLS**

**DST**

 DST Int  
 DST alt

Printed by GEOstrip VC Striplog version 4.0.8.15 (www.grsi.ca)

Curve Track #1				Depth   Intervals	DST	Lithology	Oil Show	Geological Descriptions	TG, C1 - C5					
ROP (min/ft)	Gamma (API)	Cal (in)							Total Gas (units)	C1 (units)	C2 (units)	C3 (units)	C4 (units)	
0	150	6		3						0	0	0	0	0
				16						50	50	50	50	50
				3620										
				3640										

**Vickers Exploration LTD # 1 Buster**  
**2310' FSL & 4950' FEL, NW-NW-SW**  
**Sec 3-T22S-R16W**  
**Pawnee County, Kansas**  
**KB = 1997'**



3880  
3900  
3920  
3940  
3960  
3980  
4000  
4020  
4040  
4060  
4080

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**Simpson Sand 3891 (-1894)**

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**Simpson Shale L 3896 (-1899)**

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**Arbuckle 3824 (-1927)**

0 ROP (min/ft) 3  
0 Gamma (API) 150  
6 Cal (in) 16

0 Total Gas (units) 50  
0 C1 (units) 50  
0 C2 (units) 50  
0 C3 (units) 50  
0 C4 (units) 50

4100  
4120  
4140  
4160  
4180  
4200  
4220  
4240  
4260  
4280  
4300

0 ROP (min/ft) 3  
0 Gamma (API) 150  
6 Cal (in) 16

0 Total Gas (units) 50  
0 C1 (units) 50  
0 C2 (units) 50  
0 C3 (units) 50  
0 C4 (units) 50

4320  
4340  
4360  
4380  
4400  
4420  
4440  
4460  
4480  
4500  
4520

ROP (min/ft) 3  
Gamma (API) 150  
Cal (in) 16

Total Gas (units) 50  
C1 (units) 50  
C2 (units) 50  
C3 (units) 50  
C4 (units) 50



4540  
4560  
4580  
4600  
4620  
4640  
4660  
4680  
4700  
4720  
4740

0	ROP (min/ft)	3
0	Gamma (API)	150
6	Cal (in)	16

0	Total Gas (units)	50
0	C1 (units)	50
0	C2 (units)	50
0	C3 (units)	50
0	C4 (units)	50

