

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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Form detail**#2: DGB Citation Drill Log Template****Form details**

Location	
Form date	Aug 30, 2022
Description	Well log site 2
Submitted by	Chris Hall
Status	Submitted
Last update	Nov 22, 2022, 9:58 PM CST
Last updated by	Chris Hall
Included references	No reference types included

CITATION

DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

CLIENT INFORMATION

Client	ETC Panhandle Eastern				Job Number	2022-0273			
Facility	Danler Site 2				Customer Contact	Chris Stahlecker			
City	Sublette	County	Haskell	State	KS	Phone No.	620-271-8344		

DEEP GROUND BED & DRILLING LOG INFORMATION New Installation Existing Rectifier

Hole Dia.	10"	Total Depth	300'	Casing Feet	20'	Dia.	10"	Type	SDR21	Groundbed GPS	
No. Anodes	20	Size & Type	2684 Cast Iron	Anode Lead	400'	Size	#8	Type	Halar	N	37.548264
Lbs. Coke	6250	Coke Type	SC2	Top of Coke Column	83'	Vent	220"	W	-100.962053		
Lbs. Plug	1900	Plug Type	Bentonite	Top of Plug	3'	Logging Volts		12.7			

Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log				Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log			
			Volts	Amps Before	Amps After	Remarks				Volts	Amps Before	Amps After	Remarks
0													
5						205		10			8.2		
10	Casing					210	Sandy Clay			2.7			
15						215		9			8.4		
20	Casing					220	Sandy Clay			2.8			
25						225		8			7.6		
30	Sandy Clay			1.2		230	Grey clay			2.6			
35						235		7			8.2		
40	Sandy Clay			1.5		240	Grey clay			2.5			
45						245		6			9.1		
50	Sand			.6		250	Grey clay			2.7			
55						255		5			8.1		
60	Sand gravel			.3		260	Grey clay			2.8			
65						265		4			7.1		
70	Sand gravel			.3		270	Grey clay			2.8			
75						275		3			7.6		
80	Sand gravel			.4		280	Grey clay			2.9			
85						285		2			5.9		
90	Sand			.4		290	Grey clay			1.3			
95						295		1			.9		
100	Sand			.3		300	Grey clay			.6			
105		20			2.1	305							
110	Sand			.3		310							
115		19			2.0	315							
120	Sand gravel			.3		320							
125		18			2.2	325							
130	Sand gravel			.9		330							
135		17			1.9	335							
140	Sand gravel			.6		340							
145		16			1.8	345							
150	Sand gravel			.4		350							
155		15			2.2	355							
160	Sand gravel			.6		360							
165		14			3.3	365							
170	Sand			.5		370							
175		13			6.8	375							
180	Sand			2.7		380							
185		12			7.4	385							
190	Sandy Clay			2.3		390							
195		11			7.9	395							
200	Sandy Clay			2.6		400							
							Total						

ANODE JUNCTION BOX INFORMATION

ANODE JUNCTION BOX												COMMENTS
Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	
1		6		11		16		21		26		
2		7		12		17		22		27		
3		8		13		18		23		28		
4		9		14		19		24		29		
5		10		15		20		25		30		
Shunt	Mv		Amp							TOTAL		

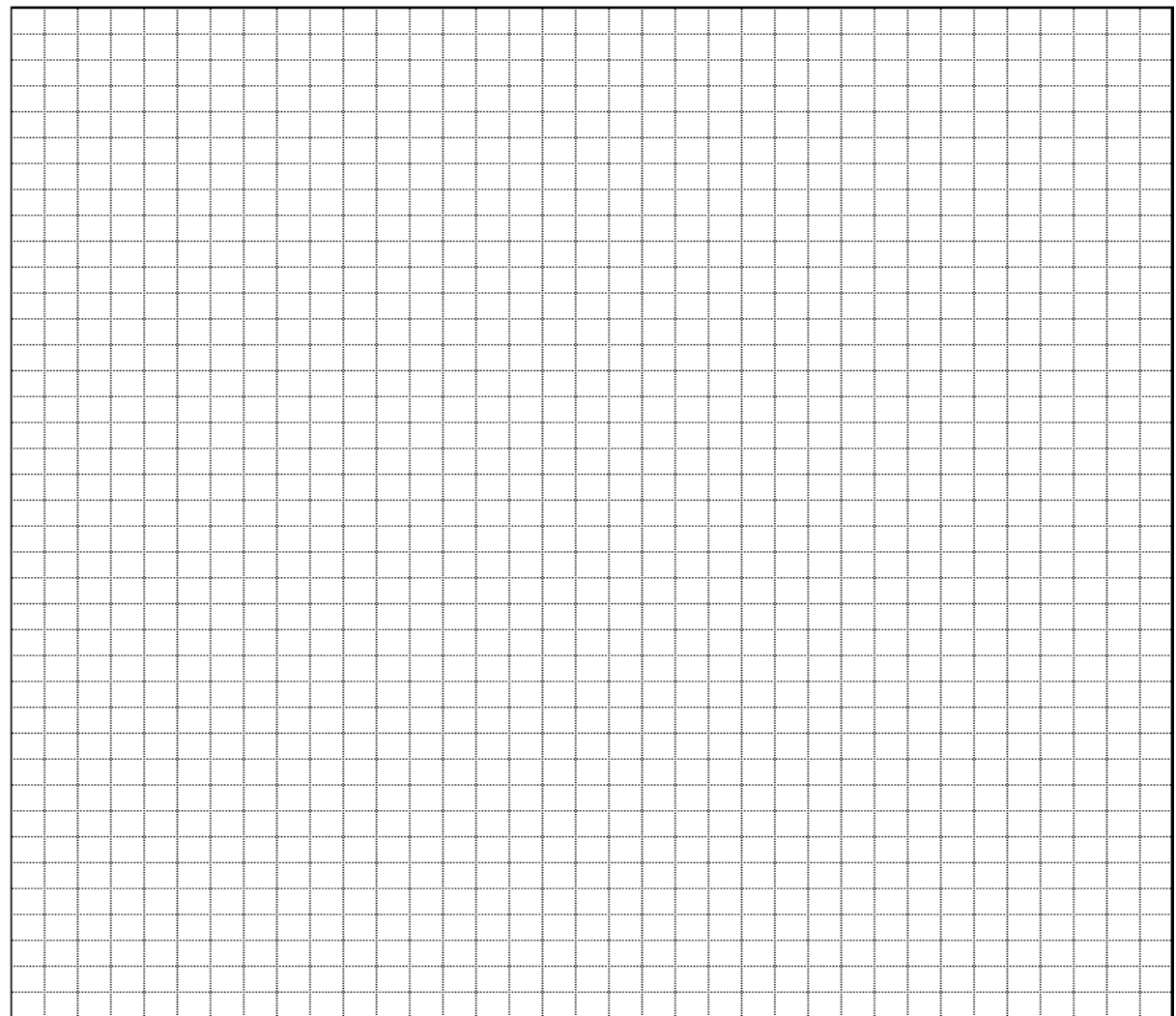
RECTIFIER INFORMATION

Manufacturer	Universal Rectifiers		Rectifier ID Number						
Model No.	ASAI	DC Volts	50	AC Volts	115/230	Max Coarse	4	Shunt Amp	50
Serial No.	221001	DC Amps	50	AC Amps	30.6/15.3	Max Fine	6	Shunt mV	50
GPS Coordinates		Latitude	N	37.548303		Longitude	W	-100.962169	
RMU Type				Serial Number					

ENERGIZED INFORMATION No A/C Power #12 Lead Installed with Negative

Coarse Tap Setting		of		AC Volts		DC Volts		DC Amps	
Fine Tap Setting		of		AC Amps		DC mV		Structure PS	
Calculated Ground Bed Resistance				Calculated Rectifier Efficiency					

ASBUILT DRAWING



Remarks: _____

Technician/Foreman _____ Date _____



Order Date: 08/23/2022

Sales Order 784290

Sold To: MERIDIAN PIPELINE SERVICES PO BOX 7024 OVERLAND PARK KS 66207	Ship To: MERIDIAN PIPELINE SERVICES 1473 W. HWY 50 LAKIN KS 67860 United States of America
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Customer: 4CCM1020	Ship By: 08/26/2022
PO Number: 2022-0272-004	Ship Via: Best Way
Payment Terms: Advance Pay	Shipment Terms: FOB Origin
Sales Tax: OUT OF STATE	Sales Rep Code: JS Entry Person: VBARRIOS

PROJECT NUMBER: 2022-0272

Line	Part Number/Description	Rev	Order Qty	Unit Price	Ext. Price
1	ASCI2684 Set of 20 Cast Iron Anotec 2684 Tubular w/ #8 Halar LL 400' on 10' Centers. (24,800')	0	4.00 SET20	10,816.00/1	43,264.00
	<u>Rel</u> <u>Date</u> <u>Quantity</u>				
	1 8/26/2022 4.00				
2	ASJBOX20 Fiberglass Jbox 20 ckt 18 X 16 w/ 20 JB Shunts, 20 KA4C Lugs and 1 CP0 Lug.	0	4.00 EA	565.50/1	2,262.00
	<u>Rel</u> <u>Date</u> <u>Quantity</u>				
	1 8/26/2022 4.00				
3	SC2 Coke Breeze; Loresco SC-2; 50# Bag (4 Beds 185 bags per bed.)		900.00 EA	33.00/1	29,700.00
	<u>Rel</u> <u>Date</u> <u>Quantity</u>				
	1 8/26/2022 900.00				
DROP SHIPMENT					
4	1ALLVENT AllVent Pipe; 1" (240' per bed)		960.00 FT	3.00/1	2,880.00
	<u>Rel</u> <u>Date</u> <u>Quantity</u>				
	1 8/26/2022 960.00				

Line (4)	Line Miscellaneous Charges:
	Houston - Shipping & Handling 4,800.00

Line	Part Number/Description	Rev	Order Qty	Unit Price	Ext. Price
5	PDSPLUG Bentonite Plug PDS (50# Bags); 60 bags/ pallet (110 bags per bed)		440.00 EA	7.25/1	3,190.00
	<u>Rel</u> <u>Date</u> <u>Quantity</u>				
	1 8/26/2022 440.00				



Corporate Office: BK Corrosion, LLC
 4411 Navigation Blvd. Houston, TX 77011 United States of America
Phone: 713-225-6661 **Fax:** 713-236-8022 **Federal ID:** 32-0509857
www.bkcorrosion.com

We collect Sales Tax for: TX, ND & WV

Order Date: 08/23/2022

Sales Order 784290

Line (5)	Line Miscellaneous Charges:	
	Houston - Shipping & Handling	3,950.00

Line Total: 81,296.00

Total Tax: 0.00

Miscellaneous Charges / Freight / Other: 8,750.00

Order Total: **90,046.00** USD

Thank you, we appreciate the opportunity to become your preferred supplier.

To review the Terms & Conditions of this Sales Order, please visit: www.BKCorrosion.com/terms-conditions

ALL MERCHANDISE RETURNS MUST HAVE PRIOR APPROVAL - RESTOCKING FEES MAY APPLY - CUSTOM/SPECIAL ORDERS ARE NON-RETURNABLE

7108 W. Highway 80
 Midland, TX 79706
 Phone: (432) 561-5360

212 Flato Road
 Corpus Christi, TX 78405
 Phone: (361) 356-3616

252 Van Kirk Drive
 Fairmont, WV 26554
 Phone: (618) 214-5005