

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top Bottom</p>	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Oneok Field Services LLC
Well Name	GB 95 NEW MARTIN 1
Doc ID	1675089

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	16	10	8	20	Portland Cement	45	0

JANTZ LUMBER DO IT CENTER
200 W. EUCLID
MCPHERSON, KS 67460
PHONE: (620) 241-4044

PAGE NO 1

CASH

CUST # *5
TERMS: CASH/CHECK/BANKCARD
P.O. # ONEOK
REF. # PO # ONEOK EST#

INV # G25693
DATE: 11/09/22
CLERK: DSB
TERM # 556
TIME: 9:17

* INVOICE *

QUANTITY	UNIT	ITEM	DESCRIPTION	SUG. PRICE	PRICE/PER	EXTENSION
200.0	EA	8810T	8X8-10' TREATED YP ROUGH CCA		139.00 /EA	834.00
	BG	PC	PORTLAND CEMENT 94# BAG	19.99	18.99 /BG	3,798.00
6	EA	PALLET	TYPE 1 STANDARD WOOD PALLET (QUIKRETE, K&P) EMPTY PALLETS ARE RETURNABLE FOR CREDIT		25.00 /EA	150.00*

*Project 340304/910
ONEOK*

MID:*****7960

** PAYMENT RECEIVED **
** PAID IN FULL **

APP:043832

NR:625693

BANKCARD PAYMENT
BKCRD#XXXXXXXXXX0149

5212.38 TAXABLE
5212.38 NON-TAXABLE
5212.38 SUB-TOTAL
5212.38 TAX AMOUNT
5212.38 TOTAL INVOICE

4782.00
0.00
4782.00
430.38
5212.38

X Phone Transaction
Received By