

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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EK Energy

474409

Statement

DATE

8/25/22

TERMS

TO

Tom Mueller
1018 1100th St
Jola, Ks 66749

IN ACCOUNT WITH

Fudge Lease

5#

Cement 27 1/2
T.O. 945'

Pump
Vac Truck

\$ 750⁰⁰
\$ 100⁰⁰

THANKS

pl 9/22

CURRENT

OVER 30 DAYS

OVER 60 DAYS

TOTAL AMOUNT

\$ 850⁰⁰

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

Payless Concrete Products, Inc.



CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allowed time for unloading trucks is 15 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water content for strength of mix indicated. We do not assume responsibility for strength lost when water is added at customer's request. Contractor must provide place for truck to wash out. A \$10 charge will be added per truck if contractor does not supply a place to wash truck out. Flow charges are buyers responsibility.

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

TO THE CREDIT OF
TOM MUELLER

TOM MUELLER
1018 1100ST
TOLA

KS 66749

7-27-22

TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK		PLANT/TRANSACTION #
4:47 PM	WELL	1.50	11.50		37		TOLA ALL CO
DATE		LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
7/27/22		1	11.50	21	0.00	4.00 In	53223

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, Wash Thoroughly With Water. If Irritation Persists, Get Medical Attention. **KEEP CHILDREN AWAY.**

CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORDERS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING BEGINS.

The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any amount due.

All accounts not paid within 30 days of delivery will bear interest at the rate of 2% per annum.

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

A \$20 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Discard Delay Time Charged @ \$60/Hr.

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

Dear Customer: The driver of this truck in presenting this RELEASE is you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the pavements and/or adjacent property if it passes the vehicle in the road where you deliver it. It is our wish to help you in every way that we can, but in order to do this we must be assured that you sign this RELEASE relieving us and the supplier from any responsibility from any damage that may occur to the pavements and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to hold him harmless from the wheels of his vehicle as that he will not be held liable there. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and the supplier from any and all damages to the pavements and/or adjacent property which may be claimed by anyone to have been done at delivery of this order.

SIGNED
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 *Tom Mueller*

QUANTITY	CODE	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
11.50	WELL	WELL (10 SACKS PER UNIT)	11.50	\$85.00	\$977.50
1.50	MIX/HAUL	MIXING AND HAULING	11.50	\$25.00	\$287.50
1.00	FS	FUEL SURCHARGE	1.00	\$14.95	\$14.95
1.00	TRUCKING	TRUCKING CHARGE	1.00	\$60.00	\$60.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION (CYLINDER TEST TAKEN)	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR RAMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR SPOKE DOWN 5. ADDING WATER 6. TRUCK CROOK DOWN 7. ACCIDENT 8. OTHER	
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
2:02				
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

\$1,339.05
7.75
103.85
\$1,452.20
\$1,457.20
ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 _____
GRAND TOTAL ▶ \$1443.80

Drillers Log

Company: Tom Muller
 Farm: Fudge
 Well # 5
 Operator#
 Surface Pipe: 21 ft with 6 sacks
 AP # 15-001-31721

Contractor: DMJ OIL
 License #: 7160
 County: Allen
 Sec: 9/25/18e.
 location:
 location: Spot:

Started: 7-25-2022

finished: 07/28/2022

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Thickness	Formation	Depth	Remarks
16ft	Top Soil	16ft	
2ft	river gravel	18ft	
2ft	lime	20ft	
11ft	shale	31ft	
29ft	lime	60ft	
14ft	shale	74ft	
36ft	sandy shale	110ft	
14ft	lime	253ft	
19ft	shale	443ft	
17ft	lime	460ft	
10ft	sand	470ft	good bleed
20ft	sandy shale	490ft	odor
32ft	shale	522ft	
37ft	lime	559ft	
31ft	shale	590ft	
16ft	lime	606ft	
7ft	shale	613ft	
3ft	lime	616ft	
4ft	shale	620ft	
5ft	sand	625ft	odor oil show
14ft	shale	768ft	
7ft	Blk. Sand	775ft	odor
10ft	shale	878ft	
29ft	oil sand	907ft	good Bleed
1ft	shale	908ft	
32ft	gray sand	940ft	odor
5ft	sand	945ft	good bleed
T.D. Well	945ft		
T.D. Pipe	940ft.		