

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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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Susan K. Duffy, Commissioner
Andrew J. French, Commissioner

Laura Kelly, Governor

December 01, 2022

Mike Thompson
HAT Production LLC
12371 KS HWY 7
MOUND CITY, KS 66056-9325

Re: ACO-1
API 15-107-25411-00-00
MJS FARMS 33
NW/4 Sec.13-22S-22E
Linn County, Kansas

Dear Mike Thompson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 7/13/2022 and the ACO-1 was received on November 30, 2022 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

MJS Farms #33
 API: 15-107-25411

SPUD DATE 7-13-22

Footage	Formation	Thickness	Set 20' of 8 5/8" Drilled w/11" bit cemented with 6 sacks of Portland TD 772' Drilled with 5 7/8" bit Ran 768' of 2 7/8" on 7-15-22
0	topsoil	3	
3	lime	40	
43	shale	5	
48	lime/w shale streaks	49	
97	shale	176	
273	lime	19	
292	shale	11	
303	lime	16	
319	shale	31	
350	lime	21	
371	shale	6	
377	lime	6	
383	shale	40	
423	lime	18	
441	shale	10	
451	lime	22	Ft. Scott
473	shale	20	
493	lime	15	
508	shale	198	
706	lime	3	
709	sand	3	good odor, good bleed, gas sand
712	shaley sand	1	no odor, no bleed
713	sand	1	decent odor, decent bleed
714	sand	3	good odor, good bleed
717	sandy shale	4	start coring, little bleed
721	shaley sand	13	good bleed
734	sandy shale	2	little bleed
737	shale	35	
772			TD



Customer	HAT Production LLC		Lease & Well #	MJS Farms 33		Date	7/15/2022	
Service District	Garnett		County & State	LN, KS	Legals S/T/R	13-22-22		Job #
Job Type	Longstring	<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 #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
931	Casey Kennedy	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging			
239	Nick Beets	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection			
247	Trevor Glasgow	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations			
110	Scott McCrea	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" 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				
Comments								

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount	
C010	Cement Pump Service	ea	1.00	\$712.50	
M010	Heavy Equipment Mileage	mi	28.00	\$106.40	
M015	Light Equipment Mileage	mi	28.00	\$53.20	
M025	Ton Mileage - Minimum	each	1.00	\$285.00	
T010	Vacuum Truck - 80 bbl	hr	2.00	\$180.00	
CP049	EconoBond	sack	91.00	\$1,729.00	
CP125	Pheno Seal	lb	91.00	\$151.29	
CP095	Bentonite Gel	lb	200.00	\$76.00	
FE025	2 7/8" Rubber Plug	ea	1.00	\$38.00	
AF080	Fresh Water	gal	3,000.00	\$57.00	
				Net:	\$3,388.39

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Total Taxable	\$ -	Tax Rate:		Net:	\$3,388.39
Based on this job, how likely is it you would recommend HSI to a colleague?		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.		Sale Tax:	\$ -	Total:	\$ 3,388.39
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		HSI Representative: <i>Casey Kennedy</i>					
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely							

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 1/2% 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**



CEMENT TREATMENT REPORT

Customer:	HAT Production LLC	Well:	MJS Farms 33	Ticket:	EP5276
City, State:	Mound City, KS	County:	LN, KS	Date:	7/15/2022
Field Rep:	Mike Thompson	S-T-R:	13-22-22	Service:	Longstring

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	Econobond 1# PS	Blend:	
Hole Depth:	772 ft	Weight:	13.61 ppg	Weight:	PPG
Casing Size:	2 7/8 in	Water / Sx:	7.12 gal / sk	Water / Sx:	gal / sk
Casing Depth:	770 ft	Yield:	1.56 ft ³ / sk	Yield:	ft ³ / sk
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	4.46 bbls	Total Slurry:	25.28 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	91 sks	Total Sacks:	0 sks

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
2:30 PM			-	-	on location, held safety meeting
	4.0			-	established circulation
	4.0			-	mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0			-	mixed and pumped 91 sks Econobond cement with 1# PhenoSeal per sk, cement to surface
	4.0			-	flushed pump clean
	1.0			-	pumped 2 7/8" rubber plug to casing TD with 4.46 bbls fresh water
	1.0			-	pressured to 800 PSI, well held pressure
				-	released pressure to set float valve
	4.0			-	washed up equipment
				-	
3:30 PM				-	left location
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CREW			UNIT	SUMMARY		
Cementer:	Casey Kennedy		931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets		239	3.1 bpm	- psi	- bbls
Bulk:	Trevor Glasgow		247			
H2O:	Scott McCrea		110			