

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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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Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator		DEP	Well No.	12-20	Lease	DART	Loc.	1/4	1/4	1/4	Sec.	20	Twp.	27S	Rge.	16E		
			County	WILSON	State	KS	Type/Well			Depth	1275'	Hours			Date Started	11-17-20	Date Completed	11-20-20
Job No.	Casing Used		Bit Record			Coring Record												
	43' 8 5/8"		Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.					
Driller	Cement Used				6 3/4"													
Driller	TOOTIE		Rig No.															
Driller			Hammer No.															

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	36	LIME	731	733	COAL	1058	1059	COAL			
36	151	SHALE	733	735	SHALE	1059	1062	SHALE			
151	171	LIME	735	739	LIME	1062		GAS TEST 4# 3/4"			
171	214	SANDY SHALE	736		GAS TEST SAME	1062	1075	SANDY SHALE			
214	268	LIME	739	750	LIME	1075	1127	SAND			
268	269	COAL	750	753	SHALE	1127	1200	SAND			
269	295	SHALE	753	757	LIMR	1200	1210	MISS CHAT			
295	317	SANDY LIME	757	790	SHALE	1210	1275	LIME			
317	322	LIME	790	808	LIME						
322	344	SHALE	808	816	BLK SHALE			T.D. 1275'			
344	423	LIME	816	826	LIME						
423	428	BLK SHALE	816		GAS TEST SAME						
428	433	LIME	826	839	SAND (OIL ODOR)						
433		GAS TEST 0	839	845	SANDY LIME						
433	456	SHALE	845	852	SHALE						
456	466	LIME	852	858	SAND						
466	469	BLK SHALE	858	900	SHALE						
469	473	SHALE	866		GAS TESTSAME						
473	475	COAL	900	901	COAL						
475	505	LIME	901	918	SHALE						
476		GAS TEST 2# 1/8"	916		GAS TEST SAME						
505	615	SHALE	918	922	LIME						
615	621	LIME	922	953	SHALE						
621	632	SHALE	953	954	COAL						
632	642	LIME	954	974	SHALE						
642	650	SHALE	974	976	COAL						
650	652	LIME	976	1015	SHALE						
652	669	SAND	1015	1016	COAL						
669	730	SHALE	1016	1035	SHALE						
670		GAS TEST SAME	1035	1046	SANDY SHALE						
730	731	LIME	1046	1058	SHALE						



CEMENT TREATMENT REPORT

Customer: Domestic Energy Partners	Well: Dart et al 12-20	Ticket: EP1082
City, State: Fredonia, Ks.	County: Wilson, Ks	Date: 11/20/2020
Field Rep: Jeff Morris	S-T-R: SE 20-27-16	Service: Long string

Downhole Information

Hole Size:	6 3/4 in
Hole Depth:	1275 ft
Casing Size:	4 1/2 in
Casing Depth:	1256 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbls

Calculated Slurry - Lead

Blend:	H854 Thixo
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

Calculated Slurry - Tail

Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
1:30 PM			-	-	Arrive on location. Held safety meeting. Watched rig run casing.
3:30 PM	4.0	200.0	-	-	Rig up. Established circulation down casing. Mixed and pumped 200# gel with 10 bbls water followed by 5 bbls clean water. Mixed and pumped 100# caustic soda with 10 bbls water flush followed by 16 bbl clean water. Mixed and pumped 130 sacks H854 Thixo with 5# kolseal per sack. Flushed pump and released plug.
4:30 PM	800.0				Pumped plug to casing TD with clean water. Circulated 8 bbls good cement returns. Well pressured to 800 PSI. Set float. Rigged down.

CREW			UNIT	SUMMARY		
Cementer:	Alan Mader		80	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Casey Kennedy		239	4.0 bpm	400 psi	- bbls
Bulk #1:	Mark Foltz		247			
Bulk #2:						