

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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FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0691

LOCATION Howie

FOREMAN Preston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-27-72		Wrelevel #2-24	24	11	24	Trego
CUSTOMER Phillips Exploration Company Inc.			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 220' CASING SIZE & WEIGHT 8 5/8" 23"
 CASING DEPTH 220' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2° SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.34 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig upon Martin rig #16. Run 8 5/8" circular hole. Mix 160 sacks
concrete 3% CC + 2% gel. Displace w/ 12 3/4 Bbls of water. Shut in.

Cement did circulate.

Thank you!
P. Preston

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE	\$1150.00	\$1150.00
MO01	51	MILEAGE	\$6.50	\$331.50
MO02	7.90 tons	Ton Mileage Delivery	\$1604.35	\$1604.35
CB004	160 sacks	Class A 3% CC. 2% gel.	\$24.50	\$3920.00
			sub total	\$6005.85
			less 10% disc.	\$600.58
			sub total	\$5405.27
			SALES TAX	264.66
			ESTIMATED TOTAL	5669.87

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0699
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-30-22		Ureband 2-24	24	V1	24W	Trego
CUSTOMER Phillips Exploration Company LLC			TRUCK #		DRIVER	
MAILING ADDRESS			102		Proton D	
CITY			4/301		Tom W	
STATE						
ZIP CODE						

JOB TYPE Port collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" 14.5#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Rot float equipment. Rigged up on Martin 16. Hooked up head & manifold. Circulate 1 hr. Mix 500gal mud flush followed by 2000 KLK. Mix 50 cc plug Bif + M.H. Mix 175 cc and wash up. 7.5 gal plug Release pressure. 9:30 plug down. Back up more oil

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE <u>Port collar</u>	\$1850.00	\$1850.00
MD01	52	MILEAGE	\$6.50	\$338.00
MD02	12.55 tons	Top Mileage Delivery	\$978.90	\$978.90
CB030	175 cc	6/8 plaster 1000 gal	\$28.00	\$4900.00
CB01A	50 cc	6/8 plaster 400 gal 1/4" Flange	\$16.75	\$837.50
FE0033	1	5 1/2" AFU guide shoe	\$100.00	\$100.00
FE051	1	5 1/2" latch down plug Assy.	\$1.95	\$1.95
FE022	2	5 1/2" baskets	\$385.00	\$770.00
FE014	7	5 1/2" turbolizers	\$108.00	\$756.00
FE080	1	5 1/2" Port collar	\$3000.00	\$3000.00
FE096	24	5 1/2" surstators	\$75.00	\$1800.00
FM02	2	5 1/2" stop ring	\$35.00	\$70.00
CP013	500 gal	Mud flush	\$1.00	\$500.00
CP014	2 gal	KLK	\$30.00	\$60.00
			Sub total	\$17,251.65
			less 10% disc.	\$1,725.16
			Sub total	\$15,526.49
			SALES TAX	950.72
			ESTIMATED TOTAL	16,477.21

AUTHORIZATION  TITLE _____ DATE _____

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FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0718

LOCATION Hoke

FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-22		Vreeland 2-24	24	11	24 W	Trego
CUSTOMER <u>Phillips Exploration</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Part Collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on well. Tested hole spot gel around part collar - pumped part collar mix gel to get circulating. Mix 180sf cement to circulate. Shut part collar & ran 10 joints pump 60 Bbls

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE <u>Part Collar</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	5.2	MILEAGE	\$65 ⁰⁰	\$338 ⁰⁰
M002	4.28 tons	Tan Mileage	\$645 ⁸⁴	\$145 ⁸⁴
(B02)	180sf	60/40 80 gel 1/4" Floss	\$17 ³⁵	\$3,123 ⁰⁰
CP003	800 lbs	gel	\$30	\$240 ⁰⁰
			sub total	\$5,491 ⁸⁴
			less 10% disc.	\$549 ⁴⁸
			sub total	\$4,947 ¹⁶
			SALES TAX	227.00
			ESTIMATED TOTAL	5174.16

AUTHORIZATION _____ TITLE _____ DATE _____

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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

January 08, 2023

JB Phillips
Phillips Exploration Company L.C.
211 CEDAR RIDGE CT
PO BOX 850
ANDOVER, KS 67002-0850

Re: ACO-1
API 15-195-23147-00-00
VREELAND 2-24
NE/4 Sec.24-11S-24W
Trego County, Kansas

Dear JB Phillips:

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 08/20/2022 and the ACO-1 was received on January 06, 2023 (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