

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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840 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Lighthouse
 Dels. Rig #1

Cement or Acid Field Report
 Ticket No. **6691**
 Foreman David Gardner
 Camp Eureka

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
9-16-22	1273	Olsen #2-18					Cowley	KS
Customer			Safety Meeting DG JH SF	Unit #	Driver	Unit #	Driver	
Mailing Address				115	Tasen			
City				114	Shannon			
State								
City		State	Zip Code					
Arkansas City		KS	67005					

Job Type Surface Hole Depth 326' K.B. Slurry Vol. 45 Bbl Tubing _____
 Casing Depth 304' G.L. Hole Size 12 1/4" Slurry Wt. 15th Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23rd Cement Left in Casing 15' 1/2" Water Gal/SK _____ Other _____
 Displacement 19 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8" casing Break circulation w/ 10 Bbl fresh water. Mixed 200 SKS Class A Cement w/ 3% Cactz, 2% Gel, 1/4" Floccal/SK @ 15 gal yield 1.26 = 45 Bbl slurry Displace w/ 19 Bbl fresh water Shut down. Close casing in. Good cement returns to surface = 16 Bbl slurry to pit. Job complete Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	950.00	950.00
C107	80	Mileage	5.00	400.00
C200	200 SKS	Class A Cement	18.55	3710.00
C205	365 th	Cactz 3%	.75	423.75
C206	375 th	Gel 2%	.30	112.50
C209	50 th	Floccal 1/4"/SK	2.80	140.00
C105B	9.4 Tons	Ton Mileage - 80 Miles	1.50	1128.00
<u>Thank You</u>			Sub Total	6,864.25
			Less 5%	357.47
			Sales Tax	285.11
Authorization by <u>Charlie Coulter</u> Title <u>Lighthouse Dels. - Tool Pusher</u>			Total	6,791.89

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report

Ticket No. **6707**

Foreman Kevin McCoy

Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-17-22	1273	Olsen # 2-18				Cowley	Ks
Customer <u>McGowan Oil Company</u>			Safety Meeting KM AM SF SM	Unit #	Driver	Unit #	Driver
Mailing Address <u>302 N. Summit St.</u>				104	ALAN M.		
City <u>ARKANSAS CITY</u>				110	SHANNON F.		
State <u>KS</u>				113	Steve M.		
Zip Code <u>67045</u>							

Job Type <u>Longstring</u>	Hole Depth <u>3128'</u>	Slurry Vol. <u>39 BBL LEAD 33 BBL TAIL</u>	Tubing _____
Casing Depth <u>3113.34' G.L.</u>	Hole Size <u>7 7/8"</u>	Slurry Wt. <u>14.1 - 13.8"</u>	Drill Pipe _____
Casing Size & Wt. <u>4 1/2 10.5"</u>	Cement Left in Casing <u>0'</u>	Water Gal/SK _____	Other _____
Displacement <u>50 BBL</u>	Displacement PSI <u>1000</u>	Bump Plug to <u>1500 PSI</u>	BPM _____

Remarks: SAFETY Meeting: 4 1/2" 10.5" Casing Set @ 3113.34 G.L. Rig up to 4 1/2" casing. BREAK
Circulation w/ 15 BBL Fresh water w/ Biocide, mixed 155 SKS 60/40 Pozmix Cement w/ 4% Gel,
2" Phenoseal/sk @ 14.1"/gal, yield 1.40 = 39 BBL SLURRY, TAIL in w/ 100 SKS THICK Set Cement w/
5" Kol-Seal/sk, 2" Phenoseal/sk @ 13.8"/gal, yield 1.85 = 39 BBL SLURRY. WASH OUT PUMP & LINES.
Shut down, Release Latch down Plug. Displace Plug to Seat w/ 50 BBL Fresh water (KCL in first
20 BBL) FINAL Pumping Pressure 1000 PSI, Bump Plug to 1500 PSI. WAIT 2 mins. Release Pressure,
Float & Plug Held. Good CIRCULATION while Cementing. Job Complete. Rig down.

Plug RH 25 SKS MH 20 SKS
CENTRALIZERS ON *1,3,4,5,30,31,32 BASKET ON TOP OF *6

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1180.00	1180.00
C 107	80	Mileage	5.00	400.00
C 203	200 SKS	60/40 Pozmix Cement	15.75	3150.00
C 206	700 #	Gel 4%	.30#	210.00
C 208	400 #	Phenoseal 2"/sk	1.55#	620.00
C 201	100 SKS	THICK Set Cement	24.25	2425.00
C 207	500 #	Kol-Seal 5"/sk	.56#	280.00
C 208	200 #	Phenoseal 2"/sk	1.55#	310.00
C 108.B	14.1 TONS	Ton Mileage 80 miles	1.50	1692.00
C 420	1	4 1/2 Latch down Plug	247.00	247.00
C 660	1	4 1/2 AFU Float shoe w/ Latch down INSERT	340.00	340.00
C 603	1	4 1/2 Cement BASKET.	251.00	251.00
C 503	7	4 1/2 x 7 7/8 CENTRALIZERS	55.00	385.00
C 222	1 gal	KCL	32.00	32.00
			Sub Total	11,522.00
			Less 5%	602.91
			Sales Tax 6.5%	536.25
Authorization <u>By BRANDON Wolfe</u> Title <u>Geologist</u>			Total	11,455.34

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