

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



**Cement or Acid Field Report**

Ticket No. **6725**  
 Foreman Kevin McCoy  
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
9-28-22	1008	Beachner # 12-4	4	325	18E	Labette	Ks	
Customer SEK ENERGY OPERATING, LLC			Unit #		Driver		Unit #	Driver
Mailing Address P.O. Box 55			104		Alan M.			
City Benedict			112		Jason H.			
State KS			145		Steve M.			
Zip Code 66714								

Job Type Longstring Hole Depth 857' Slurry Vol. 38 BBL Tubing \_\_\_\_\_  
 Casing Depth 2 7/8 850.72 Hole Size 6 3/4" Slurry Wt. 13.8" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 2 7/8 Cement Left in Casing 0 Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 5.2 BBL Displacement PSI 600 Bump-Plug to 1100 PSI BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up 2 7/8 Tubing. Break circulation w/ 30 BBL Fresh water Pump. 300' Gel Flush, 5 GAL Fresh water, 5 GAL Dye water. MIXED 120 SKS THICK SET Cement w/ 2" Phenosanl LSK @ 13.8" / gal yield 1.77 = 38 BBL SLURRY. Shut down WASH out Pump & Lines. STUFF 2 Plugs. Displace plugs to seat w/ 5.2 GAL Fresh water. FINAL Pumping Pressure 600 PSI. Dump Plugs to 1100 PSI Shut in @ 750 PSI. Good Cement Returns to SURFACE = 6 BBL SLURRY to Pit. Annulus Standing Full of Cement. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1180.00	1180.00
C 107	75	Mileage 1 1/2 well of 2	5.00	375.00
C 201	120 SKS	THICK SET Cement	24.25	2910.00
C 208	240 "	Phenosanal 2" LSK	1.55 "	372.00
C 108.5	6.6 tons	Ton Mileage 75 miles	1.50	742.50
C 206	300 "	Gel Flush	.30 "	90.00
C 400	2	2 7/8 Top Rubber Plugs	35.00	70.00
C 113	3 Hrs	80 BBL VAL TRUCK	75.00	225.00
C 224	3300 gals	CITY WATER	12.00/1000	39.60
			Sub Total	6,064.10
			Less 5%	316.69
			Sales Tax 7.75%	269.92
Authorization <u>By Doug Lamb</u> Title _____			Total	6,017.33

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.



Cleaver Farm & Home  
 2103 South Santa Fe Ave  
 Chanute KS 66720  
 620-431-6070

**CUSTOMER COPY**



**INVOICE**

2209-610944 PAGE 1 OF 1

SOLD TO
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714

JOB ADDRESS
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714 620-698-2150

ACCOUNT	JOB
S1283	0
SOLD ON	9/16/2022 8:33:38 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	C11
CASHIER	TIMT
SALESPERSON	
ORDER ENTRY	

Returned items from invoice 2209-610785

Quantity	UM	Item	Description	D	T	Price	Per	Amount
-42	EA	QC	CONCRETE MIX WITH ROCK 80LB Return Reason: CUSTOMER-CUSTOMER DID NOT NEED	N	Y	5.2110	EA	-218.86
-1	EA	PALLET	PALLET BLOCKS & QUIK-CRETE Return Reason: CUSTOMER-CUSTOMER DID NOT NEED		N	20.0000	EA	-20.00
30	EA	STD	CEMENT PORTLAND TYPE 1 94LB MONARCH	N	Y	13.4910	EA	404.73

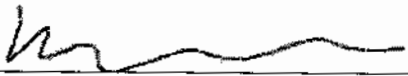
**Payment Method(s)**

Charge to Acct 183.53

SubTotal	165.87
CHAN 9.50% Sales Tax	17.66
Deposit	
<b>Please Pay This Amount</b>	<b>183.53</b>

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

\*\*No refunds on Special Order non-stock items\*\*

  
 Signature

47364

**SEK Energy Operating, LLC**

P.O. Box 55  
Benedict, KS 66714  
(620) 698-2150



83-1284/1011

DATE  
10/11/2022

AMOUNT  
2500.00

PAY Two Thousand Five Hundred and 00/100 \* \* \* \* \*

TO THE Andrew King  
ORDER 1317 105 Road  
OF Yates Center KS 66783

*Douglas L Lamb*  
AUTHORIZED SIGNATURE

⑈047364⑈ ⑆101112842⑆ 0282798201⑈

**SEK Energy Operating, LLC**

Check No 47364

Invoice	Inv Date	Reference	Invoice Amt	Amt Paid
220921	09/21/2022	Beachner/Driskel	2,500.00	2,500.00

2510	160	2250.00	50' 8" surface casing
2512	}		
2513			
2601			
8997	9008	250.00	2 - 30A 3R Disconnects

Check Date = 10/11/2022

Check Total = 2,500.00

47364

Air Drilling Specialist  
Oil & Gas Wells

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

PO Box 449  
Caney, KS 67333

Date Started	9/26/2021 2021
Date Completed	9/27/2022 2022

Operator	A.P.I.#	County	State
S.E.K. Energy, LLC		Labette	Kansas

Well No.	Lease	Section	Township	Range
2-4	Driskle	4	32 S	18 E

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Oil	Billy Thornton	4	20' 2" 8 5/8	857	6 3/4

0-1	DIRT	553-578	SHALE		
1-15	SAND	578-581	BLACK SHALE		
15-21	SANDY SHALE	581-600	SHALE		
21-27	LIME	600-601	LIME		
27-52	SHALE	601-603	BLACK SHALE		
52-60	LIME	603-620	SHALE		
60-108	SHALE	620-622	BLACK SHALE		
108-120	SAND	622-700	SHALE		
120-187	SHALE	700-708	SANDY SHALE		
187-190	LIME	707	WENT TO WATER		
190-212	SHALE	708-727	SHALE		
212-215	BLACK SHALE	727-736	SAND / LIGHT ODOR		
215-238	LIME	736-743	SANDY SHALE		
238-255	SHALE	743-765	SAND / GOOD ODOR AND SHOW		
255-266	LIME	765-770	SAND / LOOKS BETTER		
266-268	BLACK SHALE	770-778	SAND		
268-274	SHALE	778-788	SHALE		
274-280	LIME	788-793	SANDY SHALE		
280-390	SHALE	793-853	SHALE		
390-392	BLACK SHALE	853-857	BLACK SHALE		
392-415	LIME (PAWNEE)	857	TD		
415-420	BLK SHALE (LEXINGTON)				
420-477	SHALE				
477-506	LIME (OSWEGO)				
506-515	BLK SHALE (SUMMIT)				
515-534	LIME				
534-540	BLACK SHALE				
540-541	COAL				
541-550	LIME				
550-553	BLACK SHALE				