

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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PO Box 542
Winfield, KS 67156
620-222-1235

Invoice/Bill of Lading

EMERGENCY 24 HOUR RESPONSE
1-800-535-5053

Date	Invoice#
12/23/2022	38801

Bill To
S.E.K. Energy PO Box 55 Benedict, KS 66714

Driver
Chad

Lease/Well Name: **Beachner #13-4**

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Rep	County
Net 30	1/22/2023		Winfield, KS	12/7/2022	703	Rick	Labette

No. of Packages	HM	Item Code	Description	Quantity (Gallons)	Unit Price	Amount
1 cargo ta...	X	HCl	UN1789, Hydrochloric acid solution, 8, PG II	375	1.95	731.25
		BallGunGrp	Ball Injector Charge, Group		100.00	100.00T
		PerfBalls	Perf Balls	60	3.00	180.00
		GroupTrk	Group Acid Truck Charge		315.00	315.00T
		Miles	Miles One Way	25	4.00	100.00T
	X	MKLA-2W	NA 1993 Combustible Liquid, n.o.s. PG III (Contains: Methly Alcohol), KCl.	1	23.50	23.50
		FlushTrk	Hourly Flush Truck Charge	2.75	95.00	261.25T

47642
2513
218 1,771.16
1-23-22

15% NE-FE Acid		Subtotal	\$1,711.00
Thank you for your business!	Customer Representative	Date	
LIMITATION OF LIABILITY Seller shall not be liable for, and buyer assumes responsibility for all personal injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services that are the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by materials sold to buyer hereunder.			Sales Tax (7.75%) \$60.16
Total			\$1,771.16

1 1/2% Interest per month charged on all past due accounts



Scott-Greer Sales, Inc.

Distributors & Manufactures Rep.

Off. 405/670-4654 • Fax 405/ 670-4831

www.scottgreersales.com • sales@scottgreersales.com

Beachner #13-4

spot 75 gal displaced 2.8 bbl

loaded 60 balls

broke @ 750 psi

4 bpm 300 - 1250, broke back to 300

psi back up to 1,000 broke back to 500

cleared tubing + 5 bbls

375 gal Acid 11 bbls water

Western Chemical Pumps, Inc. • SGS Pumps
Graco Injection Pumps • LMI Metering Pumps
Drum Gauges • Tanks • Splitter Blocks

" Over 68 Years of Serving the Oilfield "



PO Box 542
 Winfield, KS 67156
 620-222-1235

Invoice/Bill of Lading

EMERGENCY 24 HOUR RESPONSE
 1-800-535-5053

Date	Invoice#
12/23/2022	38867

Bill To
S.E.K. Energy
PO Box 55
Benedict, KS 66714

417642
 0513 28 51604.18
 1-23-23

Lease/Well Name: **Beachner #13-4**

Driver
Chad

Terms	Due Date	P.O. #	Origin	Ship Date	Truck #	Rep	County
Net 30	1/22/2023		Winfield, KS	12/20/2022	714	Rick	Labette

No. of Packages	HM	Item Code	Description	Quantity (Gallons)	Unit Price	Amount
		S-2040	DOT (Not Regulated), Frac Sand, 20/40(Volume Discount)	5,700	0.30	1,710.00
		SN-1220	DOT (Not Regulated), Frac Sand - 12/20(Volume Discount)	300	0.44	132.00
		MFRA-53	DOT, Not Regulated, Friction Reducer with Breaker	16.5	40.50	668.25
		BallGunGrp	Ball Injector Charge, Group	1	100.00	100.00
		PerfBalls	Perf Balls	20	3.00	60.00
		FracPumpTrIG...	Group Frac Pump Charge, 3,100 - 10,000#		1,050.00	1,050.00
		Miles	Miles One Way	25	4.00	100.00
		GroupTrkSand	Group Sand Truck & Blender Trailer		375.00	375.00
		Miles	Miles One Way	25	4.00	100.00
	X	MB-178	UN 1760, Corrosive Liquid, nos, 8, PG II (Contains: Glutaraldehyde); Biocide	2.5	21.17	52.93
	X	MKLA-2W	NA 1993 Combustible Liquid, n.o.s. PG III (Contains: Methly Alcohol), KCL	6	23.50	141.00
		FlushTrkTr	Hourly Transport Flush Truck Charge (2 trucks)	8	130.00	1,040.00
		MilesSand	Miles One Way, Light Truck	25	3.00	75.00
			167 total bbls New Well			

		Subtotal	\$5,604.18
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Thank you for your business!	Customer Representative	Date	
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LIMITATION OF LIABILITY Seller shall not be liable for, and buyer assumes responsibility for all personal injuries and property damages resulting from the handling, possession or use of the goods after delivery to buyer. In no event shall seller's liability exceed the purchase price of the products or services that are the subject of any claims made by buyer. In no event shall buyer be entitled to incidental or consequential damages. Buyer further agrees to indemnify and hold seller harmless from all claims, losses or damages attributable to pollution or contamination and cost of control or removal thereof, alleged to have been caused by materials sold to buyer hereunder.	Sales Tax (7.75%)	\$0.00
	Total	\$5,604.18

1 1/2% Interest per month charged on all past due accounts

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	9/30/2022
Date Completed	10/3/2022

Operator	A.P.I #	County	State
SEK Energy, LLC		Labette	Kansas

Well No.	Lease	Section	Township	Range
13-4	Beachner	4	32 S	18 E

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Oil	Billy Thornton	4	22'11" 8.5/8	857	6 3/4

0-1	DIRT	547-552	BLACK SHALE		
1-18	SAND/ DAMP	552-554	COAL (MULKY)		
18-22	SANDY SHALE	554-561	LIME		
22-37	SHALE	561-590	SHALE		
37-43	LIME	590-591	COAL		
43-62	SHALE	591-600	SHALE		
62-70	LIME	600-602	BLACK SHALE		
70-110	SHALE	602-612	SHALE		
110-128	SAND/DAMP	612-614	LIME		
128-152	SHALE	614-618	BLACK SHALE		
152-156	BLACK SHALE	618-650	SHALE		
156-172	SHALE	650-652	BLACK SHALE		
172-174	BLACK SHALE	652-713	SHALE		
174-176	LIME	713-721	SANDY SHALE		
176-225	SHALE	721-753	SHALE		
225-227	BLACK SHALE	732	WENT TO WATER		
227-250	LIME	753-777	SAND/GOOD SHOW & ODOR		
250-267	SHALE	777-780	SANDY SHALE		
267-280	LIME	780-845	SHALE		
280-282	BLACK SHALE	845-857	SANDY SHALE		
282-284	SHALE	857	TD		
284-292	LIME				
292-402	SHALE				
402-403	BLACK SHALE				
403-426	LIME (PAWNEE)				
426-434	BLK SHALE (LEXINGTON)				
434-489	SHALE				
489-516	LIME (OSWEGO)				
516-521	BLACK SHALE				
521-547	LIME				

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



Cement or Acid Field Report

Ticket No. **6758**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-4-22	1068	Beachner #13-4	4	32S	18E	Labette	Ks
Customer			Unit #	Driver		Unit #	Driver
SEK Energy Operating, LLC Mailing Address: P.O. Box 55 City: Benedict, State: KS, Zip Code: 66714			104	ALAN M.			
			KM	SHANNON F.			
			AM	STEVE M.			
			SF				
SM							

Job Type Longstring Hole Depth 857' Slurry Vol. 30 BBL Tubing _____
 Casing Depth 854' Hole Size 6 3/4" Slurry Wt. 13.8 * Drill Pipe _____
 Casing Size & Wt. 4 1/2" Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 14.2 BBL Displacement PSI 1100 Bump Plug to 1600 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 4 1/2 casing. Pump 5 BBL Fresh water, 300 * Gal Flush, 10 BBL Fresh water. mixed 95 SKS Thick Set Cement w/ 2" Pheno Seal /SK to 13.8 * yield 1.77 = 30 BBL Slurry. wash out Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 14.2 BBL Fresh water. FINAL Pumping Pressure 1100 PSI. Pump Plug to 1600 PSI. wait 2 mins. Release Pressure. Float Held. Good Cement Returns to Surface = 6 BBL Slurry to Pit. 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	0	Mileage 2 nd well of 2	0	N/A
C 201	95 SKS	THICK SET Cement	24.25	2303.75
C 208	170 *	PhenoSeal 2" /SK	1.55 *	274.50
C 108.B	5.23 TONS	Top Mileage 75 miles	1.50	588.38
C 113	3 HRS	80 BBL VAC TRUCK	95.00	285.00
C 224	0	used Pond water	0	N/A
C 206	300 *	Gel Flush	.30 *	90.00
C 403	1	4 1/2 Top Rubber Plug	57.00	57.00
C 655	1	4 1/2 Flapper Valve Float Shoe	295.00	295.00
C 503	2	4 1/2 x 6 3/4 CENTRALIZERS	55.00	110.00
			Sub Total	5203.63
			Less 5% Sales Tax	272.39
			7.75%	244.14
				5,175.38

Authorization By Doug Lamb Title _____ Total _____

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.

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 ORDER OF Andrew King
1317 105 Road
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

Inv # 220921
 Inv Date 09/21/2022
 Inv Amt 2,500.00
 Paid 2,500.00
 Balance 0.00

2510	160	2250.00
2512	}	
2513		
2601		
8997	9008	250.00

~~2510-2513 surface casing~~
 2-30A 3R Disconnects

Check Date = 10/11/2022

Check Total = 2,500.00

47364



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	-218.66
-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

Handwritten notes:
 4 used on Beachner 10-4
 12-4
 13-4
 Driskel 2-4

Payment Method(s)

Charge to Acct 183.53

CHAN 9.50%	SubTotal	165.87
	Sales Tax	17.66
	Deposit	
Please Pay This Amount		183.53

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

No refunds on Special Order non-stock items

[Handwritten Signature]
 Signature