

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) (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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HUGHES DRILLING REPORT

Well No. # 8
 Farm # BURGON
 SURFACE CASING
 Size 7"
 Feet 20'
 Circulated 5 sx cement

PERMANENT CSG.
 Size 2 7/8 EUE
 Feet 774
 Float shoe oil Bottom
 T. D. at Completion 785
 Contractor HUGHES DRILLING CO.

OPERATOR H B Energy
 # 34817

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
12	clay	14
22	shale	36
8	lime	44
4	shale	48
15	lime	63
7	shale	70
11	lime	81
5	shale	86
17	lime	103
38	shale	141
23	lime	164
78	shale	242
30	lime	272
5	shale	277
6	lime	283
22	shale	305
4	lime	309
18	shale	327
2	lime	329
15	shale	344
30'	24	lime 368
	10	shale 378
20'	23	lime 401
	4	shale 405
	3	lime 408
	4	shale 412
	5	lime 417
	212	shale 629
	10	lime 639
	3	shale 642
	4	lime 646
	9	shale 655
	10	lime 665
	19	shale 684
	2	lime 686
	16	shale 702
	59'	18 oil sand 720
	65	shale 785
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
10/31/22	0	2	soil	(1) 21.5-21.5
20'	2	17	clay	(2) 22.5-44.0
11/1/22	17	36	shale	(3) 22.5-66.5
5 5/8	36	44	lime	(4) 22.5-89.0
5 7/8	44	48	shale	(5) 22.5-111.5
	48	63	lime	(6) 22.5-134.0
	63	70	shale (slot 63-64)	(7) 22.5-156.5
	70	81	lime	(8) 22.5-179.0
	81	86	shale	(9) 22.5-201.5
	86	103	lime	(10) 22.5-224.0
	103	141	shale	(11) 22.5-246.5
	141	164	lime	(12) 22.5-269.0
	164	242	shale	(13) 22.5-291.5
	242	272	lime	(14) 22.5-314.0
	272	277	shale	(15) 22.5-336.5
	277	283	lime	(16) 22.5-359.0
	283	305	shale	(17) 22.5-381.5
	305	309	lime	(18) 22.5-404.0
	309	327	shale	(19) 22.5-426.5
	327	329	lime	(20) 22.5-449.0
	329	344	shale	(21) 22.5-471.5
30'	344	368	lime	(22) 22.5-494.0
	368	378	shale	(23) 22.5-516.5
20'	378	401	lime	(24) 22.5-539.0
	401	405	shale (slot 401-402)	(25) 22.5-561.5
	405	408	lime	(26) 22.5-584.0
	408	412	shale	(27) 22.5-606.5

HUGHES DRILLING CO.

(Pg 3)

Wellsville, Kansas 66092

Roger 913-889-2235
Darrel 913-883-4027

Ron 913-889-4655
Clay 913-889-4383

CORE TIME
LEASE Burgeon # 8
FORMATION #1 squirrel
DATE: 11/1/27

(BPM) Chip Sample

FROM	FEET TO	TIME	MINUTES	REMARKS
702	703			sand very lamin w/shale (some bleed)
703	704			} sand lamin w/shale (some bleed)
704	705			
705	706			
706	707			
707	708			} sand slightly lamin w/shale (bleeding)
708	709			
709	710			} solid sand (Good bleed)
710	711			
711	712			
712	713			
713	714			
714	715			} sand slightly lamin w/shale (bleeding)
715	716			
716	717			
717	718			} sand very lamin w/shale (some bleed)
718	719			
719	720			} shale
720	721			
721	722			

Best Perf zone

708-718



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
CCH HOLDINGS
C/O CLAY HUGHES
3131 VIRGINIA RD
WELLSVILLE KS 66092

Invoice Date: 11/2/2022
Invoice #: 0364408
Lease Name: Burgoon
Well #: 8 (New)
County: Franklin, Ks
Job Number: EP6500
District: East

Date/Description	HRS/QTY	Rate	Total
Longstring	0.000	0.000	0.00
Cement Pump Service	1.000	750.000	750.00
Heavy Eq Mileage	37.000	4.000	148.00
Light Eq Mileage	37.000	2.000	74.00
Ton Mileage-Minimum	1.000	300.000	300.00
Vacuum Truck-80bbl	2.500	90.000	225.00
Econobond	84.000	20.000	1,680.00
Bentonite Gel	200.000	0.400	80.00
2 7/8" Rubber Plug	1.000	40.000	40.00

#7349
11/28/22

Total 3,297.00

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

