

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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Ackarman Hardware & Lumber  
 Ackarman Inc  
 160 East Main St  
 Sedan, KS 67361  
 620-725-3103  
 Fax: 620-725-5688

CUSTOMER COPY



INVOICE

2101-185785 PAGE 1 OF 1

SOLD TO	JOB ADDRESS
JONES & BUCK DEVELOPMENT P O BOX 68 SEDAN KS 67361	JONES & BUCK DEVELOPMENT P O BOX 68 SEDAN KS 67361 620 725-3636

ACCOUNT	JOB
00234	0
SOLD ON	1/21/2021 12:03:18 PM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	K E DUNHAM LEMM 36 4
STATION	A1
CASHIER	BL
SALESPERSON	
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
12	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	16.7500	EACH	201.00

Payment Method(s) Buyer: CHANDLER JONES

Charge to Acct 221.10

KS 10.00%	SubTotal	201.00
	Sales Tax	20.10
	Deposit	
Please Pay This Amount		221.10

Signature CHANDLER JONES



## HURRICANE SERVICES INC

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

Customer:

KANSAS ENERGY CO LLC  
PO BOX 68  
SEDAN, KS 67361-0068

Invoice Date: 2/27/2021  
Invoice #: 0351716  
Lease Name: Dunham-Lemmon  
Well #: 36-4 (New)  
County: Chautauqua, Ks  
Job Number: EP1398  
District: Bartlesville

Date/Description	HRS/QTY	Rate	Total
Longstring	0.000	0.000	0.00
Cement Class A	135.000	13.600	1,836.00
Bentonite Gel	700.000	0.240	168.00
Salt	900.000	0.400	360.00
KOL Seal	700.000	0.600	420.00
Pheno Seal	40.000	1.400	56.00
Fresh Water	5,460.000	0.012	65.52
Heavy Equipment Mileage	50.000	3.200	160.00
Light Equipment Mileage	50.000	1.600	80.00
Ton Mileage	350.000	1.200	420.00
Cement Pump Service	1.000	600.000	600.00
Cement Plug Container	1.000	200.000	200.00
4 1/2" Rubber Plug	1.000	60.000	60.00
Transport Truck	6.000	104.000	624.00

Net Invoice 5,049.52  
Sales Tax: 252.07  
**Total** 5,301.59

**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!**



Customer	KANSAS ENERGY		Lease & Well #	DUNHAM / LEMMON 36-4		Date	2/27/2021	
Service District	BARTLESVILLE, OK		County & State	CHATAQUA, KS		Legals S/T/R	36/34S/11E	
Job Type	LS	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> No	Job #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
93	DONNIE	<input checked="" type="checkbox"/> Hard hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging			
135/218	KEVIN	<input type="checkbox"/> H2S Monitor	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection			
219	CORBIN	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations			
140/130	RUSSELL	<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations			
		<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below				
Comments								

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
CP010	Class A Cement	sack	135.00	\$1,836.00
CP095	Bentonite Gel	lb	700.00	\$168.00
CP140	Granulated Salt	lb	900.00	\$360.00
CP110	Kol Seal	lb	700.00	\$420.00
CP125	Pheno Seal	lb	40.00	\$56.00
AF080	Fresh Water	gal	5,460.00	\$65.52
M010	Heavy Equipment Mileage	mi	50.00	\$160.00
M015	Light Equipment Mileage	mi	50.00	\$80.00
M020	Ton Mileage	tn	350.00	\$420.00
C010	Cement Pump Service	ea	1.00	\$600.00
C050	Cement Plug Container	job	1.00	\$200.00
FE115	4 1/2" Rubber Plug	ea	1.00	\$60.00
T030	Transport - 130 bbl	hr	6.00	\$624.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Based on this job, how likely is it you would recommend HSI to a colleague?

1  2  3  4  5  6  7  8  9  10

Unlikely Extremely Likely

Total Taxable	\$ -	Tax Rate:		Net:	\$5,049.52
State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.				Sales Tax:	\$ -
HSI Representative:				Total:	\$ 5,049.52

**TERMS:** Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X \_\_\_\_\_ **CUSTOMER AUTHORIZATION SIGNATURE**



**CEMENT TREATMENT REPORT**

Customer:	KANSAS ENERGY	Well:	DUNHAM / LEMMON 36-4	Ticket:	EP1398
City, State:	SEDAN KS	County:	CHATAQUA, KS	Date:	2/27/2021
Field Rep:	MIKE JONES	S-T-R:	36/34S/11E	Service:	LS

**Downhole Information**

Hole Size:	6.75 in
Hole Depth:	1264 ft
Casing Size:	4 1/2 in
Casing Depth:	1254 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	20.0 bbbls

**Calculated Slurry - Lead**

Blend:	1.5#KOL, 10%SALT, .4#
Weight:	14.1 ppg
Water / Sx:	8.1 gal / sx
Yield:	1.68 ft <sup>3</sup> / sx
Annular Bbls / Ft.:	bbls / ft.
Depth:	ft
Annular Volume:	0.0 bbbls
Excess:	
Total Slurry:	40.3 bbbls
Total Sacks:	135 sx

**Calculated Slurry - Tail**

Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft <sup>3</sup> / sx
Annular Bbls / Ft.:	bbls / ft.
Depth:	ft
Annular Volume:	0 bbbls
Excess:	
Total Slurry:	0.0 bbbls
Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
1230pm			-	-	ON LOCATION
					RIG RUNNING PIPE
200PM					JSA /RIG UP
3.5	500.0		8.0	8.0	EST CIRCULATION WITH GEL AND H2O
				8.0	
3.5	300.0		40.3	48.3	GO TO CEMENT RUNNING 135 SACKS CLASS A WITH 4%GEL, 5# KOL, 10%SALT, .40# PHENO
				48.3	
				48.3	WASH PUMP AND LINES, RELEASE PLUG
3.5	500.0		20.0		DISPLACE LANDING PLUG AT 1000#
					CEMENT TO SURF
					THANK YOU

CREW		UNIT
Cementer:	DONNIE	93
Pump Operator:	KEVIN	135/218
Bulk #1:	CORBIN	219
Bulk #2:	RUSSELL	140/130

SUMMARY		
Average Rate	Average Pressure	Total Fluid
3.5 bpm	433 psi	68 bbbls

