

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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DRAFTING

THE CITY OF
 SAN FRANCISCO
 DEPARTMENT OF PUBLIC WORKS
 DIVISION OF STREETS AND HIGHWAYS
 CONTRACT NO. 111-1011
 DATE: 11-17-2011

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	1	sq	Asphalt	150.00	150.00
2	1	sq	Concrete	120.00	120.00
3	1	sq	Gravel	80.00	80.00
4	1	sq	Subgrade	60.00	60.00
5	1	sq	Base	40.00	40.00
6	1	sq	Finish	30.00	30.00
7	1	sq	Drainage	20.00	20.00
8	1	sq	Shoulder	10.00	10.00
9	1	sq	Edge	5.00	5.00
10	1	sq	Striping	2.00	2.00
11	1	sq	Signage	1.00	1.00
12	1	sq	Lighting	0.50	0.50
13	1	sq	Other	0.25	0.25
14	1	sq	Final	0.10	0.10

TOTAL
 1000.00

Bank of America
 100 California Street
 San Francisco, CA 94111
 Account No. 123456789
 Routing No. 987654321

Amanda Phillips

From: Deb Ballard
Sent: Friday, January 29, 2021 5:01 PM
To: David Powell; Amanda Phillips; Megan Cole
Subject: FW: Hill #C5
Attachments: Hill #C5 Log & Invoice.pdf

From: Chris McGown [mailto:chris.mcgown@gmail.com]
Sent: Wednesday, January 27, 2021 5:50 PM
To: Deb Ballard <dballard@coltenergyinc.com>; Rhonda McGown <rhondamcgown@gmail.com>
Subject: Hill #C5

Deb,
Please see attached for the log and the invoice on the Hill #C5 from last week.

The extra line items are for topping off and cutting off the two dry holes. The rig time is for plugging.

Please let me know if you have any questions. Thanks!

-Chris M. McGown
McGown Drilling, Inc.
Mound City, KS
620.224.7406 cell
chris.mcgown@gmail.com

Dear Mr. [Name],
Thank you for your letter of 10/12/11 regarding the [Project Name] project. We appreciate your interest and the information you provided. We are currently reviewing the details and will get back to you as soon as possible.

The information you provided regarding the [Project Name] project is being reviewed. We are currently in the process of [Action] and will provide you with a detailed report by [Date]. We appreciate your patience and understanding. If you have any questions in the meantime, please do not hesitate to contact us at [Phone Number] or [Email Address].

Sincerely,
[Name]
[Title]
[Company Name]
[Address]
[City, State, Zip]
[Phone Number]
[Email Address]

OLT ENERGY, INC. IOLA, KS 66749

066294

CG105: MCGOWN DRILLING INC

CHECK NUMBER: 066294

CCOUNT NUMBER:

CHECK DATE: 02/08/21

INVOICE/REFERENCE	TYPE	DATE	COMMENT	GROSS AMOUNT	DISCOUNT	NET AMOUNT
1-001	INV	02/02/21		7,395.00	.00	7,395.00

CHECK TOTALS: 066294 7,395.00 .00 7,395.00

WARNING: THIS DOCUMENT CONTAINS MULTIPLE SECURITY FEATURES. READ REVERSE SIDE FOR FULL DISCLOSURE.

COLT ENERGY, INC.

P.O. BOX 388
IOLA, KS 66749
620-365-3111

COUNTRY CLUB BANK
LEAWOOD, KS 66211

18-130/1010

066294

Reference Number
MCG105

Date
02/08/21

Check Number
066294

Check Amount
\$7,395.00

SEVEN Thousand, THREE Hundred NINETY FIVE Dollars and 00 Cents

PAY TO THE ORDER OF
MCGOWN DRILLING INC
13777 W 750 RD
MOUND CITY KS 66056

AUTHORIZED SIGNATURE

066294 101001306

5005797



HURRICANE SERVICES INC

2/20

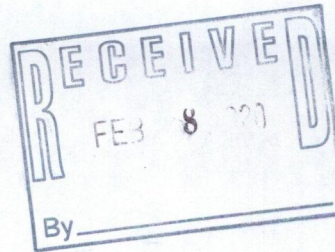
Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
COLT ENERGY, INC.
P.O. BOX 388
IOLA, KS 66749-0388

Invoice Date: 1/19/2021
Invoice #: 0351365
Lease Name: Hill
Well #: C-5
County: Linn, Ks
Job Number: EP1255
District: East

Date/Description	HRS/QTY	Rate	Total
Plug	0.000	0.000	0.00
Cement Pump Service	1.000	600.000	600.00
Heavy Eq Mileage	20.000	3.200	64.00
Ton Mileage-Minimum	1.000	240.000	240.00
Vacuum Truck 80bbl	2.500	72.000	180.00
H-Plug	90.000	10.400	936.00
Bentonite Gel	200.000	0.240	48.00

100310
D20007 203
267



Net Invoice	2,068.00
Sales Tax:	117.46
Total	2,185.46

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 1/2% 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!

