

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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2119

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-16-20				Lane	KS		Co. 324
Lease Selrigel				Location Dighton SE Quarter 1/2 Winto		Well No. F-11020	
Contractor Christenne		Type Job Port Collar		Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size 2 7/8	T.D.		Charge To Taken Group				
Csg. 4 1/2	Depth		Street				
Tbg. Size 2 3/8	Depth		City State				
Tool Port Collar	Depth 2052		The above was done to satisfaction and supervision of owner agent or contractor.				
Cement Left in Csg.	Shoe Joint		Cement Amount Ordered 450 80/20 QMDC 14# F10				
Meas Line	Displace 6RX		10gel 4 500# Hulls 2 sand				
EQUIPMENT			Common 450 80/20 QMDC				
Pumptrk 20 No.	Cement Helper Craig	Poz. Mix					
Bulktrk No.	Driver Tim	Gel. 10					
Bulktrk 19 No.	Driver Doug	Calcium					
JOB SERVICES & REMARKS			Hulls 500 # (10)				
Remarks:			Salt				
Rat Hole			Flowseal 125#				
Mouse Hole			Kol-Seal				
Centralizers			Mud CLR 48				
Baskets			CFL-117 or CD110 CAF 38				
DNV or Port Collar			Sand 2				
Phyg 3823-Test to 1200'			Handling 473				
Spot Sand to 2084'			Mileage				
Port Collar 0-2252. Spot 4gel & open			FLOAT EQUIPMENT				
Port Collar & Mix to SIC 9.25'			Guide Shoe				
Circulation mix 450SKY Displaced			Centralizer				
Cement did not circulate.			Baskets				
Close tool-jets to 800'			AFU Inserts				
Pump spots & wash clean			Float Shoe				
(Used) 450SKY 10gel 500# Hulls			Latch Down				
Pumptrk Charge			port collar job				
Mileage 25			Tax				
Signature			Discount				
			Total Charge				

Thanks



Services, Inc.

TICKET 033325

CHARGE TO: Talen Group
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 2

SERVICE LOCATIONS: Ness City, KS
 WELL/PROJECT NO.: 1-11 (SUVO) LEASE: Self Bridge COUNTY/PARISH: LANE STATE: KS CITY: Dighton DATE: 8-13-2020 OWNER:
 TICKET TYPE: SERVICE SALES CONTRACTOR: Southwind RIG NAME/NO.: LANE SHIPPED VIA: Truck DELIVERED TO: Location ORDER NO.:
 WELL TYPE: Oil WELL CATEGORY: Development JOB PURPOSE: Long String 4 1/2" WELL PERMIT NO.:
 REFERRAL LOCATION: W-1-11-116 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.		UNIT		AMOUNT	
				U/M	U/M	PRICE			
575		1	MILEAGE <u>Tak #112</u>			30	M	5.00	150.00
578		1	<u>Pump Charge - Lane's string</u>			1	job	1400.00	1400.00
281		1	<u>Mud Flush</u>			500	gal	1.50	750.00
281		1	<u>Liquid KCL</u>			2	gal	25.00	50.00
290		1	<u>D-Air</u>			3	gal	42.00	126.00
419		1	<u>Rotating Head Rental</u>			4 1/2	in	250.00	250.00
581		1	<u>CMT Service Charge</u>			325	sk	1.85	416.25
583		1	<u>Drayage</u>			378	TM	0.95	359.46

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X

DATE SIGNED: 8-13-2020 TIME SIGNED: 3:30 A.M. P.M.
REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? CUSTOMER DID NOT WISH TO RESPOND

TAX: LANE
 TOTAL: 10555.78

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: William Ford APPROVAL: Wade J. Ross
 Thank You!

SWIFT Services, Inc.

DATE: 8-13-2020
PAGE NO.: 1

JOB LOG

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Talon Group		1-11 owner		Selfridge		Long String 4 1/2"		033325	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1330								ON Location 4 1/2" 11.6.16/19
									RTD: 4670 TP: 4668' PC: 2057'
	1400	6 1/2	12		✓	350			Pump 500 gal Mud Flush
		6 1/2	20		✓	350			Pump 20 bbl KCL Spacer
	1405	2	12		✓	0			Plug RH + MH [30,20]
	1410	4	54		✓	200			Mix Remaining 175 sks of EA-2 CMT @ 15.36 ppg
	1420								Wash out P+L - Drop Latch down Plug
	1425	6 1/2	0		✓	200			Start Displacement
		6 1/2	55		✓	350			Lift Pressure
		6 1/2	71		✓	600			Max Lift Pressure
	1440	0	72		✓	1600			LAND Latch down Plug - Release Pressure Hold
	1445								Wash up Trk #112
	1520								Job Complete
									225 sks of EA-2 CMT used
									Thanks!
									Gideon, Preston, Isaac



Services, Inc.

CHARGE TO: Talon Group
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

TICKET 033353

WELL PROJECT NO. 1-11 LEASE Selfridge COUNTY/PARISH LAFAYETTE STATE KS CITY Dighton DATE 10-20-2020 OWNER
 SERVICE LOCATIONS Ness City, KS CONTRACTOR Cherokee RIG NAME/NO. W3107 SHIPPED VIA Truck DELIVERED TO Location ORDER NO.
 TICKET TYPE SERVICE SALES
 WELL TYPE Oil WELL CATEGORY Development 1" Top Off WELL PERMIT NO.
 REFERRAL LOCATION W3107 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE <u>Trk # 112</u>					5.00	150.00
677					<u>Pump Charge</u>					925.00	925.00
330					<u>SMD Cement</u>					17.00	1700.00
290					<u>D-Air</u>					42.00	42.00
581					<u>CMT Service Charge</u>					1.85	185.00
582					<u>Minimum Drayage Charge</u>					260.00	260.00
REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300											
SURVEY <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND											
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions. MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS. X										TOTAL	3044.39

DATE SIGNED 10-20-2020 TIME SIGNED 11:00 A.M. P.M.
 SWIFT OPERATOR J. Adam Fuchs APPROVAL [Signature]
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10-20-2020 1 PAGE NO.

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Talon Group		1-11		Selfridge		1" Top off		033353	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	GASING		
	0900								ON Location 1" x 4 1/2" x 8 5/8" TP: 379'
	0920	1	2	✓		500			Pump 2 bbl H2O ★ Mud Coming up BSA
	0930	1	34	✓		500			Mix 100 sks of SMD CMT @ 13.0 ppg ★ Circulate 20 sks of CMT to the Pitt ★
	1015								WASH up Trk #112
	1115								Wash 1" Tb
	1130								Job Complete 100 sks of SMD mixed @ 13 ppg used Thanks Budean, Kirby, Isaac



CHARGE TO: TALON Group
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 033353
 PAGE 1 OF 1

SERVICE LOCATIONS: Ness City, KS
 WELL/PROJECT NO.: 1-11
 LEASE: Self-Drill
 COUNTY/PARISH: LAIR
 STATE: KS
 CITY: Dighton
 DATE: 10-20-2020
 OWNER: Dighton 5-1-14-11
 ORDER NO.: 13 info

TICKET TYPE: SERVICE SALES
 CONTRACTOR: Cherokee
 RIG NAME/NO.:
 WELL TYPE: Oil
 WELL CATEGORY: Oil Production 1" Top of
 JOB PURPOSE: Oil
 WELL PERMIT NO.:

REFERRAL LOCATION: Dighton
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCOUNTING ACCT	DF	DESCRIPTION	MILEAGE	QTY.		UNIT PRICE	AMOUNT
							UM	UM		
576		1			MILEAGE Job # 112		92	mi	5.00	150.00
577		1			Pump Chassis		1	ch	925.00	925.00
330		1			SMD Cement		100	cb	17.00	1700.00
290		1			DAir		1	gal	42.00	42.00
581		1			CMT Service Chassis		100	cb	1.85	185.00
582		1			Minimum Drugg Chassis		1	ch	250.00	250.00
REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300						SURVEY <input type="checkbox"/> OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/> WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/> OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/> WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/> ARE YOU SATISFIED WITH OUR SERVICE?		DISAGREE <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX TOTAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 DATE SIGNED: 10-20-2020 TIME SIGNED: 11:00 A.M. P.M.
 SWIFT OPERATOR: Sharon Tule APPROVAL: [Signature]
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10-20-2001 PAGE NO. 1

CUSTOMER *Talon Group* WELL NO. *1-11* LEASE *Selfridge* JOB TYPE *1" Topoff* TICKET NO. *033353*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0900</i>							<i>ON location 1" x 4 1/2" x 8 3/4"</i> <i>TP: 379'</i>
	<i>0920</i>	<i>1</i>	<i>2</i>	<i>✓</i>		<i>500</i>		<i>Pump 2 bbl H₂O</i> <i>* Mud Coming up BSA</i>
	<i>0930</i>	<i>1</i>	<i>34</i>	<i>✓</i>		<i>500</i>		<i>Mix 100 sks of SMD CMT</i> <i>@ 13.0 ppg</i> <i>* Circulate 20 sks of CMT to the P.H. *</i>
	<i>1015</i>							<i>WASH UP Trk #112</i>
	<i>1115</i>							<i>Wash 1" Tb</i>
	<i>1130</i>							<i>Job Complete</i> <i>100 sks of SMD mixed</i> <i>@ 13 ppg used</i> <i>Thanks</i> <i>Anderson, Kirby, I saw</i>

PRESSURE AND TEMPERATURE VS TIME

Company: Larson Operating
Location: Selfridge 1-11 OWWO
Test Description: temp survey for cement
Date: 10/18/2020
Serial# 60529

