

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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FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0265

LOCATION Victoria KS

FOREMAN M. Les Show

FIELD TICKET & TREATMENT REPORT CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>1/24/21</u>		<u>Dech 9nt #1</u>	<u>1</u>	<u>20 S</u>	<u>22 W</u>	<u>WPsS</u>

CUSTOMER ARP Operations
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>101</u>	<u>Sackit</u>		
<u>112</u>	<u>Miles</u>		

JOB TYPE Surface HOLE SIZE 12.25" HOLE DEPTH 342 CASING SIZE & WEIGHT 5 5/8 24 #
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 20.5 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & Rig up on white M. slot drilling circulate
Casing mix 235 sx Class A 30cc 28 gal displace 20.5 bbls water
Shut in cement did circulate 3 bbls to pit

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>P1002</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1150.00</u>	<u>1150.00</u>
<u>M001</u>	<u>45</u>	<u>MILEAGE</u>	<u>6.50</u>	<u>292.50</u>
<u>M00</u>	<u>11.63 TONS</u>	<u>Ton mileage delivery</u>	<u>1.50</u>	<u>174.45</u>
<u>CB00</u>	<u>235 sx</u>	<u>Class A 30cc 28 gal</u>	<u>24.50</u>	<u>5757.50</u>
			<u>Subtotal</u>	<u>8463.92</u>
			<u>1055 3.5% / 100</u>	<u>2962.37</u>
			<u>Subtotal</u>	<u>5501.55</u>
			SALES TAX	<u>243.25</u>
			ESTIMATED TOTAL	<u>5744.80</u>

AUTHORIZATION Robert C. Dwyer

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

ARP Operating LLC
1444 Wazee Street Suite 125
Denver CO 80202+1386
ATTN: Sean Deenihan

1-20s-22w Ness KS
Dechant #1
Job Ticket: 66907 **DST#: 1**
Test Start: 2021.02.03 @ 12:57:01

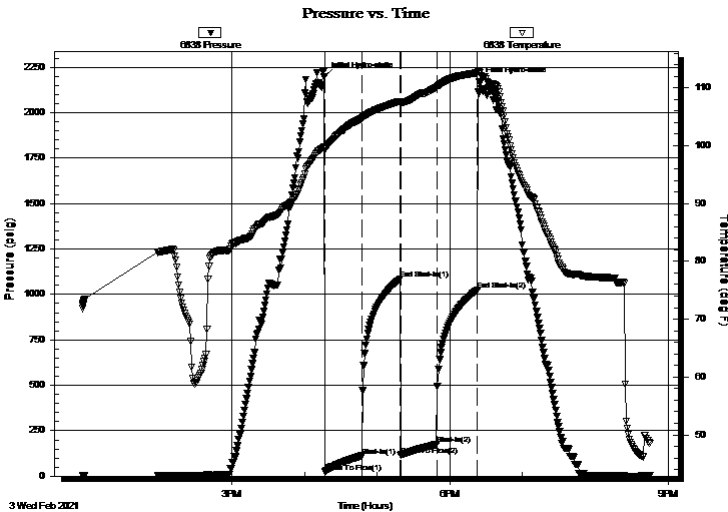
GENERAL INFORMATION:

Formation: **Cherokee Miss**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 16:16:37
Time Test Ended: 20:45:26
Interval: **4322.00 ft (KB) To 4425.00 ft (KB) (TVD)**
Total Depth: 4425.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Spencer J Staab
Unit No: 84
Reference Elevations: 2250.00 ft (KB)
2245.00 ft (CF)
KB to GR/CF: 5.00 ft

Serial #: 6838 **Outside**
Press@RunDepth: 174.60 psig @ 4325.00 ft (KB) Capacity: psig
Start Date: 2021.02.03 End Date: 2021.02.03 Last Calib.: 2021.02.03
Start Time: 12:57:01 End Time: 20:45:26 Time On Btm: 2021.02.03 @ 16:16:27
Time Off Btm: 2021.02.03 @ 18:24:17

TEST COMMENT: 30-IF-Surface to 6"
30-ISI-Surface
30-FF-Surface to 5 3/4"
30-FSI-Weak Surface

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2197.31	99.88	Initial Hydro-static
1	23.45	99.13	Open To Flow (1)
31	111.37	104.68	Shut-In(1)
63	1084.64	107.66	End Shut-In(1)
63	115.90	107.34	Open To Flow (2)
93	174.60	110.12	Shut-In(2)
127	1023.96	112.61	End Shut-In(2)
128	2171.20	112.71	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	MW 40%M 60%W	1.70
120.00	WM 20%W 80%M	1.70
100.00	Mud	1.42

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

ARP Operating LLC

1-20s-22w Ness KS

1444 Wazee Street Suite 125
Denver CO 80202+1386

Dechant #1

Job Ticket: 66907

DST#: 1

ATTN: Sean Deenihan

Test Start: 2021.02.03 @ 12:57:01

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

47000 ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	MW 40%M 60%W	1.701
120.00	WM 20%W 80%M	1.701
100.00	Mud	1.418

Total Length: 340.00 ft Total Volume: 4.820 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

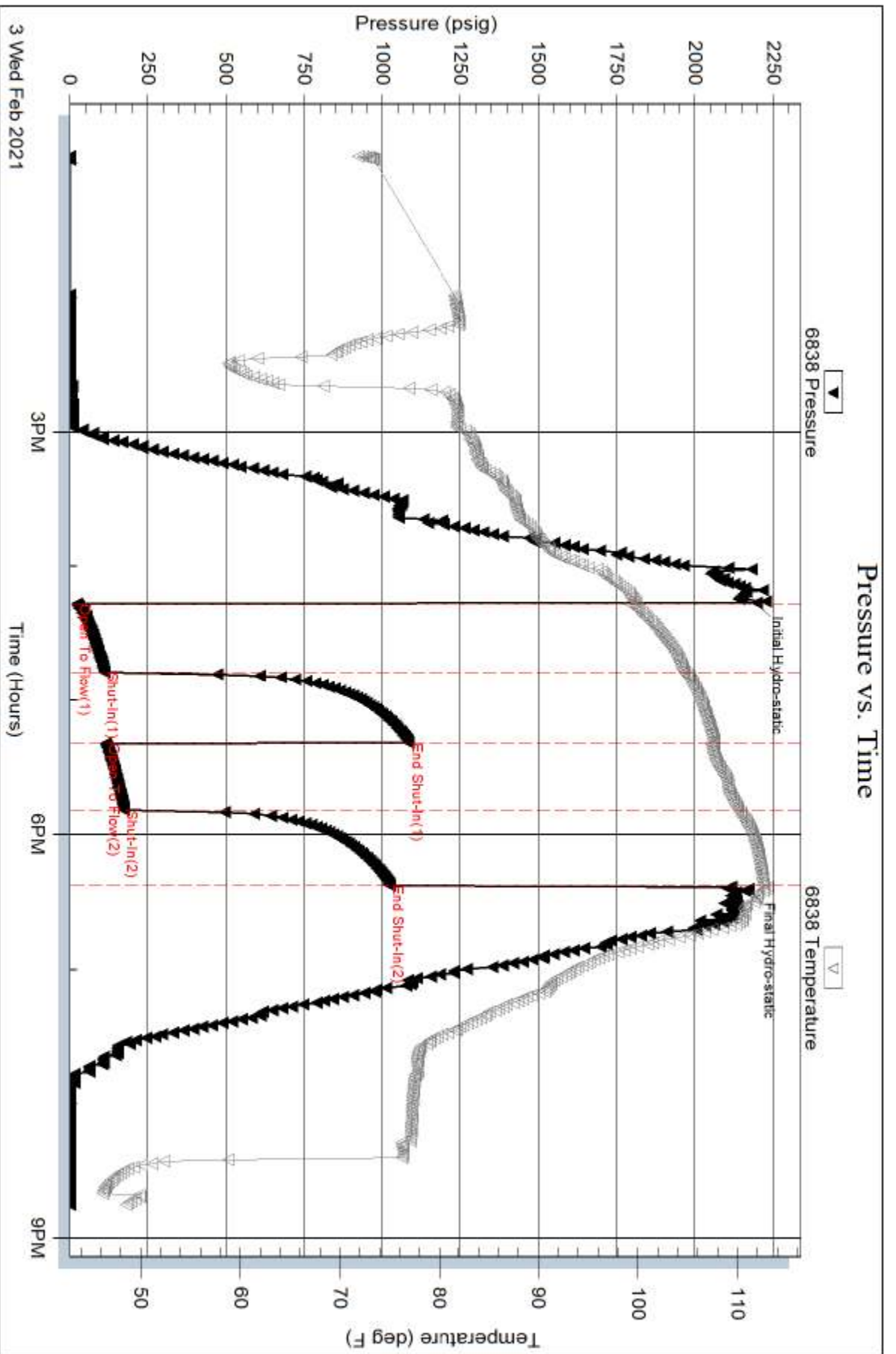
Serial #:

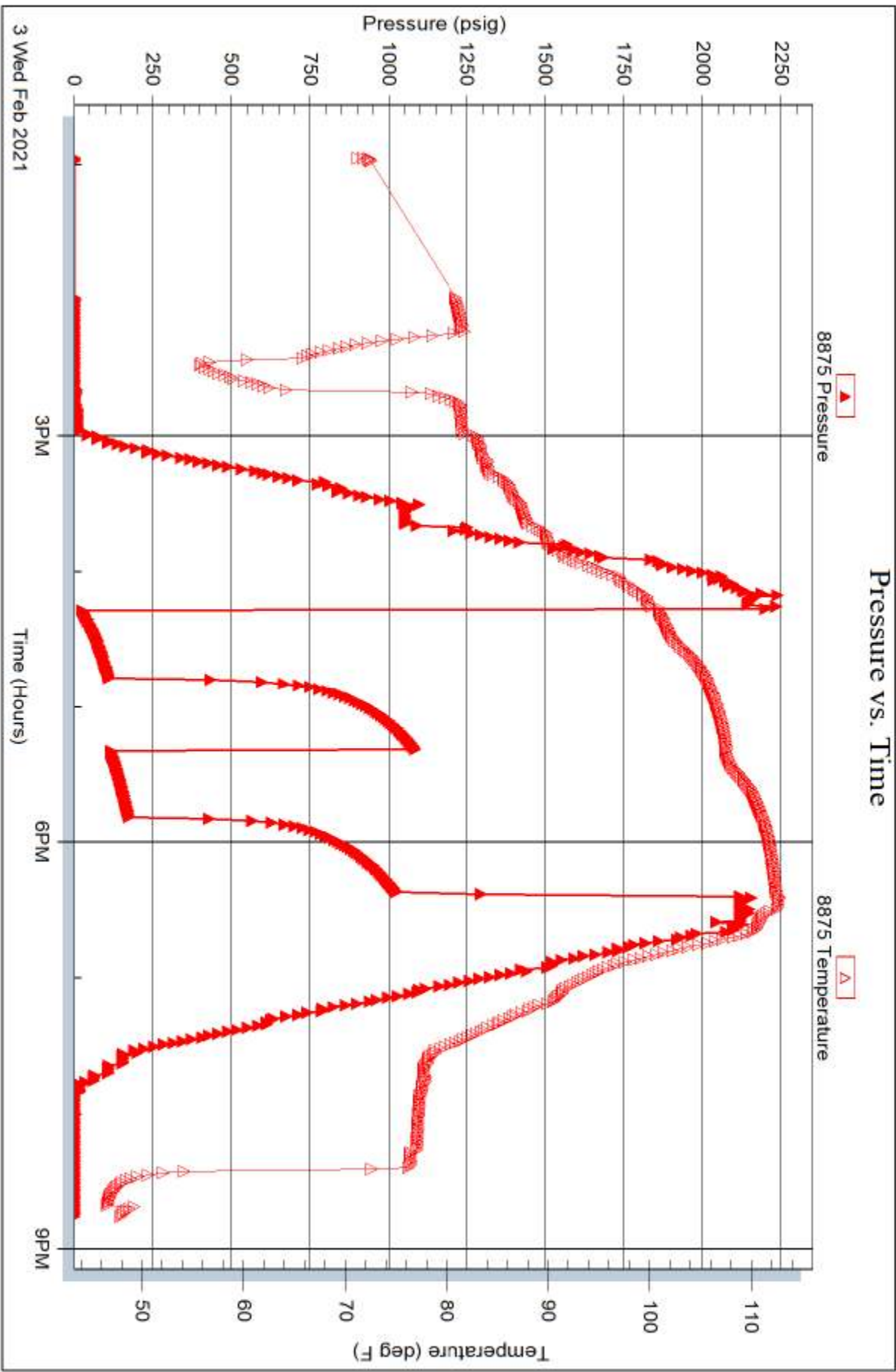
Laboratory Name:

Laboratory Location:

Recovery Comments: 1 3/4# LCM

RW=.265@42F





GEOLOGY REPORT

The Dechant #1 was drilled to a depth of 4425'. A drill stem test recovered only mud and water. Therefore this test was abandoned.