

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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P. O. Box 466  
 Ness City, KS 67560  
 Off: 785-798-2300

# Invoice

DATE	INVOICE #
5/11/2023	35886

BILL TO
Citation Oil & Gas 1016 Hwy 40 Bypass Hays, KS 67601

RECEIVED BY [Signature] HAYS KANSAS  
 APPROVED BY \_\_\_\_\_  
 MAY 22 2023  
 LEASE Putnam  
 WELL# 5  
 LOE NRE AFE: 230413

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#5	Putnam	Graham	Express	Oil	Workover	Squeeze Casing ...	Roger

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	50	Miles	8.00	400.00T
578W-D	Pump Charge - Deep Squeeze (> 1500 Ft.)	1	Job	1,700.00	1,700.00T
290	D-Air	2	Gallon(s)	42.00	84.00T
288	Sand (20/40 Brady)	2	Sack(s)	22.00	44.00T
581W	Service Charge Cement	200	Sacks	2.00	400.00T
583W	Drayage	479.4	Ton Miles	1.00	479.40T
325	Standard Cement	200	Sacks	16.00	3,200.00T
278	Calcium Chloride	3	Sack(s)	55.00	165.00T
	Subtotal				6,472.40
	Sales Tax Graham County			7.50%	485.43

<b>We Appreciate Your Business!</b>	<b>Total</b>	\$6,957.83
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Services, Inc.

TICKET 35886

CHARGE TO: Citation Oil & Gas  
 ADDRESS  
 CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>Hays, Ks</u>	<u>55</u>	<u>W/Stream</u>	<u>Osborne</u>	<u>Ks.</u>		<u>5/11/2022</u>	
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED Via	DELIVERED TO	ORDER NO.	
3.	WELL TYPE	<u>Express Well Serv</u>		<u>Tr</u>	<u>Loc.</u>		
4.	WELL CATEGORY	<u>W/Stream</u>	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	INVOICE INSTRUCTIONS		<u>Spurce Csg. Level</u>				

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
<u>575</u>					<u>TRK 4111</u>	<u>50</u>	<u>mi/l</u>				<u>8.00</u>	<u>400.00</u>
<u>578</u>					<u>Pump Service</u>	<u>1</u>	<u>ea</u>			<u>1700.00</u>	<u>1700.00</u>	
<u>290</u>					<u>D-Air</u>	<u>2</u>	<u>gal</u>			<u>42.00</u>	<u>84.00</u>	
<u>288</u>					<u>Sand</u>	<u>2</u>	<u>SKS</u>			<u>22.00</u>	<u>44.00</u>	
<u>581</u>					<u>Service Charge</u>	<u>200</u>	<u>SKS</u>			<u>2.00</u>	<u>400.00</u>	
<u>583</u>					<u>Drayage</u>	<u>479.4</u>	<u>TON/KS</u>			<u>1.00</u>	<u>479.40</u>	
<u>325</u>					<u>Standard Cement</u>	<u>200</u>	<u>SKS</u>			<u>16.00</u>	<u>3200.00</u>	
<u>278</u>					<u>Calcium Chloride</u>	<u>3</u>	<u>SKS</u>			<u>55.00</u>	<u>165.00</u>	

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 Ben [Signature]

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 6,472.40

TOTAL 6,957.83

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR Ben D. [Signature] APPROVAL \_\_\_\_\_

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5/11/23 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Citation Oil & Gas		45		Putnam		Squeeze		35886	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBS) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0850								On Loc. Set up trucks Plug set 3400' Csg Leak 1864-96" PKR C. 2052'
	0905		7						Spot 2sk sand Pull PKR to 1770' to Squeeze
	0950					500			Press Ann 500psf holding
		13/4				750			Inj Rate 13/4 BPM 750 psf
	0955								Start mixing 200sk STD. 2% CG
	10:20		42						Finish mixing Wash out pump & line Start Displ.
	10:30								
	10:35		11.5			850			11.5 <sup>SS</sup> out Tubing clear 850 psf
	10:50					800			Repress to 800psf slow bleed off Stage Squeeze
	12:00					900			900psf Release Press Flowed Back
	12:35								Press to 700psf holding Release Press Dism up Pull 4 Jts. Press
			14						Reverse out 14 <sup>SS</sup> total Pull 4 Jts. Press to 500psf shut in Pack up truck Job Complete

Thank You

Rogee, David, John