

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 Recompletion Date \_\_\_\_\_ 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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	James Production, Inc.
Well Name	KU ENDOWMENT 17-1
Doc ID	1581465

All Electric Logs Run

Sonic
Dual Induction
Nuetron Denstiy
Micro



# FRANKS Oilfield Service, LLC

815 Main Street  
Victoria, KS 67671

Office (785) 639-3949  
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

## Invoice

Date	Invoice #
6/29/2021	0348

Please Pay from this Invoice.  
Remit Payment to:  
815 Main Street  
Victoria, KS 67671  
Billing Questions-Call Tianna at  
(785) 639-3949

Bill To
James Production, Inc. 1334 Grouse Road Yates Center, KS 66783

County/State	Lease/Well#	Terms	Job Type
Sheridan Co., KS	KU Endowment #17-1	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	12	6.50	78.00
Ton Mileage (min.)	1	600.00	600.00
Surface Blend	225	24.50	5,512.50T
30% Discount		-2,202.15	-2,202.15

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

**Subtotal** \$5,138.35

*We appreciate your business and look forward to serving you again!*

**Sales Tax (8.5%)** \$327.99

**Balance Due** \$5,466.34

# 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 0348  
 LOCATION Hovie  
 FOREMAN Jack

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
4-29-21		KU Enclosure #17-1	17	7	27W	Shelden												
CUSTOMER		<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>101</td> <td>Jack</td> <td></td> <td></td> </tr> <tr> <td>102</td> <td>Scott</td> <td></td> <td></td> </tr> </table>					TRUCK #	DRIVER	TRUCK #	DRIVER	101	Jack			102	Scott		
TRUCK #	DRIVER						TRUCK #	DRIVER										
101	Jack																	
102	Scott																	
MAILING ADDRESS		James Production Inc.																
CITY	STATE	ZIP CODE																

JOB TYPE Surface HOLE SIZE 7 7/8" HOLE DEPTH 277 CASING SIZE & WEIGHT 8 5/8"  
 CASING DEPTH 277 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15.2" SLURRY VOL 1.33 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting Rig up on STP. Circulate casing, mix 225 sacks  
Class A 3% cc + 2% gel. Displaced w/ 1/2 Bbls of water. Shut in.  
Cement did circulate

*Thanks*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P0002	1	PUMP CHARGE	1150 <sup>00</sup>	\$ 1150 <sup>00</sup>
M0001	12	MILEAGE	6.50	+ 78 <sup>00</sup>
M0003	11.14 tons	Ton mileage delivery man.	\$ 100 <sup>00</sup>	\$ 1100 <sup>00</sup>
C0004	225 sacks	Class A surface blend	\$ 24.50	\$ 5,512 <sup>50</sup>
			sub total	\$ 7,340 <sup>50</sup>
			less 30% disc.	\$ 2,202 <sup>15</sup>
			sub total	\$ 5,138 <sup>35</sup>
			SALES TAX	35% 7.99
			ESTIMATED TOTAL	5,466.34

AUTHORIZATION \_\_\_\_\_ 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

James Production  
 1334 grouse RD Yates Center KS, 66783  
 ATTN: bill stout

**sec.17 twp.7 rge.27 sheridan**  
**KU Endowment**  
 Job Ticket: 67031 **DST#: 2**  
 Test Start: 2021.07.04 @ 23:27:31

## GENERAL INFORMATION:

Formation: **LKC J**  
 Deviated: No Whipstock: 0.00 ft (KB)  
 Time Tool Opened: 01:16:21  
 Time Test Ended: 06:42:10  
 Interval: **4038.00 ft (KB) To 4080.00 ft (KB) (TVD)**  
 Total Depth: 4080.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole (Initial)  
 Tester: Justin Polfus  
 Unit No: 71  
 Reference Elevations: 2725.00 ft (KB)  
 2718.00 ft (CF)  
 KB to GR/CF: 7.00 ft

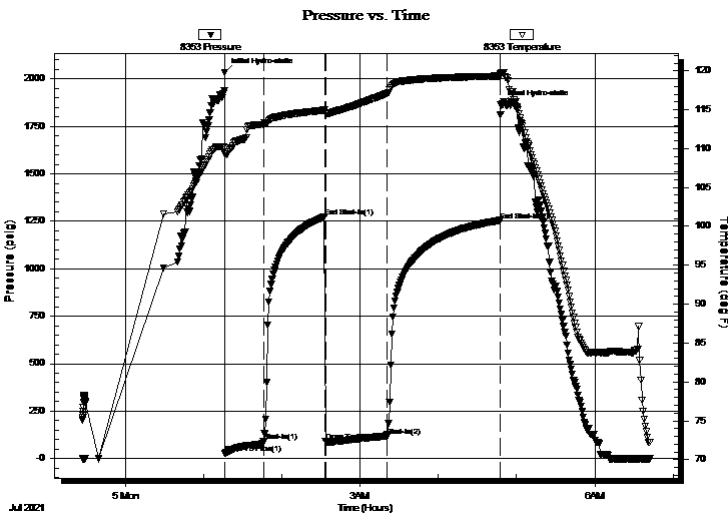
## Serial #: 8353

Inside

Press@RunDepth: 120.29 psig @ 4049.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2021.07.04 End Date: 2021.07.05 Last Calib.: 2021.07.04  
 Start Time: 23:27:32 End Time: 06:42:11 Time On Btm: 2021.07.05 @ 01:16:11  
 Time Off Btm: 2021.07.05 @ 04:47:51

TEST COMMENT: 30- IF blow built to 11.68" (tool slid 4' before opening)  
 45-no bow back  
 45- blow built to 13.14"  
 90- no blow

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2034.14	110.08	Initial Hydro-static
1	26.28	109.26	Open To Flow (1)
30	89.18	113.10	Shut-In(1)
77	1273.67	114.94	End Shut-In(1)
78	89.35	114.56	Open To Flow (2)
125	120.29	117.08	Shut-In(2)
212	1254.53	119.33	End Shut-In(2)
212	1862.03	119.55	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
119.00	25% mud 75% oil	0.59
175.00	100% oil	2.45

## Gas Rates

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



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

James Production  
1334 grouse RD Yates Center KS, 66783  
ATTN: bill stout

**sec.17 twp.7 rge.27 sheridan**  
**KU Endowment**  
Job Ticket: 67031      **DST#: 2**  
Test Start: 2021.07.04 @ 23:27:31

### Mud and Cushion Information

Mud Type:	Gel Chem	Cushion Type:		Oil API:	18 deg API
Mud Weight:	9.00 lb/gal	Cushion Length:	ft	Water Salinity:	ppm
Viscosity:	58.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	8.39 in <sup>3</sup>	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	ppm				
Filter Cake:	2.00 inches				

### Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
119.00	25% mud 75% oil	0.585
175.00	100% oil	2.455

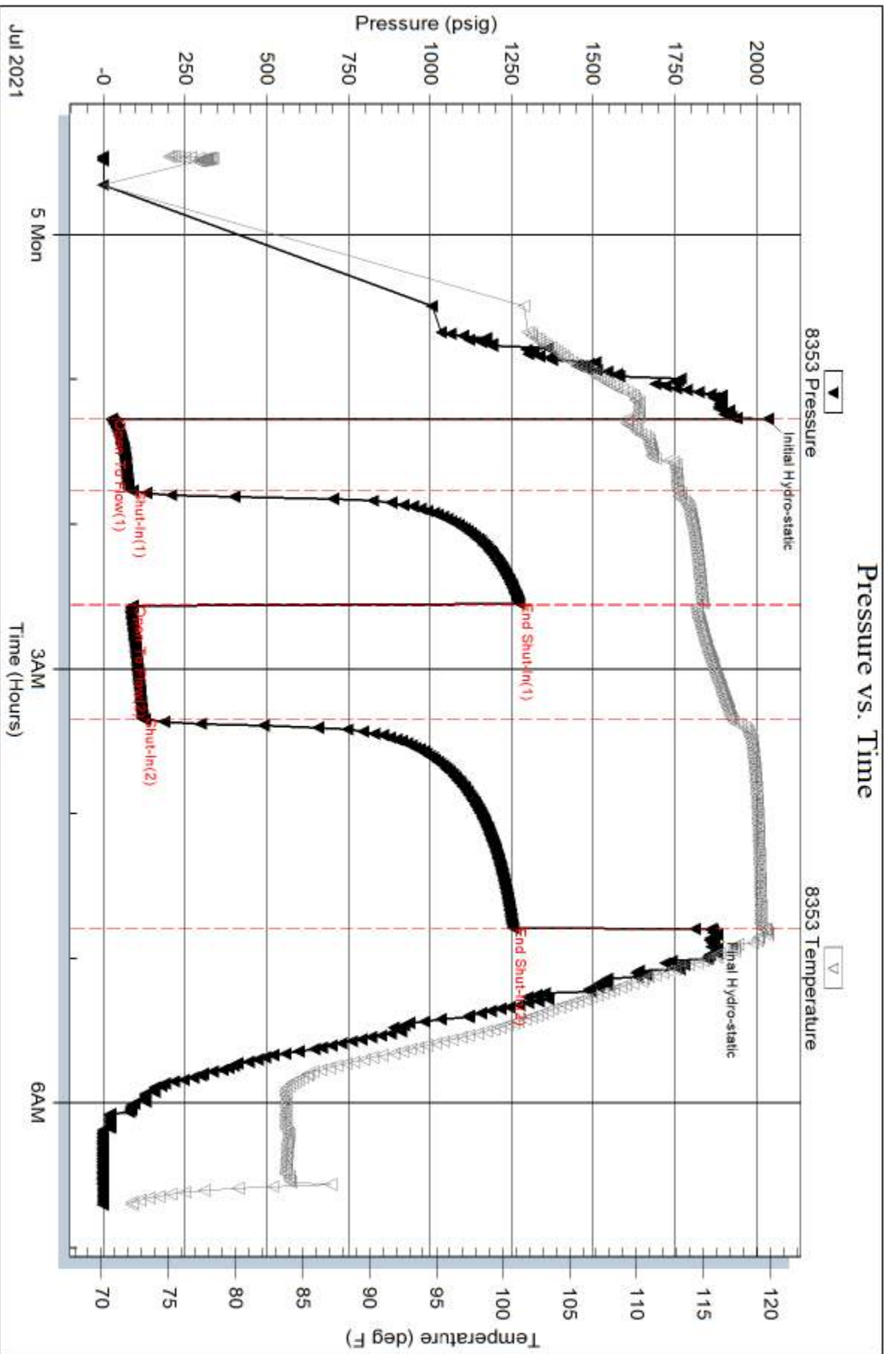
Total Length:      294.00 ft      Total Volume:      3.040 bbl

Num Fluid Samples: 0      Num Gas Bombs:    0      Serial #:

Laboratory Name:      Laboratory Location:

Recovery Comments: gravity 19 @ 70 equals 18





# GEOLOGICAL REPORT

James Production, Inc.

KU Endowment #17-1

SE SW NE NE Section 17-T7S-R27W

Sheridan County, Kansas

COMMENTED: 06-29-21  
 COMPLETED: 07-06-21  
 CONTRACTOR: STP Drilling LLC

STATUS: Dry  
 A.P.I. #: 15-179-21472  
 OPERATOR LIC.: 34762

SIZE OF HOLE: 7 7/8"  
 SURFACE PIPE: 8 5/8" @ 282'  
 CEMENTED WITH: 225 sacks  
 LONG STRING: None

LOGS: CNL/CJ/DJL/ML/EJ/HOS  
 MUD SYSTEM: Chemical  
 OTHER:

CEMENTED WITH:  
 R.T.D. 4180

William M. Stout  
 Geologist

## FORMATION TOPS

	2716 G.L.	2723 K.B.
Anhydrite	2432 +291	2429 +294
Base Anhydrite	2467 +256	2463 +260
Stodler	3533 -810	3530 -807
Howard	3612 -889	3610 -887
Topeka	3656 -933	3659 -936
Oread	3830 -1107	3828 -1105
Heebner	3866 -1143	3865 -1142
Toronto	3889 -1166	3890 -1167
Lansing	3910 -1187	3911 -1188
Base Kansas City	4124 -1401	4126 -1403
Total Depth	4180 -1457	4178 -1455

## SAMPLE SHOW DESCRIPTIONS

Oread 3830' (-1107)  
 3830' - 3840'  
 Limestone - light brown, fine crystalline, scattered large crystals, fossiliferous, some dense, chalky, trace intercrystalline porosity with dark stain, no other shows.

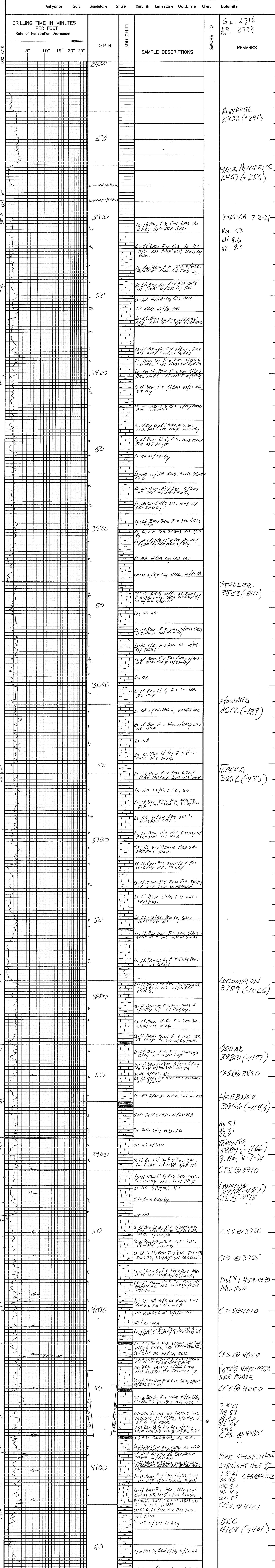
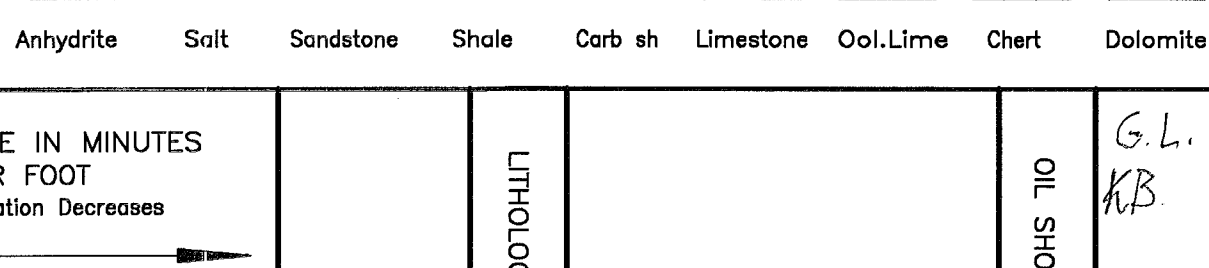
Lansing 3910' (-1187)  
 4071' - 4076' J Zone  
 Limestone - light brown, light gray, fine crystalline, fossiliferous, some chalky, faint to fair odor, scattered oolitic porosity with dark stain, show free oil, trace gas bubble. Covered by DST #1 & #2.  
 DST #1 4038' - 4080' Mis-run.  
 DST #2 4048' - 4080'  
 Open tool 30 min. Blow built to 11.68 inches. Close tool 45 min. Open tool 45 min. Blow built to 13.14 inches. Close tool 90 min. Recovered 119 feet oil cut mud (25% mud, 75% oil), 175 feet oil 18 gravity.  
 IFP 28-89# IFP 89-120#  
 SIP 1274-1255# HP 2034-1862#

## CONCLUSIONS

Because of the low gravity oil and the lack of any other oil shows, the decision to was made to plug this hole as dry and abandon.

API# 15-179-21472

## LEGEND





**QUALITY OILWELL CEMENTING, INC.**

PO Box 32 - 740 West Wichita Ave, Russell KS 67665  
 Phone:785-324-1041 fax:785-483-1087  
 Email: cementing@ruraltel.net

Date: 7/6/2021  
 Invoice # 2314

P.O.#:

Due Date: 8/5/2021

Division: Russell

# Invoice

**Contact:**

**Address/Job Location:**

James Productn  
 1334 Grouse Rd.  
 Yates Center KS  
 66783

Reference:  
 KU ENDOWMENT 17-1 SEC 17-7-27

**Description of Work:**  
 PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 684.02	Yes				
Common-Class A	144	\$ 2,274.24	Yes				
POZ Mix-Standard	96	\$ 515.20	Yes				
Premium Gel (Bentonite)	9	\$ 200.10	Yes				
Bulk Truck Matl-Material Service Charge	240	\$ 184.00	Yes				
Flo Seal	60	\$ 92.00	Yes				
Dry Hole Plug	1	\$ 64.40	Yes				
Pump Truck Mileage-Job to Nearest Camp	15	\$ 51.75	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	15	\$ 40.25	Yes				

**Invoice Terms:**

Net 30

SubTotal: \$ 4,105.96  
 Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (102.65)

SubTotal for Taxable Items:	\$ 4,003.31
SubTotal for Non-Taxable Items:	\$ -
Total:	\$ 4,003.31
Tax:	\$ 340.28

8.50% Sheridan County Sales Tax

**Thank You For Your Business!**

**Amount Due: \$ 4,343.59**  
**Applied Payments:**  
**Balance Due: \$ 4,343.59**

Past Due Invoices are subject to a service charge (annual rate of 24%)  
 This does not include any applicable taxes unless it is listed.  
 ©2008-2013 Straker Investments, LLC. All rights reserved.



# 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. 2311

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-6-21	17	7	27W	Sheldon	Ks		18:00 AM

Location *Marie S N 5 E 3 W*

Lease <i>RUF adownment</i>	Well No. <i>17-1</i>	Owner
Contractor <i>STP</i>		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.
Type Job <i>BTA</i>		Charge To <i>James Production</i>
Hole Size <i>7 3/8</i>	T.D.	Street <i>1334 <del>Front</del> Grover Rd.</i>
Csg.	Depth	City <i>Yates Center</i> State <i>Ks</i> <i>66703</i>
Tbg. Size <i>4 1/2</i>	Depth	
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered <i>2404 60/40 4% Gel</i>
Meas Line	Displace	<i>1/4" F10 Seal</i>

**EQUIPMENT**

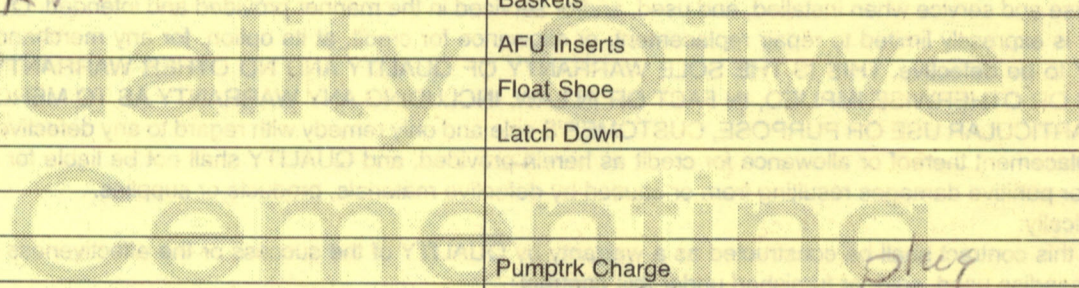
Pumptrk <i>5</i>	No.	Cement Helper	<i>Bill Craig</i>	Common <i>144</i>
Bulktrk	No.	Driver		Poz. Mix <i>96</i>
Bulktrk <i>7</i>	No.	Driver	<i>Doug</i>	Gel. <i>9</i>
	No.	Driver		Calcium

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole <i>30M</i>	Flowseal <i>60#</i>
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<i>2446 - 50M</i>	Sand
<i>1620 - 100M</i>	Handling <i>240</i>
<i>332 50M</i>	Mileage

**FLOAT EQUIPMENT**

<i>10 40</i>	Guide Shoe
<i>30M RH</i>	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down



	Pumptrk Charge <i>plug</i>	Tax
	Mileage <i>15 (min)</i>	Discount
<i>John</i>		Total Charge

*Thanks*