

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 _____ 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				

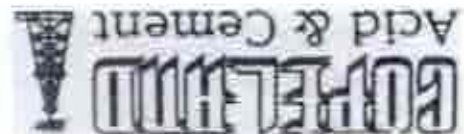
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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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BOX 438 - HAYSVILLE, KANSAS 67060
316-624-1225

FIELD ORDER No C 50656

DATE 13-Apr 20 23

IS AUTHORIZED BY K-Bar

(NAME OF CUSTOMER) City State KS

TO TREAT WELL AS FOLLOWS (lease Krehbel) Well No. 1 Customer Order No.

Sec. Twp. Range County Barton State KS

CONDITION: As part of the completion report it is agreed that Copeland Acid is to arrive at well at least 24 hours before the treatment operation will start and is not to be used until the completion report is received. Copeland Acid Service has made the representation, expressed or implied, and no representation shall be made by or for the company or its employees, agents, or representatives that the use of the acid or other material will result in the remediation of the well or the prevention of future problems. The use of the acid or other material is subject to the terms and conditions of the agreement and the representation of the company and its employees, agents, or representatives. The use of the acid or other material is subject to the terms and conditions of the agreement and the representation of the company and its employees, agents, or representatives.

THE ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT	COST	AMOUNT
20 0002	30	Mileage P T		\$6.00	\$180.00
20 0004	1	Pump Charge Port Collar		\$1,000.00	\$1,000.00
20 1003	450	65/35 Poz 2% Gel		\$13.60	\$6,120.00
20 1004	32	Add Gel after 2% Per Sack		\$25.25	\$808.00

CODE	QUANTITY	DESCRIPTION	UNIT	COST	AMOUNT
20 0011	482	Bulk Charge		\$1.25	\$602.50
20 0012	321	Bulk Truck Miles		\$1.10	\$353.10
		Process License Fee on Gallons			
		TOTAL BILLING			\$9,063.60

I certify that the above material has been accepted and used, that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W

Station GB Mike K

Well Owner, Operator or Agent

NET 30 DAYS

Remarks

TREATMENT REPORT

Account No. _____

Date: 4/13/2023 Client: GB F.I. No. 50656

Company: K-Bar

West Name: R. No. Kreditziel R3

Location: _____

County: Barton State: K5

Casing: 5.5" Type & Wt. _____ Set at _____ ft. _____

Formation: _____ ft. to _____ ft.

Formation: _____ ft. to _____ ft.

Formation: _____ ft. to _____ ft.

Inner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Connector: YH Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. 2.5" Set at _____ ft. to _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ ft. ID _____ ft.

Type Treatment: _____ Amt. _____

Type Fluid: _____ Gall. Fluid _____

Card Size _____ Pounds of Sand _____

Bedrock: _____ Gall./Gal. _____

_____ Gall./Gal. _____

_____ Gall./Gal. _____

_____ Gall./Gal. _____

_____ Gall./Gal. _____

_____ Gall./Gal. _____

_____ Gall./Gal. _____

_____ Gall./Gal. _____

Treated from _____ ft. to _____ ft.

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

Actual Volume of Oil / Water to Treat: _____ Gall./Gal.

Pump Truck: No. Used: 355 No. _____ Type: TWIN

Accessory Equipment: 327/317

Personnel: Nathan Joe Curtis

Location: _____

Company: _____

Drilling or Sealing Method: _____ Type: _____

Code: _____

Company Representative: _____

Mike K.

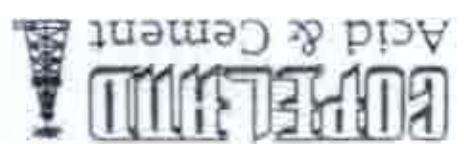
Treator: _____

Nathan W.

TIME	PRESSURES	REMARKS
min./sec.	Tubing	Total Fluid Pumped
9:30	2.5"	5.5"
		On location.
		Pressure up well to 500#
		Open Part Collar
		Break circulation with water.
		Mix 450lbs 65/35poz 6% gel.
		Displace with 6bbbls.
		Close part collar and pressure test to 1000# Held.
		Run 5/1s and reverse out with 20bbbls.
		Thank You!
		Nathan W.

FIELD ORDER N° C 60812

BOX 436 - HAYSVILLE KANSAS 67050
 316-524-1225
 DATE 18-Apr 20 23



IS AUTHORIZED BY K-BAR (NAME OF CUSTOMER)

Address _____ CITY _____ STATE KS
 AS-FOLLOWE Leaks HAL KREHBIEL Well No. 3 Customer Order No. _____
 TO TREAT WELL

See Typ _____ Range _____ County BARTON State KS

CONDITION: As a part of the condition of sale, the customer hereby agrees that the material furnished and used is not to be used for any purpose other than that for which it was intended. The customer of said service is responsible for any damage that may occur in connection with said service to be treated. The customer of said service is not to be held liable for any damage that may occur in connection with said service to be treated. The customer of said service is not to be held liable for any damage that may occur in connection with said service to be treated. The customer of said service is not to be held liable for any damage that may occur in connection with said service to be treated.

THIS ORDER MUST BE WORKED BEFORE WORK IS COMMENCED

By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
30.0002	30	Mileage Pump Truck	\$6.00	\$180.00
30.0006	1	Centrifical Pump Charge	\$325.00	\$325.00
30.106	2	KOL per Gal	\$24.75	\$49.50
30.107	1.5	Inhibitor per Gal	\$50.00	\$75.00
30.102	750	15% FE Acid per Gal	\$2.75	\$2,062.50
30.1058	5	Hy-Flo per Gal	\$27.50	\$137.50

CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
TOTAL BILLING				\$2,829.50

I certify that the above material has been accepted and used, that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below

Copeland Representative GREG C
 Station GB HAL KREHBIEL
 Well Owner, Operator or Agent

Remarks _____
 NET 30 DAYS

TREATMENT REPORT

Job Treatment: _____
 Date: _____
 Location: _____
 Operator: _____
 Equipment: _____
 Material: _____
 Quantity: _____
 Remarks: _____
 Signature: _____
 Date: _____

Time	Remarks
8 5/8	On Location.
	Surface 262'
	Break circulation with mud pump.
	Mix 225sks Common 3% Calcium Chloride. Circulated cement to surface
	Displace cement to 240'
	Shut in
	Thank You!
	Nathan W



BOX 438 HAYSVILLE KANSAS 67060
 316-524-1225
 (KANSAS CITY)

FIELD ORDER N° C 50641
 DATE 28-FEB-20 28

AUTHORIZED BY: K-BAL

NAME OF CUSTOMER: _____
 CITY: _____ STATE: KS
 COUNTY: Barton
 ZIP: _____
 WALL NO: 3
 CUSTOMER ORDER NO: _____

WEI OWNER OR OPERATOR: _____
 WEI OWNER, OPERATOR OR AGENT: _____

CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
20 5001	30	Mileage P-U	\$4.00	\$120.00
20 0002	30	Mileage P-T	\$6.00	\$180.00
20 9008	1	Pump Charge Surface	\$1 150.00	\$1 150.00
20 1001	228	Common Cement Sack	\$16.75	\$3 798.75
20 1012	13	Calcium Chloride per 50 lb	\$42.00	\$546.00
20 0011	238	Bulk Charge	\$1.25	\$297.50
20 0012	160.5	Bulk Truck Mins	\$1.10	\$179.85
TOTAL BILLING				\$6 242.10

I certify that the above material has been accepted and used, that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Company Representative: NATHAN W
 Owner: MIKE K
 Owner, Operator or Agent: _____

NET 30 DAYS