

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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Form	ACO1 - Well Completion
Operator	Talon Group LLC
Well Name	HEATH 1-27
Doc ID	1584006

Tops

Name	Top	Datum
Anhydrite	2111	671
B Anhydrite	2138	644
Heebner	3993	-1211
Lansing	4031	-1249
Muncie	4213	-1431
Stark	4312	-1530
Hush	4354	-1572
Marmaton	4417	-1635



Services, Inc.

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

TICKET 33871
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. Ness City, KS
 2.
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO. 1-217
 TICKET TYPE SERVICE SALES
 CONTRACTOR Southwind
 WELL TYPE Oil
 WELL CATEGORY Workover
 JOB PURPOSE Rotary PTA
 INVOICE INSTRUCTIONS

LEASE Heath
 COUNTY/PARISH LANE
 RIG NAME/NO.
 STATE KS
 CITY Dighton
 DATE 7-27-2021
 OWNER

WELL PERMIT NO.
 DELIVERED TO LOCATION
 WELL LOCATION Dighton, 6-E, 6-S
4-W, 14-S, Erme

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCT	DF	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
						U/M	U/M				
576					MILEAGE Trk #110			40	M	5.00	200.00
576P					Pump Charge - PTA			1	job	925.00	925.00
338-4					60/40 Pozmix 4% gel			290	lbs	11.00	3190.00
276					Floacle			75	lbs	3.00	225.00
290					D-Air			4	gal	42.00	168.00
581					CMT Service Charge			1	hrs	536.00	536.00
583					Drngage			25630	lbs	0.95	485.45

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 7-27-2021 TIME SIGNED 2:00 A.M. P.M.

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

SWIFT OPERATOR Gudrun Fields APPROVAL

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? YES NO CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1 TOTAL 6159.70

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE

7-27-2024

PAGE NO.

1

CUSTOMER

Talon Group

WELL NO.

1-27

LEASE

Heath

JOB TYPE

Rotary PTA

TICKET NO.

33871

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	DP	TUBING	CASING	
7-26	2300							ON LOCATION 4 1/2" DP
	0015	4	13		✓		250	Plug @ 2,150' w/ 60 sks Displace w/ Mud Pump
	0115	4	21		✓		150	Plug @ 1,350' w/ 80 sks
	0200	4	13		✓		100	Plug @ 650' w/ 50 sks
	0225	4	10.5		✓		100	Plug @ 310 w/ 40 sks
	0255	3 1/2	5.25		✓		75	Plug @ 60' w/ 20 sks
	0305	2	8		✓		50	Plug RH w/ 30 sks
	0305							
	0310	2	5.25		✓		50	Plug MH w/ 20 sks
	0315							Wash up Trk #112 290 sks of 60/40 Permox 4% gel used
								Thanks!
								Gideon Kirby Isaac



Services, Inc.

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

TICKET 33738

PAGE 1 OF 1

SERVICE LOCATIONS
 1. **Ness City, KS**
 2.
 3.
 4.

WELL/PROJECT NO. **01**
 LEASE **HEATH**
 COUNTY/PARISH **LANE**
 STATE **KS**
 CITY **LANE**
 DATE **7-19-2021**
 OWNER **same**

TICKET TYPE
 SERVICE
 SALES

CONTRACTOR **SOUTHWOOD DRILLING**
 RIG NAME/NO.
 SHIPPED VIA **Tr**
 DELIVERED TO **Location**
 ORDER NO.

WELL TYPE **OIL**
 WELL CATEGORY **Development**
 JOB PURPOSE **8 5/8" SURFACE**
 WELL PERMIT NO.
 WELL LOCATION **SE/District 1, KS**

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.		
575					MILEAGE # 114	40	ME		\$100	200.00
5765					PUMP CHARGE - SHALLOW SURFACE	1	JOB		267 FT	925.00
325					STANDARD Cement	165	SWS		13.50	2227.50
278					CALCIUM CHLORIDE	8	SWS		40.00	320.00
279					BRITNIDGE GEL	3	SWS		30.00	90.00
290					D-APP	2	GAL		42.00	84.00
581					SERVICE CHARGE Cement	165	SWS		1.85	305.25
583					DRYING	16210	lbs		324.27M	95
					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	
					CUSTOMER DID NOT WISH TO RESPOND					
					PAGE TOTAL					4459.74
					TOTAL					4663.85

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 **Wayne Wilson**
 DATE SIGNED **7-19-2021** TIME SIGNED **2:00** P.M.

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

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

PAGE TOTAL **4459.74**
 TOTAL **4663.85**

SWIFT OPERATOR **Wayne Wilson** APPROVAL
 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
7-19-2021

PAGE NO.
1

CUSTOMER
TALON GROUP

WELL NO.
1

LEASE
HEATH

JOB TYPE
8 5/8" SURFACE

TICKET NO.
33738

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
7/19/21	2200							ON LOCATION - PULLING D.P.
								TD - 267 SETc 264
								TP - 267 8 5/8 - 20 #
								15' CEMENT LEFT IN CASING
7/20/21	0005							BREAK CIRCULATION - MUD PUMP
								14.7 PPG
	0025	5	40		✓	200		MAX CEMENT - 165 SKS STANDARD 2% GEL, 3% CC
	0035	6	16 1/2		✓	250		DISPLACE CEMENT
	0038							CEMENT DISPLACED - SHUT IN
								CIRCULATED 20 SKS CEMENT TO BIT
								WASH TRUCK
	0130							JOB COMPLETE
								THANK YOU WAYNE, BLAINE, ISAAC