

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)</i> <i>(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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Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
4/28/2023	7183

Bill To	
Brickley Enterprises PO Box 1118 El Dorado, KS 67042	
Customer ID#	1316

Job Date	4/25/2023
Lease Information	
Seglem #6	
County	Butler
Foreman	DG

Item	Description	Qty	Rate	Amount
C101	Cement Pump-Surface	1	950.00	950.00
C107	Pump Truck Mileage (one way)	30	5.00	150.00
C200	Class A Cement-94# sack	125	18.55	2,318.75T
C205	Calcium Chloride	350	0.75	262.50T
C206	Gel Bentonite	235	0.30	70.50T
C108A	Ton Mileage (min. charge)	1	390.00	390.00
D101	Discount on Services		-74.50	-74.50
D102	Discount on Materials		-132.59	-132.59T

Prefer to have invoices emailed? Send info to
rene@elitecementing.com

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$3,934.66
Sales Tax (6.5%)	\$163.75
Total	\$4,098.41
Payments/Credits	\$0.00
Balance Due	\$4,098.41

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **7183**
 Foreman David Gardner
 Camp Eureka

API # 15-015-24197

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-25-23	1242	Soglin #6	16	27S	6E	Butler	KS
Customer Brickley Enterprises			Safety Meeting DG SF BW	Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 107				111	Shuman		
City El Dorado				112	Knicker		
State KS		Zip Code 67042					

Job Type Surface Hole Depth 230' K.B. Slurry Vol. 32 Bbl Tubing _____
 Casing Depth 210.33' G.C. Hole Size 12 1/4" Slurry Wt. 15" Drill Pipe _____
 Casing Size & Wt. 8 5/8" Cement Left in Casing 15 1/4" Water Gal/SK _____ Other _____
 Displacement 13 1/4 Bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8" casing. Break circulation w/ 10 Bbl fresh water. Mixed 125 sacks Class A Cement w/ 2 1/2 Cacks 3% Gel @ 15"/gal yield 1.43 = 32 Bbl slurry. Displace w/ 13 1/4 Bbl fresh water. Shut down close casing in. Good cement returns to surface: 10 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	950.00	950.00
C107	30	Mileage	5.00	150.00
C200	125 sxs	Class A Cement	18.55	2318.75
C205	350 th	Cacks 3%	.75	262.50
C206	235 th	Gel 2%	.30	70.50
C108A	5.87 Trus	Tot. Mileage - 20 Miles	m/c	390.00
<u>Thank You</u>			Sub Total	4,141.75
			Less 5%	207.09
			Sales Tax 6.5%	172.36

Authorization by Hawley Title Lighthouse Drilling - Driller / Tool Pusher Total 4,098.41

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
4/30/2023	7240

Bill To	
Brickley Enterprises PO Box 1118 El Dorado, KS 67042	
Customer ID#	1316

Job Date	4/30/2023
Lease Information	
Seglem #6	
County	Butler
Foreman	KM

Item	Description	Qty	Rate	Amount
C102W	Cement Pump-Longstring	1	1,495.00	1,495.00
C107	Pump Truck Mileage (one way)	30	5.00	150.00
C201	Thick Set Cement	135	24.25	3,273.75T
C207	KolSeal	675	0.56	378.00T
C208	Pheno Seal	270	1.55	418.50T
C108A	Ton Mileage (min. charge)	1	390.00	390.00
C421	5 1/2" Latch Down Plug	1	285.00	285.00T
C661	5 1/2" AFU Float Shoe	1	364.00	364.00T
C604	5 1/2" Cement Basket	1	278.00	278.00T
C504	5 1/2" Centralizer	5	59.00	295.00T
D101	Discount on Services		-101.75	-101.75
D102	Discount on Materials		-264.62	-264.62T

**Prefer to have invoices emailed? Send info to
 rene@elitecementing.com**

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$6,960.88
Sales Tax (6.5%)	\$326.80
Total	\$7,287.68
Payments/Credits	\$0.00
Balance Due	\$7,287.68

William G. Hart,
Petroleum Geologist

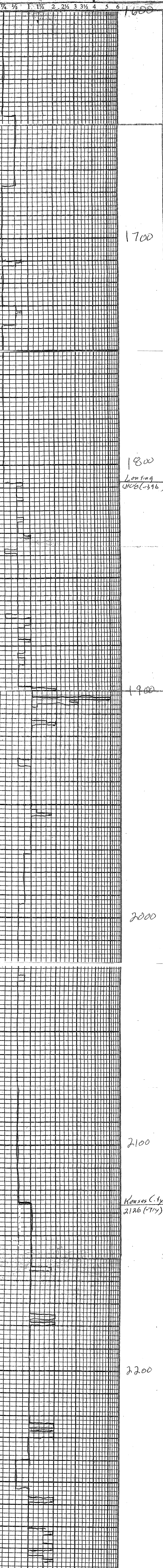
COMPANY B B Investments ELEVATIONS
 LEASE Section #6 KB 1412'
 FIELD Key #1 - Schaffer DF _____
 LOCATION 3/4 NE NW NW GL 1400'
 SEC. 6 TNSP. 87 RGE. 6E Measurements Are All
 From KB
 COUNTY Butler STATE Kansas
 CONTRACTOR Littlehouse Drilling CASING
 SPUD 4/25/23 COMP. 4/29/2023 SURFACE 20'
 PROD. ON 5/2/24 2169
 RID 3190 LTD 3187 ELECTRICAL SURVEYS
 MUD UP 3200 TYPE MUD clayey

SAMPLES SAVED FROM _____ TO _____ TD
 DRILLING TIME KEPT FROM _____ TO _____ TD
 SAMPLES EXAMINED FROM _____ TO _____ TD

GEOLOGICAL SUPERVISION FROM 1600' TO _____ TD
 GEOLOGIST ON WELL William G. Hart

FORMATION TOPS	LOG	SAMPLES
Leaning	1600 (-396)	1600 (-396)
Lawrence	1627 (-713)	1627 (-714)
Wichita	1655 (-1073)	1655 (-1075)
Wichita	1671 (-1350)	1671 (-1350)
Wichita	1687 (-1633)	1687 (-1633)
Wichita	1700 (-1778)	1700 (-1778)

1600	sh. gray lb. ls yellow, con, clay mgt. for 1960 US
	sh. gray lb. ss lt. gray subbed so. d.
	ss lt. gray v. sh. p. st. subbed
	sh. gray lb. sh. gray
	sh. gray lb. L. sh. gray
1700	ls con tan ex xth sh. gray
	ls
	sh. gray lb. silt
1800	Leaning 1800 (-396)
	ls con tan fxt to case gr (VVP US)
	sh. gray ls eq to v. fat. den.
	ls sh. gray ls con fxt den.
1900	sh. gray ls med tan cso g. mat to wh. con. s-mat VVP US
	sh. gray
	ls wh. con sh. gray lb. ss v. sh
	sh. gray
2000	sh. gray
	sh. gray
2100	sh. gray
	ls wh. con mgt 2015 US fxt to mgt. fxt den.
	ls wh. con eq
2200	ls wh. con fxt med tan for
	sh. blk ls wh. tan DB med tan chr ip.
	sh. blk ls. lt-med gray/con fxt to mgt. cso 4th ip. for chr ip.
	sh. blk ls. fxt den med



2300

sh. qtz

LS med grn. det

sh. qtz - blk

LS com - lt. qtz
f. x. thin den

2400

sh. dk - lt. qtz

LS wh / com / lt. qtz
f. x. th. dense

sh. qtz

s. l. det, (lt. qtz, sdy)

Pawnee
2487(-1029)

LS com. tom. f. x. thin den

2500

sh. qtz, blk

LS brn. qtz sa - med

sh. blk
LS com. tom. lt. qtz

sh. blk

s. l. det lt. qtz sdy

sh. qtz

LS com / lt. blk / lt. qtz

2600

sh. qtz

LS wh. f. x. thin den

sh. blk
SS med. f. x. sdy
sub. med. sli. calc. NS

sh. qtz. carb. ip

2700

sh. qtz

SS med. gr. sub. med. f. x. sdy
s. l. det

Mississippian
2762(-1952)

chert, fresh. blue, white, gray
thin. i. p. faint fls. NO CUT NPO

LS com. v. f. qtz Δ. med.
NUP. s. l. det edges

Dolo. f. x. successive. pac. adon
sh. cut sh. NPO

sect. str.
with
thin
stems
+
NPO

2800

Dolo. dk. brown. v. s. - on v. thin
edges Δy

Dolo. red

SS com. lt. qtz Δy
to v. thin w. med. plane
NUP

2900

LS com. tom. f. x. thin - with
dense Δy

3000

LS com. tom. sa - med. thin
dolo. i. p. Δy

Kindershook
3075(-1663)

sh. blk. qtz, qn

3100

sh. blk

sh. dry blk

Viola
3144(-1732)

dolo. successive. thin. qtz adon
s. l. det. thin. GSEB
qtz. fls. strong cut. Δy

GSEB

SS wh. f. x. dense. non-calc.
s. l. det. cemented. NUP
med. - co. gr. s. l. det

pebbly mudstone det
SS co. well - sorted NS
shale. s. l. det - green

3200