

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









**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Woolsey Operating Corp LLC

**33-33s-12w Barber Co. Ks**

125 N Market, STE 1000  
Wichita, Ks. 67202

**McCracken #1**

Job Ticket: 67240

**DST#: 1**

ATTN: Bill Klaver

Test Start: 2021.06.17 @ 11:49:26

## GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:00:41

Time Test Ended: 19:55:56

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 68

**Interval: 4689.00 ft (KB) To 4722.00 ft (KB) (TVD)**

Reference Elevations: 1585.00 ft (KB)

Total Depth: 4722.00 ft (KB) (TVD)

1572.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 13.00 ft

**Serial #: 8931 Inside**

Press@RunDepth: 72.97 psig @ 4690.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2021.06.17

End Date:

2021.06.17

Last Calib.:

2021.06.17

Start Time:

11:49:31

End Time:

19:55:55

Time On Btm:

2021.06.17 @ 13:57:26

Time Off Btm:

2021.06.17 @ 18:01:56

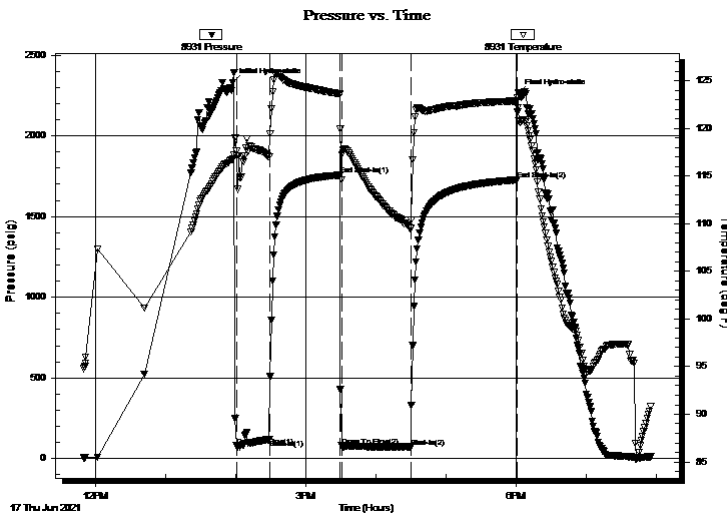
**TEST COMMENT:** IF: Strong Blow . B.O.B. 15 sec. Built over 822". G.T.S. in 22 mins. (30)

IS: Weak Blow . Built to 3.25". (60)

FF: Strong Blow . B.O.B. & G.T.S. immediate. Gauged Gas. Built to 549.80". (60)

FS: No Blow . (90)

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2331.13	116.76	Initial Hydro-static
4	73.47	117.13	Open To Flow (1)
32	121.54	117.03	Shut-In(1)
92	1756.30	123.59	End Shut-In(1)
94	77.82	117.22	Open To Flow (2)
153	72.97	109.49	Shut-In(2)
244	1726.93	122.88	End Shut-In(2)
245	2263.73	122.20	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
118.00	GM 2%g 98%m	1.66
0.00	GTS	0.00

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.50	15.36	200.75
Last Gas Rate	0.50	10.11	165.34
Max. Gas Rate	0.50	15.36	200.75





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Woolsey Operating Corp LLC

**33-33s-12w Barber Co. Ks**

125 N Market, STE 1000  
Wichita, Ks. 67202

**McCracken #1**

Job Ticket: 67240

**DST#: 1**

ATTN: Bill Klaver

Test Start: 2021.06.17 @ 11:49:26

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

9000 ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 9000.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
118.00	GM 2%g 98%m	1.655
0.00	GTS	0.000

Total Length: 118.00 ft      Total Volume: 1.655 bbl

Num Fluid Samples: 1

Num Gas Bombs: 1

Serial #: P-27 Matt

Laboratory Name:

Laboratory Location:

Recovery Comments: 4,546 FEET of GIP





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**GAS RATES**

Woolsey Operating Corp LLC

**33-33s-12w Barber Co. Ks**

125 N Market, STE 1000  
Wichita, Ks. 67202

**McCracken #1**

Job Ticket: 67240

**DST#: 1**

ATTN: Bill Klaver

Test Start: 2021.06.17 @ 11:49:26

### Gas Rates Information

Temperature: 59 (deg F)  
Relative Density: 0.65  
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	10	0.50	15.36	200.75
2	10	0.50	15.36	200.75
2	20	0.50	12.12	178.90
2	30	0.50	10.79	169.92
2	40	0.50	10.27	166.42
2	50	0.50	10.11	165.34

Serial #: 8931

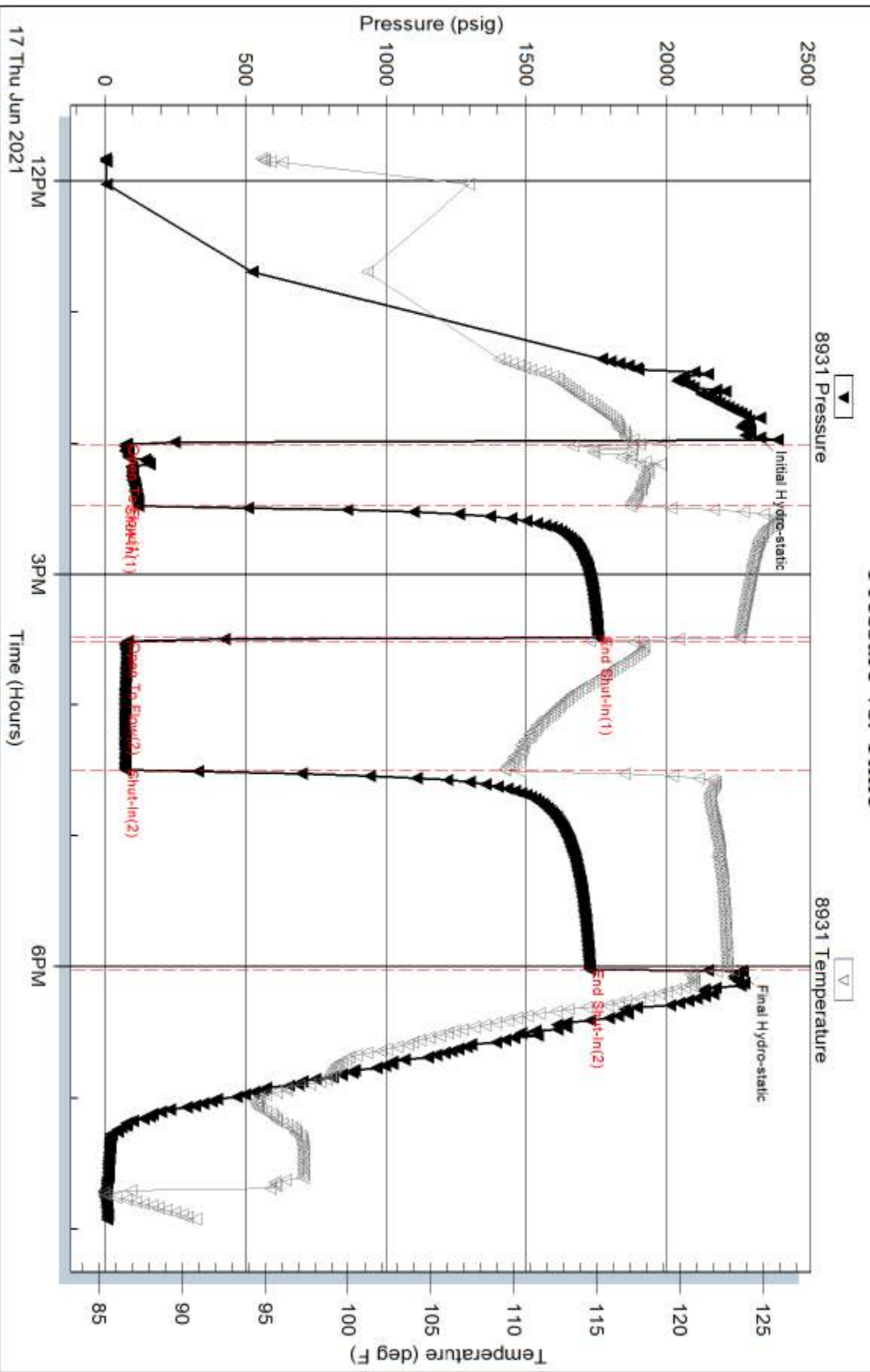
Inside

Woodsey Operating Corp. LLC

McCracken #1

DST Test Number: 1

### Pressure vs. Time



Serial #: 8737

Outside Woodsey Operating Corp. LLC

McCracken #1

DST Test Number: 1

