

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



Cement or Acid Field Report
 Ticket No. 5832
 Foreman Russell Mcloy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
B-13-21	1003	Fitzpatrick # 7				Allen	Ks
Customer Colt Energy Inc			Safety Meeting RM AB steve	Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 380				105	AB		
City IOLA				115	steve		
State KS				128	Russell		
Zip Code 66749							

Job Type Longstring Hole Depth 1066' Slurry Vol. 39 Bbl Tubing _____
 Casing Depth 1034 1/2 Hole Size 6 3/4 Slurry Wt. 13.8 Drill Pipe _____
 Casing Size & Wt. 4 1/2 11.6 Cement Left in Casing 4 Water Gal/SK 9 Other _____
 Displacement 16 1/2 Displacement PSI 700 Bump Plug to 1500' BPM 5

Remarks: Safety meeting, Rig to 4 1/2 casing, Break circulation w/ 5 Bbl water, mix 250# gel w/ Huls, 5 Bbl water, 5 Bbl DYE MARKER mix 125 SKI T.S. cement w/ 2# Phenoseal @ 13.8# yield 1.75 = 39 Slurry wash out pump + lines shut down, Release 4 1/2 top Rubber Plug Displace w/ 16 1/2 Bbl water Bump Plug to seat @ 1500' (700# Final lift PSI) wait 2 min Release Plug + Float Float Held 6 Bbl Slurry to pit. Annulars stayed full to surface. Job complete TEAR DOWN.

THANKS!
 Russell Mcloy

Code	Qty or Units	Description of Product or Services
C-102	1	Pump Charge
C-107	50	Mileage
C-201	125	Thick set cement
C-208	125#	Phenoseal 2# Per/SK
C-108A	6.87 Ton	Ton Mileage Bulk Truck
C-206	250#	Gel Flush
C-214	40#	Huls
C-403	1	4 1/2 TOP Rubber Plug
		7.75%

Authorization by wes Title COJ REP

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.

Colt Energy Driller's Log

Lease: Fitzpatrick		Well No. 7	Well Location: 2475' FNL, 523' FWL			Sec. 9		Twp. 24S		Rng. 18E	
API #: 15-001-31681		Type: Oil		County: Allen			State: KS	Spud Date: 8/9/21		Total Depth: 1066.5'	
Driller: Devin Bernstin		Surface Casing		Bit Record				Coring Record			
Crew: Seth Sanford		Bit Size:	11.25"	Type	Size	Start	End	Core #	Size	Start	End
Nick Meiwes		Casing Size:	8.625"	PDC	11.25"	0'	20'	1	3"	942'	971'
		Casing Length:	20'	PDC	6.75"	20'	1066.5'	2	3"	1040'	1066.5'
		Cement used:	8 sx					3			
		Cement Type:	Portland					4			
From	To	Formation		From	To	Formation		Pipe Tally			
0	13	Overburden						1	41.70	19	42.47
13	50	Lime						2	43.00	20	42.10
50	110	Shale						3	42.68	21	41.12
110	170	Lime						4	42.90	22	42.72
170	235	Shale						5	40.10	23	42.15
235	380	Lime						6	43.07	24	42.20
380	544	Shale						7	43.40	25	14.00
544	614	Shale						8	41.60	26	
614	787	Shale and lime breaks						9	43.35	27	
787	890	Shale and lime breaks						10	43.10	28	
890	940	Shale						11	42.73	29	
940	942	Oil sand- core point						12	42.50	30	
942	971	Oil sand- first core						13	42.85	31	
971	1040	Sand						14	42.05	32	
1040	1066.5	Sand- second core						15	43.22	33	
								16	42.35	34	
								17	40.89	35	
								18	42.25	36	
								Total: 1030.5' + 4' sub= 1034.5'			