

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
--	---

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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PHILLIPS 66/DEEP GROUND BED INSTALLATION/KS

MP 287

Bass Project Number: 10-23-2370

Prepared for:



Prepared by:

Bass Engineering a MESA Company

Project Manager:

CHRIS HILLERT

Completed by:

OCTOBER 20, 2023

Table of Contents

Section

- 1.0 SCOPE OF WORK**
- 2.0 AS BUILT**
- 3.0 RECTIFIER DATA SHEET**
- 4.0 BORE LOG**
- 5.0 JSA**
- 6.0 PHOTOS**

Anode Installation

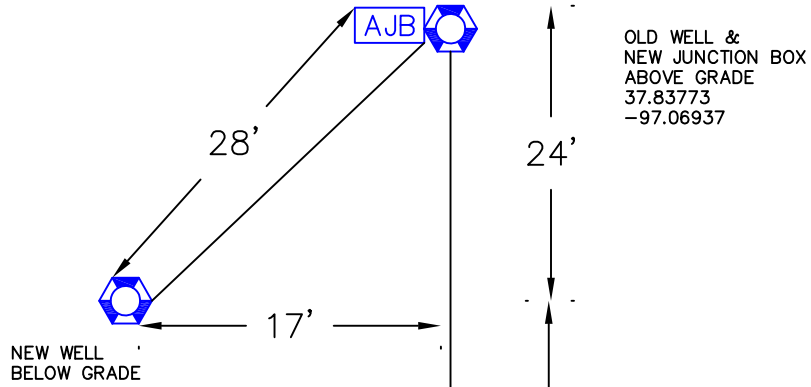
- The first 10' of the hole will be vacuum excavated.
- The drilled hole will be 10" x 120.
- 40' of 10" SDR 21 surface casing will be installed and grouted in place.
- (5) Lida MMO 2.5/100 w/HALAR anodes with #8 Halar Stranded Black leads.
- Starting 5' from the bottom of the hole, the anodes will be spaced on 12' centers.
- Loresco SC-3 will be pumped from the bottom of the hole to 10' above the top anode.
- Bentonite hole plug will be installed from the top of the coke breeze to 5' inside the casing.
- 1" All vent will be installed in the active coke column.
- 1" Sch 40 PVC solid will be installed from the top of the coke breeze to the surface.
- Anode leads will terminate in a galvanized junction box within 35' of the well.
- Portable Pit will be utilized for drilling operations.

Negative Pipe Connection

- The existing negative will be utilized.

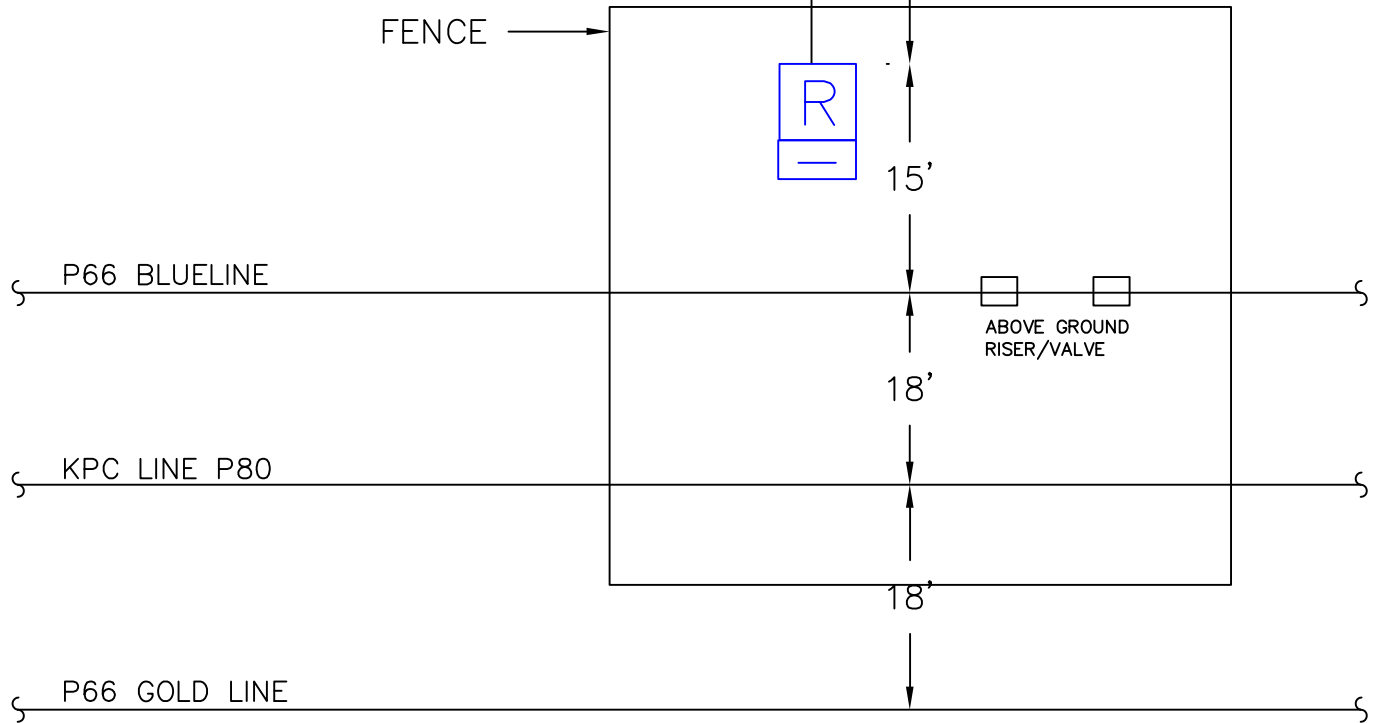
Rectifier Installation

- The existing rectifier will be utilized.



A 2 TRAIL ROAD

FENCE



WWW.BASS-ENG.COM

PROJECT:

MP_287

COMPANY:

PHILLIPS_66

CONTACT:

CONTACT

PROJECT #:

10-23-2370

DRAWING #:

P66-08953

DRAFTER:

DR

DATE:

11/7/23

REV

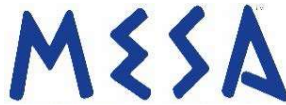
DESC

DATE

BY

THIS DOCUMENT AND THE INFORMATION CONTAINED HEREIN ARE THE PROPERTY OF BASS ENGINEERING AND HAS BEEN PRODUCED SOLELY FOR THE USE OF OUR CLIENT. THIS DRAWING IS CONFIDENTIAL AND PROPRIETARY AND SHALL NOT BE USED, DIRECTLY OR INDIRECTLY, FOR ANY REASON OTHER THAN THAT WHICH IT IS INTENDED FOR, OR IN ANY WAY DETRIMENTAL TO OUR INTERESTS.

CONSTRUCTION RECTIFIER REPORT



1. CLIENT INFORMATION

Client	P66	Job Number	10-23-2370
Facility	MP287	Calibrated Instrument	FLUKE-177
County	BUTLER	State	KS
		Serial No.	97001156

New Rectifier Existing Rectifier

2. RECTIFIER INFORMATION

Manufacturer	UNIVERSIAL	Rectifier ID Number	MP287
Model No.	ASAI	Power Vendor	STATION
Serial No.	42215	Acct #	N/A
		KWH Meter #	N/A
DC Volts	75	AC Volts	115/230
		Max Coarse	6
		Shunt Amp	75
DC Amps	75	AC Amps	68.9/34.4
		Max Fine	6
		Shunt mV	50
GPS Coordinates	Latitude	N	37.83755
		Longitude	W
			97.06931
RMU Type	WATCHDOG SCOUT		Serial Number
			50723-0016

#12 Lead Installed with Negative

3. PRE-ENERGIZED CHECK LIST

Potentials (Volts - Fixed Reference Cell Method)				Potential Difference Neg. Cable vs. Structure			
Positive	0.066	Negative	BELOW	Structure	BELOW	DC Volts	

4. GROUND BED TYPE

Conventional	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	
Deep Well	<input checked="" type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	120FT 5 LEIDA BED
HDD	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	
LINEAR	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	
MESH	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	

5. ENERGIZED INFORMATION

No AC Power

Coarse Tap Setting	2	of	6	AC Volts	243	DC Volts	25.23	DC Amps	16.50
Fine Tap Setting	4	of	6	AC Amps	2.70	DC mV	11.10	Structure PS	BELOW
Calculated Ground Bed Resistance				Calculated Rectifier Efficiency					

6. JUNCTION BOX INFORMATION

SOUTH		Anode Junction Box		NORTH		Comments
Cir.	Amp	Cir.	Amp	Cir.	Amp	
1	1.76	11		1		STRUTURES OFF/ONS
2	3.73	12		2		
3	4.44	13		3		BLUE -0.753 / -2.353
4	2.52	14		4		
5	3.93	15		5		KPC P80 -0.732 / -2.093
6		16		6		
7		17		7		GOLD -0.782 / -2.230
		18				
		19				
		20				
Shunt		mV	Amp			

Remarks: _____

Technician/Foreman _____ Colby McCarty

Date _____ 10/20/2023

DEEP ANODE DRILLING LOG



Job No. 10-23-2370
 Client P66
 Location MP 287

PO/WO No. _____ Date 10/18/2023
 Drilling Co. DARLING DRILLING
 GPS: Lat: 32.71526 Long: -97.39015

Calibrated Instrument Used: FLUKE-177 S/N 97001156

Depth	Logging Volts: 14.14		Geological Log	Depth	Logging Volts:		Geological Log	No.	Depth	No Coke	With Coke
	Amps	Ohms			Amps	Ohms					
5			START CASING	205				1	115	1.10	1.30
10				210				2	103	1.40	1.70
15				215				3	91	1.20	1.70
20				220				4	79	0.80	1.60
25				225				5	67	0.70	1.50
30				230				6			
35				235				7			
40			END CASING	240				8			
45				245				9			
50				250				10			
55				255				11			
60				260				12			
67	0.70			265				13			
70				270				14			
75				275				15			
79	0.80			280				16			
85				285				17			
91	1.20			290				18			
95				295				19			
100				300				20			
103	1.40			305				21			
110				310				22			
115	1.10			315				23			
120			T/D	320				24			
125				325				25			
130				330				26			
135				335				27			
140				340				28			
145				345				29			
150				350				30			
155				355				31			
160				360				32			
165				365				33			
170				370				34			
175				375				35			
180				380				36			
185				385				37			
190				390				Volts			
195				395				Amps			
200				400				Ohms			
Hole Dia.: 10		Total Depth: 120		Casing Feet: 40		Dia.: 10"		Type: SDR 21			
No. Anodes: 5		Size & Type: LID MM 2.5/100		Anode Lead: _____		Size: #8		Type: HALAR			
Lbs. Coke: 2750		Coke Type: LORESCO SC-3		Top of Coke Column: 44'		Vent: 80'					
Lbs. Plug: 300		Plug Type: PDS BETONITE		Top of Plug: _____		32'					



JSA must be revised upon change in scope or job site conditions. After job tasks are defined and associated hazards identified, a tail gate meeting to discuss hazards and the mitigation process will be held.

DATE: 10-16-25
 CUSTOMER: P66
 WORK ACTIVITY (JOB): New Deep Well
 JOB NUMBER: 10-23-2370
 JOB ADDRESS or COORDINATES: 37.83 7773, -97.04956

Dig Ticket Number: 23554133
 MSDS/SDS available and reviewed: Y N ___
 ADDITIONAL TAILGATE TOPIC:

MUSTER POINT: Entrance Gate
 SECONDARY MUSTER POINT: Up/Crosswind
 LOCATION OF FIRE EXTINGUISHER: trucks & equipment
 LOCATION OF FIRST AID KIT: trucks & equipment
 LOCATION OF NEAREST EMERGENCY MEDICAL FACILITY:
 Kansas Medical Center
 1124 W 21st St, Andover, KS 67002

Prepared By: Colby McCarty
 ATTENDEES

1. <i>[Signature]</i>	9.
2. <i>[Signature]</i>	10.
3. <i>[Signature]</i>	11.
4. <i>[Signature]</i>	12.
5. <i>[Signature]</i>	13.
6.	14.
7.	15.
8.	16.

SCANNED AREA FOR UNMARKED UTILITIES Y N ___ N/A ___
 SCANNERS SIGNATURE *[Signature]*

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: X=Required P=Prepared to Use

Hard Hats <u>X</u>	Face Shields/Goggles <u>P</u>	Leather Gloves <u>X</u>
SAFETY Shoes <u>X</u>	Barricades _____	Kevlar Gloves & Sleeves _____
SAFETY Glasses w/side shields <u>X</u>	Fire Extinguishers <u>X</u>	Hearing Protection <u>P</u>
Cotton Gloves _____	Lock-Out/Tag-Out <u>P</u>	Tag Lines for Crane Loads _____
Barrier Gloves _____	Authorization to Work Permit <u>X</u>	SCBA, Cascade Air or Respirators _____
High-Vis Vests <u>P</u>	Confined Space Entry Permit _____	Portable Weather Stations _____
FRC <u>X</u>	Atmospheric Monitor <u>X</u>	SAFETY Harness w/ Lifeline _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	MITIGATION TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
- unloading & moving materials - rigging up	<ul style="list-style-type: none"> unservicable tools/ equipment heavy offset loads on uneven terrain swinging & rotating equip. 	<ul style="list-style-type: none"> inspect all tools & equipment before use know your load & park on level surfaces do walk arounds & use spotters be aware of your surroundings stay on opposite side of swing rack
- drilling - setting casing	<ul style="list-style-type: none"> above & below ground hazards potential fire hazards use of pumps & high pressure hoses 	<ul style="list-style-type: none"> check one call & sweep area & mark out hazards clean up site & fire extinguishers on hand inspect hoses & check safety devices use correct tool for the job
General Worksite Safety	<ul style="list-style-type: none"> slips, trips, falls pinch points heavy lifting working on elevated surfaces tools & trash on site loud noises 	<ul style="list-style-type: none"> know & use good footing know & use good hand placement use proper lifting techniques use 3 points of contact good housekeeping use proper ppe when needed

Extra topics

• weather • stop work authority • wildlife • site specifics
 • struck by / line of fire



JSA must be revised upon change in scope or job site conditions. After job tasks are defined and associated hazards identified, a tail gate meeting to discuss hazards and the mitigation process will be held.

DATE: 10-17-23 CUSTOMER: P06 WORK ACTIVITY (JOB): New Deep Well JOB NUMBER: 10-23-2370 JOB ADDRESS or COORDINATES: 37.837773, -97.06956	Dig Ticket Number: 23554133 MSDS/SDS available and reviewed: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> ADDITIONAL TAILGATE TOPIC:																
MUSTER POINT: Entrance Gate SECONDARY MUSTER POINT: Up/Crosswind LOCATION OF FIRE EXTINGUISHER: trucks & equipment LOCATION OF FIRST AID KIT: trucks & equipment LOCATION OF NEAREST EMERGENCY MEDICAL FACILITY: Kansas Medical Center 1124 W 21st St, Andover, KS 67002 SCANNED AREA FOR UNMARKED UTILITIES: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A SCANNERS SIGNATURE:	Prepared By: Colby McCarty ATTENDEES <table border="1"> <tr><td>1. Wesley Morrison</td><td>9</td></tr> <tr><td>2. Colby McCarty</td><td>10</td></tr> <tr><td>3. [Signature]</td><td>11</td></tr> <tr><td>4. [Signature]</td><td>12</td></tr> <tr><td>5. G. Dodson</td><td>13</td></tr> <tr><td>6.</td><td>14</td></tr> <tr><td>7.</td><td>15</td></tr> <tr><td>8.</td><td>16</td></tr> </table>	1. Wesley Morrison	9	2. Colby McCarty	10	3. [Signature]	11	4. [Signature]	12	5. G. Dodson	13	6.	14	7.	15	8.	16
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8.	16																

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: X=Required P=Prepared to Use

Hard Hats <input checked="" type="checkbox"/> SAFETY Shoes <input checked="" type="checkbox"/> SAFETY Glasses w/side shields <input checked="" type="checkbox"/> Cotton Gloves _____ Barrier Gloves _____ High-Vis Vests <input checked="" type="checkbox"/> FRC <input checked="" type="checkbox"/>	Face Shields/Goggles <input checked="" type="checkbox"/> Barricades _____ Fire Extinguishers <input checked="" type="checkbox"/> Lock-Out/Tag-Out <input checked="" type="checkbox"/> Authorization to Work Permit <input checked="" type="checkbox"/> Confined Space Entry Permit _____ Atmospheric Monitor <input checked="" type="checkbox"/>	Leather Gloves <input checked="" type="checkbox"/> Kevlar Gloves & Sleeves _____ Hearing Protection <input checked="" type="checkbox"/> Tag Lines for Crane Loads _____ SCBA, Cascade Air or Respirators _____ Portable Weather Stations _____ SAFETY Harness w/ Lifeline _____
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SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	MITIGATION TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
- unloading & moving materials - rigging up	<ul style="list-style-type: none"> • unservicable tools/ equipment • heavy offset loads on uneven terrain • swinging & rotating equip. 	<ul style="list-style-type: none"> • inspect all tools & equipment before use • know your load & park on level surfaces • do walk arounds & use spotters • be aware of your surroundings • stay on opposite side of swing rack
- drilling - setting casing	<ul style="list-style-type: none"> • above & below ground hazards • potential fire hazards • use of pumps & high pressure hoses 	<ul style="list-style-type: none"> • check one call & sweep area & mark out hazards • clean up site & fire extinguishers on hand • inspect hoses & check safety devices • use correct tool for the job
- General Worksite Safety	<ul style="list-style-type: none"> • slips, trips, falls • pinch points • heavy lifting • working on elevated surfaces • tools & trash on site • loud noises 	<ul style="list-style-type: none"> • know & use good footing • know & use good hand placement • use proper lifting techniques • use 3 points of contact • good housekeeping • use proper ppe when needed
Extra topics	<ul style="list-style-type: none"> • weather • stop work authority • wildlife • site specifics • struck by / line of fire 	





JSA must be revised upon change in scope or job site conditions. After job tasks are defined and associated hazards identified, a tail gate meeting to discuss hazards and the mitigation process will be held.

DATE: 10/18/23
 CUSTOMER: P66
 WORK ACTIVITY (JOB): New Deep Well
 JOB NUMBER: 10-23-2370
 JOB ADDRESS or COORDINATES: 37.837773, -97.069556

Dig Ticket Number: ^{MP287} 23554133 ^{MP306} 23544440
 MSDS/SDS available and reviewed: Y N
 ADDITIONAL TAILGATE TOPIC:

Hospital for MP 306
 Susan B. Allen Memorial Hospital / El Dorado, KS

MUSTER POINT: Entrance Gate
 SECONDARY MUSTER POINT: Up/Crosswind
 LOCATION OF FIRE EXTINGUISHER: trucks & equipment
 LOCATION OF FIRST AID KIT: trucks & equipment
 LOCATION OF NEAREST EMERGENCY MEDICAL FACILITY:
 Kansas Medical Center
 1124 W 21st. St, Andover, KS 67002

Prepared By: Colby McCarty

ATTENDEES	
1. Wesley Morrison	9.
2. [Signature]	10.
3. [Signature]	11.
4. Chris Dodson	12.
5. G. Dodson	13.
6.	14.
7.	15.
8.	16.

SCANNED AREA FOR UNMARKED UTILITIES Y N N/A
 SCANNERS SIGNATURE: [Signature]

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: X=Required P=Prepared to Use

Hard Hats <u>X</u>	Face Shields/Goggles <u>P</u>	Leather Gloves <u>X</u>
SAFETY Shoes <u>X</u>	Barricades _____	Kevlar Gloves & Sleeves _____
SAFETY Glasses w/side shields <u>X</u>	Fire Extinguishers <u>X</u>	Hearing Protection <u>P</u>
Cotton Gloves _____	Lock-Out/Tag-Out <u>P</u>	Tag Lines for Crane Loads _____
Barrier Gloves _____	Authorization to Work Permit <u>X</u>	SCBA, Cascade Air or Respirators _____
High-Vis Vests <u>P</u>	Confined Space Entry Permit _____	Portable Weather Stations _____
FRC <u>X</u>	Atmospheric Monitor <u>X</u>	SAFETY Harness w/ Lifeline _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	MITIGATION TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
- unloading & moving materials - rigging up	<ul style="list-style-type: none"> unservicable tools/ equipment heavy offset loads on uneven terrain swinging & rotating equip. 	<ul style="list-style-type: none"> inspect all tools & equipment before use know your load & park on level surfaces do walk arounds & use spotters be aware of your surroundings stay on opposite side of swing rack
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General Worksite Safety	<ul style="list-style-type: none"> slips, trips, falls pinch points heavy lifting working on elevated surfaces tools & trash on site loud noises 	<ul style="list-style-type: none"> know & use good footing know & use good hand placement use proper lifting techniques use 3 points of contact good housekeeping use proper ppe when needed

Extra topics: weather · stop work authority · wildlife · site specifics · struck by / line of fire



JSA must be revised upon change in scope or job site conditions. After job tasks are defined and associated hazards identified, a tail gate meeting to discuss hazards and the mitigation process will be held.

DATE: 10-19-23
 CUSTOMER: P66
 WORK ACTIVITY (JOB): Flush & Reload on Deep well
 JOB NUMBER: 10-23-2313
 JOB ADDRESS or COORDINATES: 37.93817, -96.749204
 MP 306

Dig Ticket Number: 23544440
 MSDS/SDS available and reviewed: Y N
 ADDITIONAL TAILGATE TOPIC:

MUSTER POINT: Haul truck
 SECONDARY MUSTER POINT: up/crosswind
 LOCATION OF FIRE EXTINGUISHER: trucks & equipment
 LOCATION OF FIRST AID KIT: trucks & equipment
 LOCATION OF NEAREST EMERGENCY MEDICAL FACILITY:
 Susan B Allen Memorial Hospital
 El Dorado, KS

Prepared By: Colby McCarty

ATTENDEES	
1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

SCANNED AREA FOR UNMARKED UTILITIES Y N N/A
 SCANNERS SIGNATURE: _____

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: X=Required P=Prepared to Use

Hard Hats <u>X</u>	Face Shields/Goggles <u>P</u>	Leather Gloves <u>X</u>
SAFETY Shoes <u>X</u>	Barricades _____	Kevlar Gloves & Sleeves _____
SAFETY Glasses w/side shields <u>X</u>	Fire Extinguishers <u>X</u>	Hearing Protection <u>P</u>
Cotton Gloves _____	Lock-Out/Tag-Out <u>P</u>	Tag Lines for Crane Loads _____
Barrier Gloves _____	Authorization to Work Permit <u>X</u>	SCBA, Cascade Air or Respirators _____
High-Vis Vests <u>P</u>	Confined Space Entry Permit _____	Portable Weather Stations _____
FRC <u>X</u>	Atmospheric Monitor <u>X</u>	SAFETY Harness w/ Lifeline _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	MITIGATION TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
- unloading & moving materials - rigging up	<ul style="list-style-type: none"> • unservicable tools/ equipment • Heavy offset loads on uneven terrain • swinging and rotating equip. 	<ul style="list-style-type: none"> • inspect all tools & equipment before use • know your load & park on level surfaces • do walk arounds & use spotters • be aware of your surroundings • stay on opposite side of swing/rack
- flushing old system - reloading	<ul style="list-style-type: none"> • above & below ground hazards • low pH in soil • use of pumps & high pressure hoses 	<ul style="list-style-type: none"> • check one ball & sweep area & mark out hazards • using chemical to balance out • wear proper ppe • checking pH constantly • inspect hoses & check safety devices
General Worksite Safety	<ul style="list-style-type: none"> • slips, trips, falls • pinch points • Heavy lifting • working on elevated surfaces • tools & trash on site • loud noises 	<ul style="list-style-type: none"> • know & use good footing • know & use good hand placement • use proper lifting techniques • use 3 points of contact • good housekeeping • Use proper ppe when needed

Extra topics: weather · stop work authority · wildlife · site specifics
 · struck by / line of fire





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