

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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Form	ACO1 - Well Completion
Operator	MTM Petroleum, Inc.
Well Name	J. ALBERS 1
Doc ID	1601074

All Electric Logs Run

cdl
dil
mel
cnl
son

QUALITY WELL SERVICE, INC.

7811

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124


Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	11-2-31	Sec.	10	Twp.	29S	Range	10W	County	McPherson	State	KI	On Location		Finish		
Lease	J. AIDERS	Well No.	1 0000			Location	ST. LEO 72 E N 142									
Contractor	PICKRELL TX 16 2.6.10							Owner								
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	7 7/8		T.D.	4665'												
Csg.	4 1/2 O P		Depth													
Tbg. Size			Depth													
Tool			Depth													
Cement Left in Csg.			Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.												
Meas Line			Displace	Cement Amount Ordered 225 x 60/40 41.62L												
EQUIPMENT																
Pumptrk	3	No.		Common	135.00											
Bulktrk	15	No.		Poz. Mix	47.50											
Bulktrk		No.		Gel.	774'											
Pickup		No.		Calcium												
JOB SERVICES & REMARKS																
Rat Hole	30 SC			Hulls												
Mouse Hole				Salt												
Centralizers				Flowseal												
Baskets				Kol-Seal												
D/V or Port Collar				Mud CLR 48												
PT Plug	D 4665'			CFL-117 or CD110 CAF 38												
Box H2O				Sand												
Mix Pump	35 SC 60/40 41.62L			Handling	233											
Comp H2O				Mileage	251 5325											
FLOAT EQUIPMENT																
Dist H2O				Guide Shoe												
2nd Plug	D 1520			Centralizer												
Comp H2O				Baskets												
Mix Pump	35 SC 60/40 41.62L			AFU Inserts												
Dist H2O				Float Shoe												
Dist H2O				Latch Down												
3rd Plug	D 1250'			SERVICE 501 1 EA												
Box H2O				LMV 25'												
Mix Pump	35 SC 60/40 41.62L			Pumptrk Charge	PTA											
Comp H2O				Mileage	50											
Dist H2O					Tax											
4th Plug	D 250' (10)				Discount											
X Signature					Total Charge											

MTM Petroleum, Inc.

J. Albers #1

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: J. Albers #1
 API: 15-095-21375-0001
 Location: Section 10-T29S-R10W
 License Number: KCC #6236
 Spud Date: 10/21/2021
 Surface Coordinates: 710' FSL & 1,940' FWL
 Region: Kingman Co, KS
 Drilling Completed: 11/2/2021

Bottom Hole Coordinates: 710' FSL & 1,940' FWL
 Ground Elevation (ft): 1,725'
 Logged Interval (ft): 2,650'
 Formation: Simpson
 Type of Drilling Fluid: Chemical

K.B. Elevation (ft): 1,732'
 To: 4,665' Total Depth (ft): 4,665'

Printed by MudLog from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: MTM Petroleum, Inc.
 Address: 2370 South State Road 14
 Kingman, KS 67068

GEOLOGIST

Name: Thomas M. Williams
 Company: Petroleum Geologist
 Address: Wichita, KS

CORE

Contractor: Core #:
 Formation:
 Core Interval: From: To: Recovered:
 Bit Type: Size:
 Coring Time:

Formation Tops

Sample Top	E-Log Top
Tarkio 2767 (-1035)	2771 (-1039)
Howard 3281 (-1208)	2948 (-1216)
Lecompton 3281 (-1529)	3250 (-1527)
Heebner 3528 (-1786)	3500 (-1786)
Brown Lm (latan) 3705 (-1973)	3668 (-1936)
Lansing 3725 (-1983)	3618 (-1916)
Swope Lm 4047 (-2315)	4008 (-2276)
Hertha Lm 4084 (-2352)	4048 (-2316)
Mississippi Chert 4288 (-2556)	4250 (-2518)
Kinderhook Shale 4324 (-2592)	4311 (-2579)
Viola Dolomite 4512 (-2780)	4510 (-2778)
Simpson Shale 4574 (-2842)	4570 (-2838)
Simpson Sand 4599 (-2867)	4598 (-2866)

DSTs

DST #1 Mississippi 4233-4305'
 IHP 2199#
 IFP 50-55# 30"
 ISIP 77# 30"
 FSP 56-59# 30"
 FSP 67#
 FHP 2035#
 Rec: 5' Mud

DST #2 Viola 4508-4552'
 IHP 2256#
 IFP 35-42# 30"
 ISIP 131# 45"
 FFP 49-53# 30"
 FSP 97# 60"
 FHP 2193#
 Rec: 40' mud

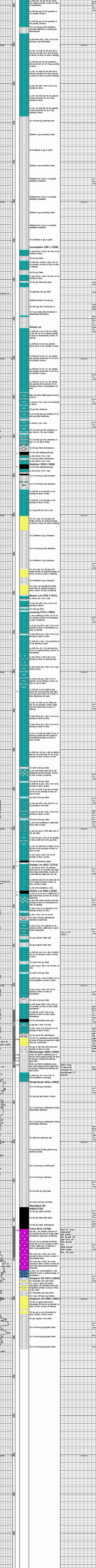
Comments

OWWO: TXO J. Albers #1 D & A 1983 TD 2650'

Due to the results of Drill Stem Tests #1 & #2 and electric log calculations, it was decided to plug the J. Albers #1 as a dry hole.

ROCK TYPES

Bent	Carb sh	Mst	Shgl
Brc	Congl	Mist	Slst
Cht	Dol	Salt	Ss
Cyst	Gyp	Shale	Till
	Igne		



After strap, geolograph changed the geolograph 31' uphole.



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

MTM Petroleum
 PO Box 391
 Kingman, KS 67068-0391
 ATTN: Tom Williams

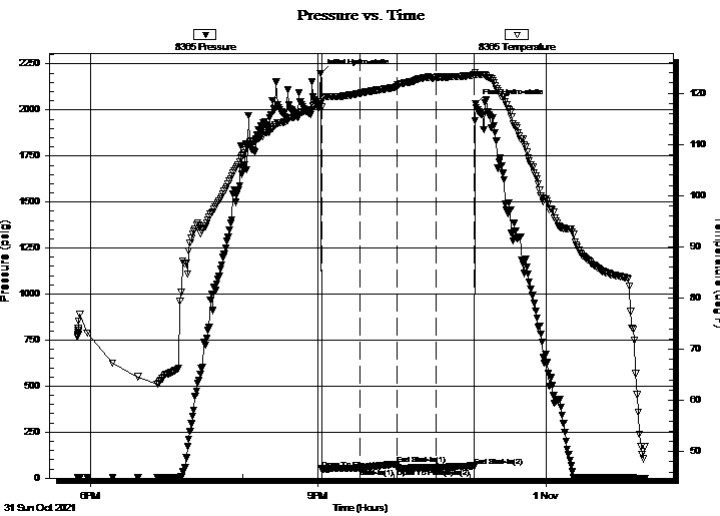
10-29-10w, Kingman, KS
J Albers 1
 Job Ticket: 67824 **DST#: 1**
 Test Start: 2021.10.31 @ 17:50:00

GENERAL INFORMATION:

Formation: **Miss.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 21:02:32
 Time Test Ended: 01:18:02
 Interval: **4233.00 ft (KB) To 4305.00 ft (KB) (TVD)**
 Total Depth: 4305.00 ft (KB) (TVD)
 Hole Diameter: 7.78 inches Hole Condition:
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Kevin Webster
 Unit No: 72
 Reference Elevations: 1732.00 ft (KB)
 1722.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 8365 **Inside**
 Press@RunDepth: 55.88 psig @ 4234.00 ft (KB) Capacity: psig
 Start Date: 2021.10.31 End Date: 2021.11.01 Last Calib.: 2021.10.31
 Start Time: 17:50:01 End Time: 01:18:02 Time On Btm: 2021.10.31 @ 21:01:47
 Time Off Btm: 2021.10.31 @ 23:04:17

TEST COMMENT: IF- WSB died in 17 min 30 min
 IS- No blow back 30 min
 FF- No blow 30 min
 FS- No blow back 30 min



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2199.44	117.96	Initial Hydro-static
1	50.35	117.31	Open To Flow (1)
32	54.69	120.00	Shut-In(1)
60	77.14	121.20	End Shut-In(1)
61	55.94	121.28	Open To Flow (2)
92	55.88	123.12	Shut-In(2)
122	66.99	123.55	End Shut-In(2)
123	2035.93	123.68	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.07

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

MTM Petroleum
PO Box 391
Kingman, KS 67068-0391
ATTN: Tom Williams

10-29-10w, Kingman, KS
J Albers 1
Job Ticket: 67824 **DST#: 1**
Test Start: 2021.10.31 @ 17:50:00

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:	ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4800.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100% Mud	0.070

Total Length: 5.00 ft Total Volume: 0.070 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: 2# LCM

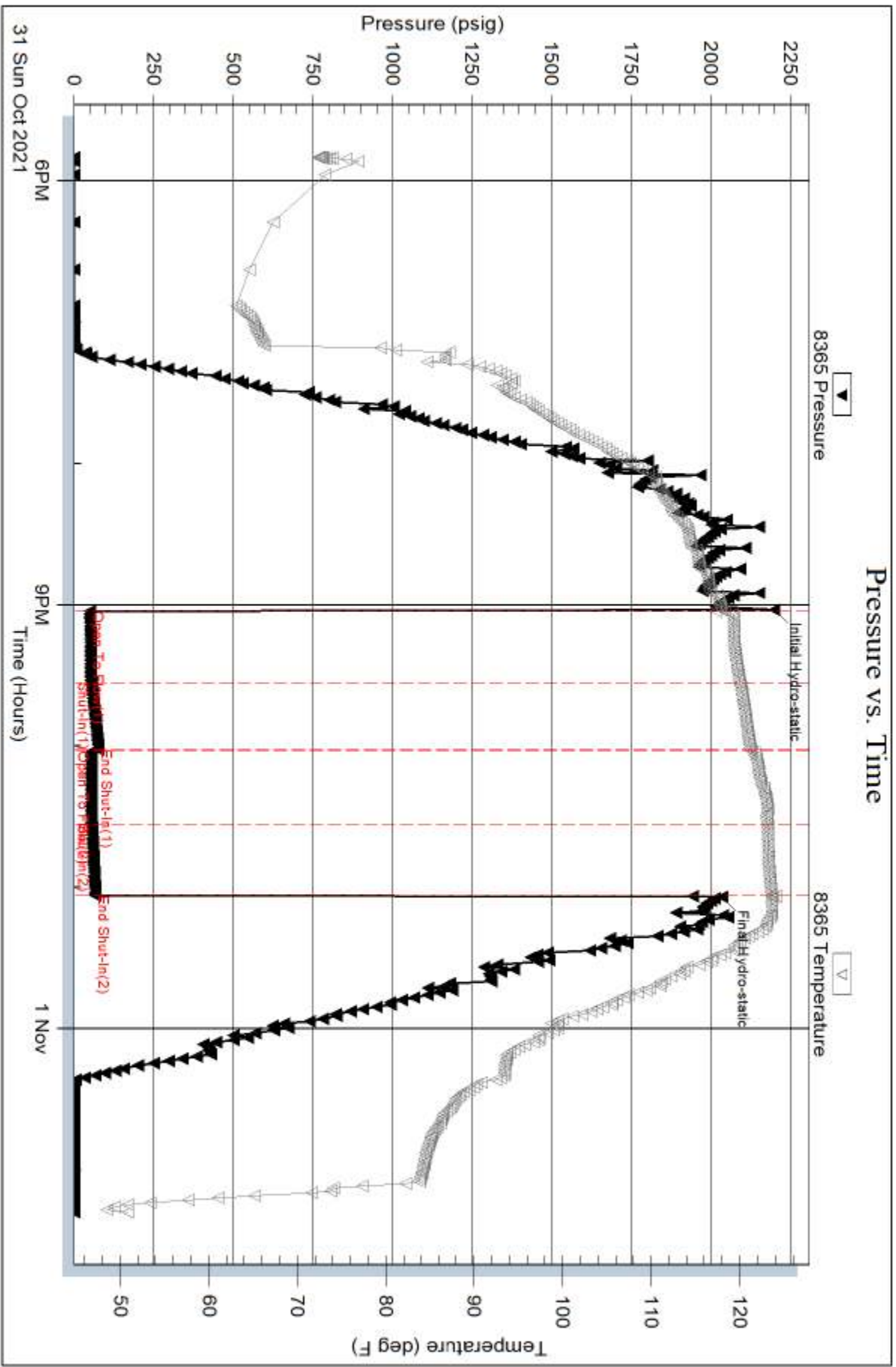
Serial #: 8365

Inside

MTM Petroleum

J Albers 1

DST Test Number: 1

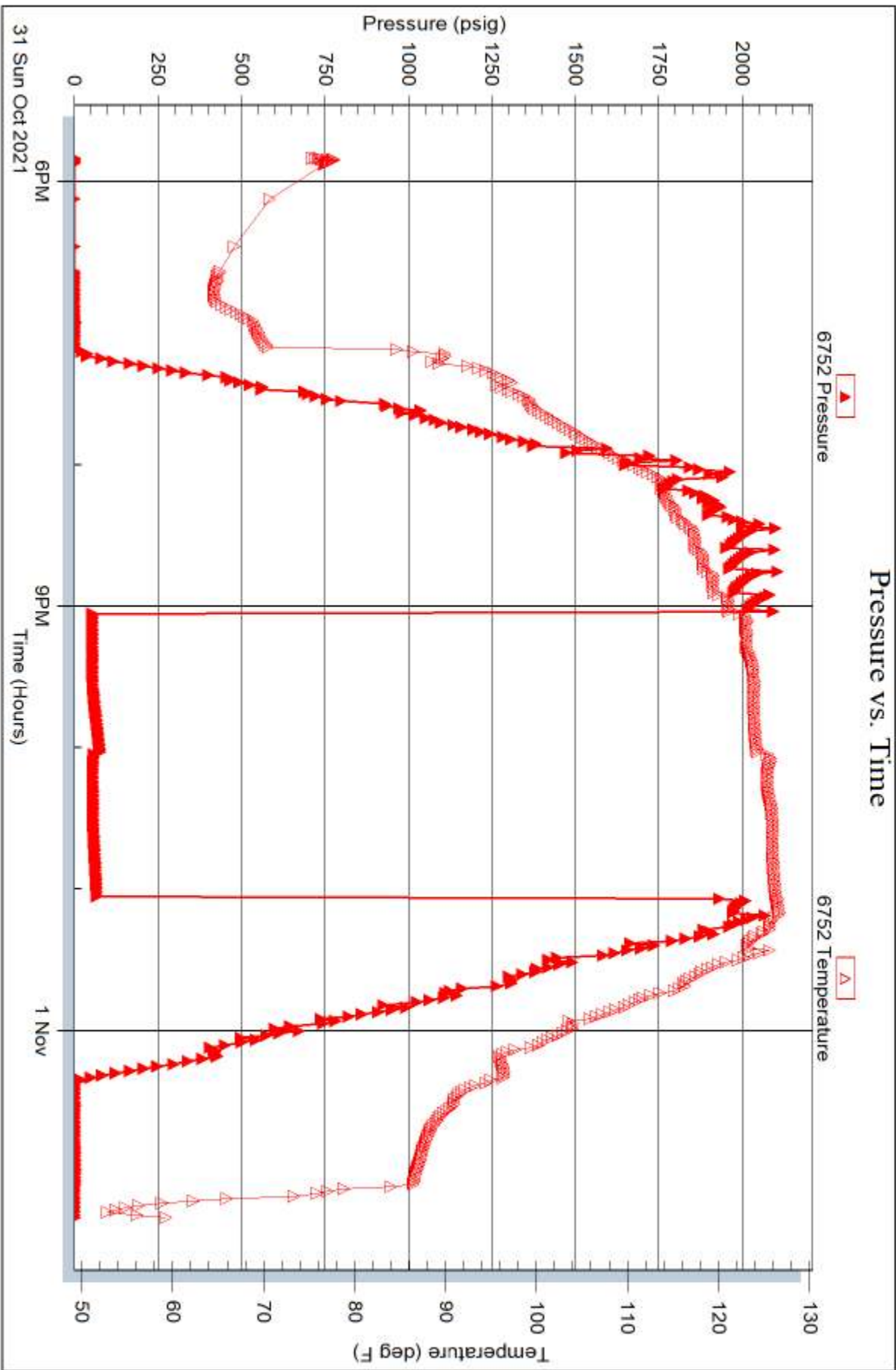


Serial #: 6752

Outside MTM Petroleum

J Albers 1

DST Test Number: 1





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

MTM Petroleum
PO Box 391
Kingman, KS 67068-0391
ATTN: Tom Williams

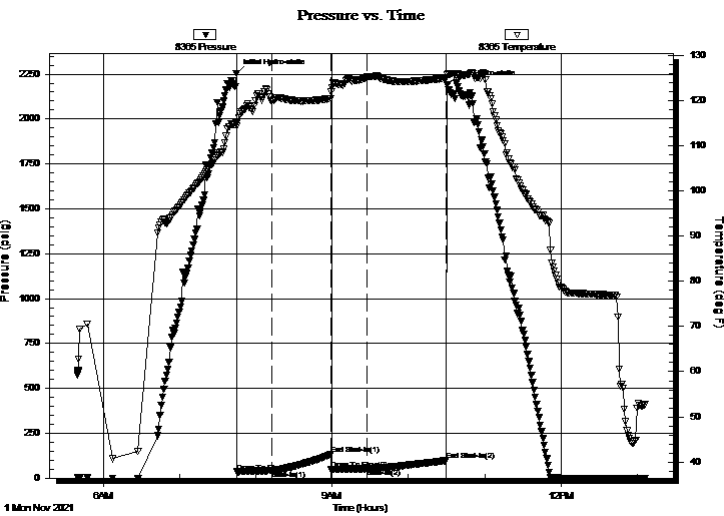
10-29-10w, Kingman, KS
J Albers 1
Job Ticket: 67825 **DST#: 2**
Test Start: 2021.11.01 @ 05:40:00

GENERAL INFORMATION:

Formation: **Viola**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Reset)
Time Tool Opened: 07:45:02 Tester: Kevin Webster
Time Test Ended: 13:06:02 Unit No: 72
Interval: 4508.00 ft (KB) To 4552.00 ft (KB) (TVD) Reference Elevations: 1732.00 ft (KB)
Total Depth: 4552.00 ft (KB) (TVD) 1722.00 ft (CF)
Hole Diameter: 7.78 inches Hole Condition: Fair KB to GR/CF: 10.00 ft

Serial #: 8365 Inside
Press@RunDepth: 53.12 psig @ 4509.00 ft (KB) Capacity: psig
Start Date: 2021.11.01 End Date: 2021.11.01 Last Calib.: 2021.11.01
Start Time: 05:40:01 End Time: 13:06:02 Time On Btm: 2021.11.01 @ 07:44:47
Time Off Btm: 2021.11.01 @ 10:30:47

TEST COMMENT: IF- WSB built to 1" 30 min
IS- No blow back 45 min
FF-WSB built to 1" 30 min
FS- No blow back 60 min



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2254.51	115.02	Initial Hydro-static
1	35.06	114.31	Open To Flow (1)
29	42.24	119.96	Shut-In(1)
75	131.17	120.52	End Shut-In(1)
75	49.70	122.02	Open To Flow (2)
103	53.12	125.20	Shut-In(2)
166	96.87	125.03	End Shut-In(2)
166	2193.20	125.68	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
40.00	100% Mud	0.56

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

MTM Petroleum

10-29-10w, Kingman, KS

PO Box 391
Kingman, KS 67068-0391

J Albers 1

Job Ticket: 67825

DST#: 2

ATTN: Tom Williams

Test Start: 2021.11.01 @ 05:40:00

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:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.58 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 8900.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
40.00	100% Mud	0.561

Total Length: 40.00 ft Total Volume: 0.561 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

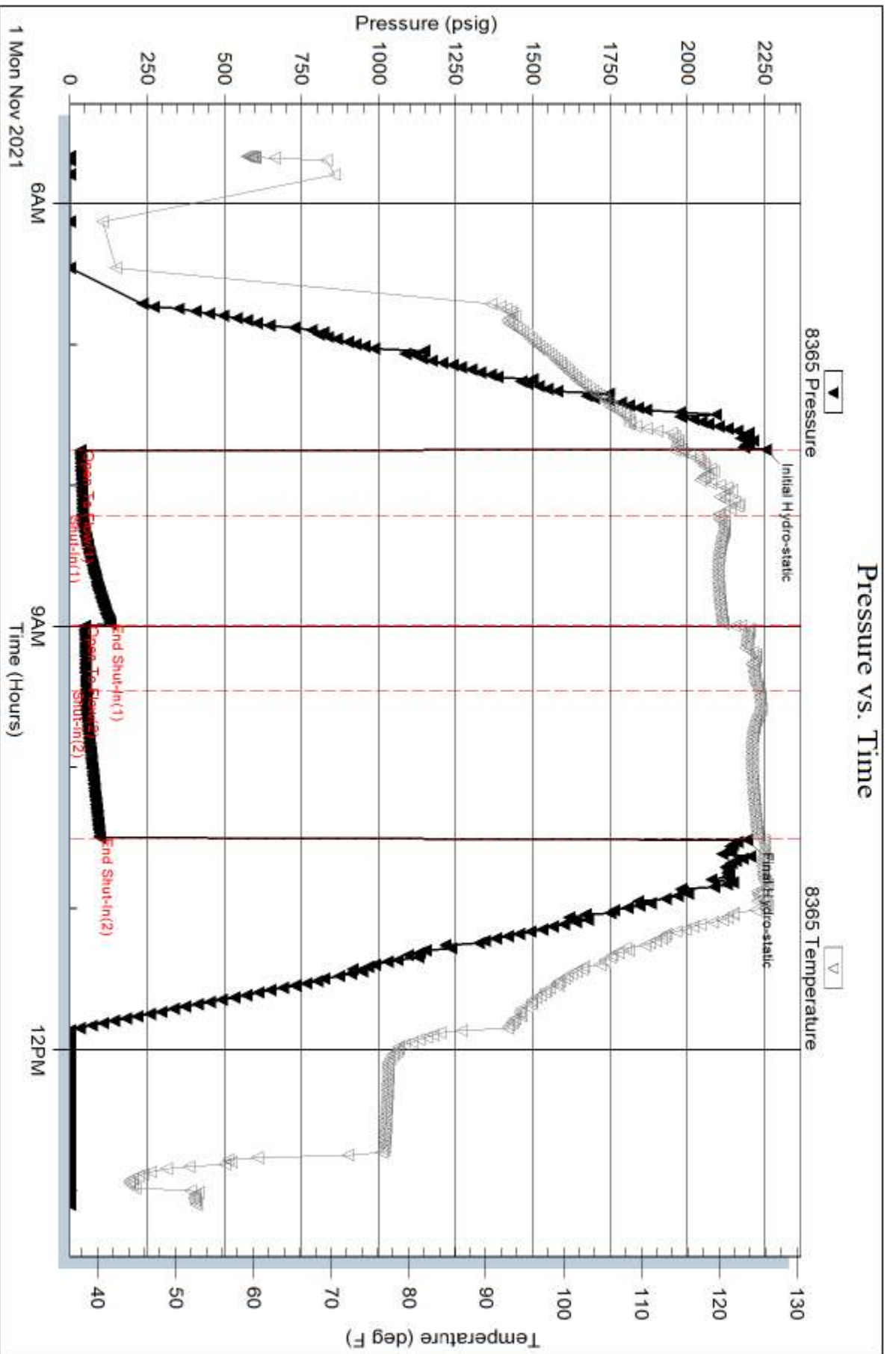
Serial #: 8365

Inside

MTM Petroleum

J Albers 1

DST Test Number: 2



Trilobe Testing, Inc

Ref. No: 67825

Printed: 2021.11.01 @ 15:09:41

Serial #: 6752

Outside MTM Petroleum

J Albers 1

DST Test Number: 2

