

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](mailto: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	M & M Exploration, Inc.
Well Name	LITKE-DELK 1
Doc ID	1605365

All Electric Logs Run

Induction
Density-Neutron
Microlog
Sonic





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

M&M Exploration, Inc.

**31/20/3**

4257 Main St. #230  
Westminster, CO 80031

**Litke Delk 1**

Job Ticket: 67834

**DST#: 1**

ATTN: Mike Austin

Test Start: 2021.12.30 @ 17:45:00

## GENERAL INFORMATION:

Formation: **Simpson**

Deviated: No Whipstock: 1431.00 ft (KB)

Time Tool Opened: 19:24:32

Time Test Ended: 00:29:02

Test Type: Conventional Straddle (Initial)

Tester: Chris Hagman

Unit No: 69

**Interval: 2942.00 ft (KB) To 2955.00 ft (KB) (TVD)**

Reference Elevations: 1431.00 ft (KB)

Total Depth: 2970.00 ft (KB) (TVD)

1419.00 ft (CF)

Hole Diameter: 7.80 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

**Serial #: 8672 Outside**

Press@RunDepth: 243.18 psig @ 2945.00 ft (KB)

Capacity: psig

Start Date: 2021.12.30

End Date:

2021.12.31

Last Calib.:

1899.12.30

Start Time: 17:45:01

End Time:

00:29:02

Time On Btm:

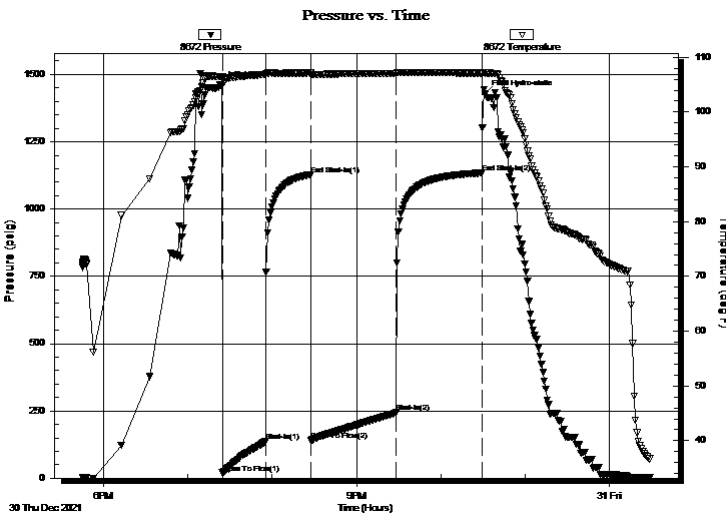
2021.12.30 @ 19:24:17

Time Off Btm:

2021.12.30 @ 22:31:47

**TEST COMMENT:** IF: 30 min., BOB 20 min., 17.5 inches  
IS: 30 min., No blow back  
FF: 60 min., BOB 22 min., 32 inches  
FS: 60 min., No blow back

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1458.55	106.46	Initial Hydro-static
1	19.23	105.95	Open To Flow (1)
31	136.69	106.88	Shut-In(1)
63	1128.16	107.10	End Shut-In(1)
64	139.23	106.77	Open To Flow (2)
124	243.18	107.06	Shut-In(2)
186	1134.46	107.11	End Shut-In(2)
188	1426.81	107.13	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
550.00	muddy water, 5%M, 95%W	4.98

## Gas Rates

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







**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

M&M Exploration, Inc.

**31/20/3**

4257 Main St. #230  
Westinster, CO 80031

**Litke Delk 1**

Job Ticket: 67834

**DST#: 1**

ATTN: Mike Austin

Test Start: 2021.12.30 @ 17:45:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

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

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 800.00 ppm

Filter Cake: inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
550.00	muddy water, 5%M, 95%W	4.982

Total Length: 550.00 ft      Total Volume: 4.982 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

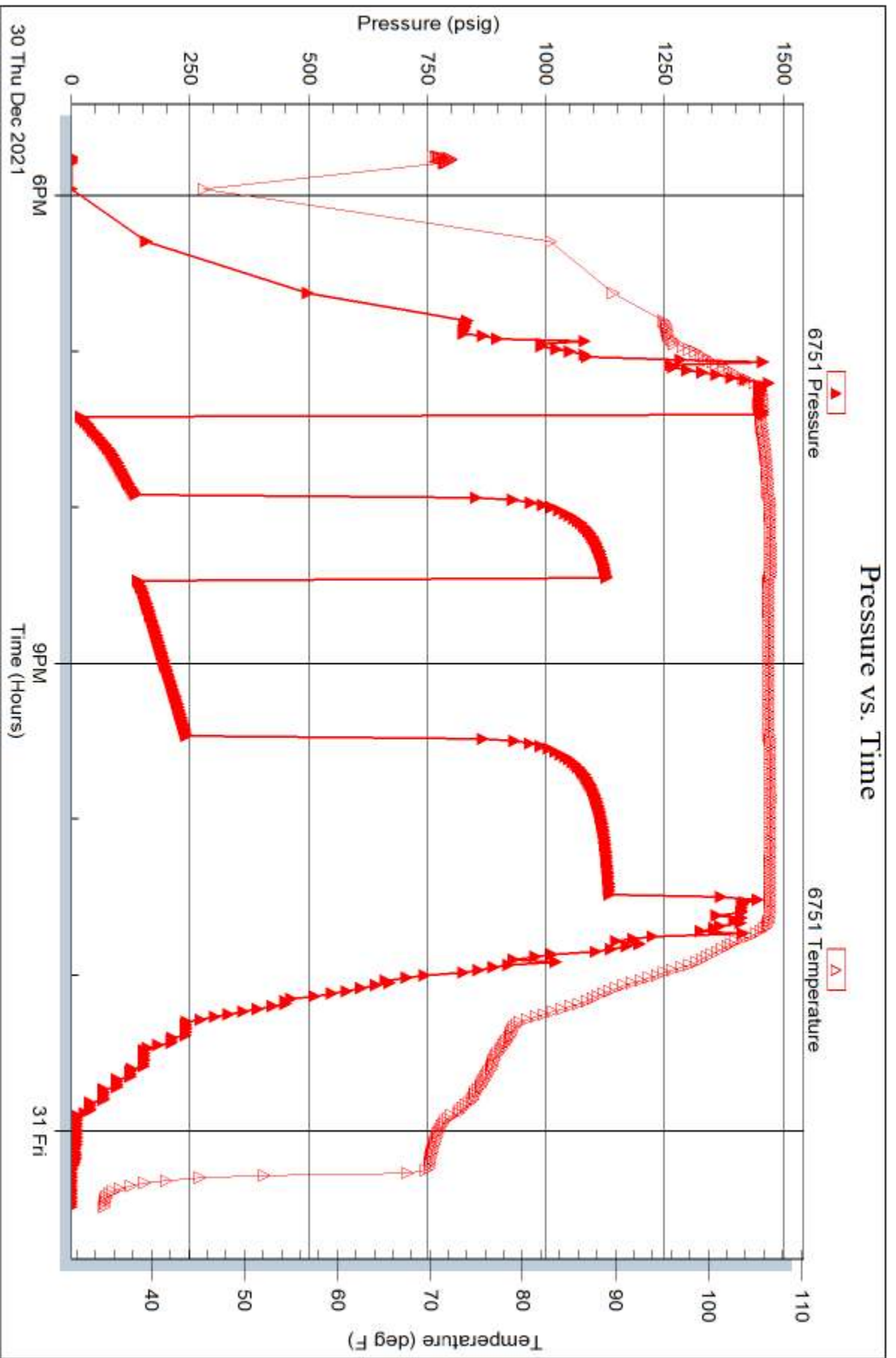
Laboratory Name:

Laboratory Location:

Recovery Comments: RW=.676@42F=17,000ppm









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



Lighthouse  
 Drlg.  
 Co.

**Cement or Acid Field Report**

Ticket No. **6127**  
 Foreman Kevin McCoy  
 Camp EUREKA

APT # 15-115-21507

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-22-21	1441	Litke - Delk #1	31	205	3E	MARION	Ks
Customer M & M Exploration, INC			Unit #		Driver		Unit #
Mailing Address 4257 MAIN ST. # 230			104		Allen B.		Driver
City Westminster			115		Steve M.		
State Co.	Zip Code 80031	Safety Meeting KM AB SM					

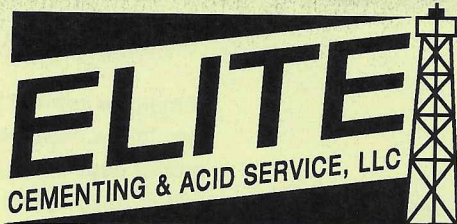
Job Type SURFACE Hole Depth 247' K.B. Slurry Vol. 36 BBL Tubing \_\_\_\_\_  
 Casing Depth 227' G.L. Hole Size 12 1/4" Slurry Wt. 15" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 8 5/8" 23" Cement Left in Casing 20'± Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 14 BBL Displacement PSI \_\_\_\_\_ Bump Plug to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to 8 5/8" casing. BREAK CIRCULATION w/ 10 BBL fresh water. Mixed 150 SKS CLASS "A" Cement w/ 3% CaCl2, 2% Gel, 1/4" Floseal/sk @ 15"/gal = 36 BBL Slurry. Displace w/ 14 BBL fresh water. Shut casing in. 2 BBL Cement Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	890.00	890.00
C 107	75	Mileage	4.20	315.00
C 200	150 SKS	CLASS "A" Cement	17.35	2602.50
C 205	425 #	CaCl2 3%	.69 #	293.25
C 206	285 #	Gel 2%	.28 #	79.80
C 209	38 #	Floseal 1/4 #/sk	2.60 #	98.80
C 108 B	6.45 TONS	Ton Mileage 75 miles	1.40	677.25
			Sub Total	4956.60
			Less 5%	259.36
			Sales Tax	230.58
Authorization <u>By CHARLIE Coulter</u> Title <u>Lighthouse Drlg. Co.</u>			Total	4928.72

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.

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



Lighthouse  
 Drilg.  
 Co.

**Cement or Acid Field Report**  
 Ticket No. **6146**  
 Foreman Kevin McCoy  
 Camp EUREKA

API # 15-115-21507

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
12-31-21	1441	Litke-Delk #1	31	20S	3E	MARION	Ks	
Customer M & M Exploration, INC			Safety Meeting KM SF BW		Unit #	Driver	Unit #	Driver
Mailing Address 4257 MAIN ST. #230					104	SHANNON F.		
City Westminster			State Co.		113	BROKER W.		
Zip Code 80031								

Job Type P.T.A. New Well Hole Depth \_\_\_\_\_ Slurry Vol. \_\_\_\_\_ Tubing \_\_\_\_\_  
 Casing Depth \_\_\_\_\_ Hole Size 7 7/8" Slurry Wt. \_\_\_\_\_ Drill Pipe 4 1/2  
 Casing Size & Wt. \_\_\_\_\_ Cement Left in Casing \_\_\_\_\_ Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Bump Plug to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to 4 1/2 DRILL PIPE, Spot Cement Plugs AS Following  
35 SKS @ 276'  
25 SKS 60' to SURFACE  
30 SKS R.H.  
20 SKS M.H.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 103	1	Pump Charge	1100.00	1100.00
C 107	75	Mileage	4.20	315.00
C 203	110 SKS	60/40 Pozmix Cement	14.75	1622.50
C 206	380 *	Gel 4%	.28 *	106.40
C 108.B	4.73 TONS	Ton Mileage 75 miles	1.40	496.65
			Sub Total	3640.55
			Less 5%	188.51
			7.5% Sales Tax	129.67
				3,581.71

Authorization By Charlie Coulter Title Lighthouse Drilg Toolpusher Total 3,581.71

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.