KOLAR Document ID: 1742046

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R □East □ West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set:Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening □ Re-perf. □ Conv. to EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec. TwpS. 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 Approved by: Date:								

KOLAR Document ID: 1742046

Page Two

Operator Name:	perator Name: Well #:									
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Ca Plug Back	Top	Bottom	Type of Cement		# Sacks Oseu		Type and Percent Additives			
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type Bridge Plug Set At Acid, Fracture, Shot, Cementing Squeeze R (Amount and Kind of Material Used)				Record		
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion				
Operator	Patterson Energy LLC				
Well Name	OSWALD A 19				
Doc ID	1742046				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	10.75	23	1032	Common	500	2%g3%cc
Production	10.75	7	17.5	3439	Common	300	10%s5%gl
Liner	7	4.5	15.5	3400	Common	1	60/40p2% gl



Bill To	_
Patterson Energy, LLC	
PO Box 400	
Hays, KS 67601-0400	

Invoice

Date	Invoice #
12/12/2023	1146

Please Pay from this Invoice.

Remit Payment to:
416 Main Street PO BOX 225
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949
Email: franksoilfield@yahoo.com

KCC License Number 35469

County/State	Lease/Well#	Terms	Job Type
Ellis County, KS	Oswald A-19	Net 30	????

Description		Quantity		Rate	Amount
Pump Charge			1	950.0	950.00
Mileage			22	6.5	
26.07 tons at 22 miles	1	5	73.54	1.5	860.31
60/40 8% gel 1/4# Flo-Seal	1		575	17.9	
Flo-Seal	1		150	3.0	450.007
4-1/2" Centralizers	1		16	60.0	960.007
4 1/2" FLoat Shoe	1		1	450.0	450.007
4-1/2 Rubber Plug	- 1		1	150.0	
Discount				-714.2	23 -714.23
	ĺ				

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$13,570.33
We appreciate your business and look	Sales Tax (7.0%)	\$820.03
forward to serving you again!	Balance Due	\$14,390.36

FRANKS Oilfield Service

♦ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269

♦ Office Phone (785) 639-3949

♦ Email: franksoilfield@yahoo.com

TICKET NUMBER	1146
LOCATION Hovie	
FOREMAN Preston	

FIELD TICKET & TREATMENT REPORT

				CEMEN	Т			
DATE	DATE CUSTOMER # WELL N			L NAME & NUMBER SECTION TOWN			RANGE	COUNTY
12-12-23		Oswell	e Aol	9				
CUSTOMER	terson Ene	100	And the second s		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR	ESS	31			<i>10</i> 3	Preston		
CITY		STATE	ZIP CODE		301	Soch T		
JOB TYPE		HOLE SIZE	7"	→ HOLE DEPTH	3396	CASING SIZE & V	VEIGHT 14 =	
	33961							
SLURRY WEIGH	нт	SLURRY VOL		WATER gal/s	<	CEMENT LEFT in	CASING	
DISPLACEMENT	т	DISPLACEMEN	IT PSI	MIX PSI		RATE		
REMARKS: 5	fry meetin	e. Ric L	son well	Rmp	20 Rbls	of selthweter	my S	75 secles
40/40	4% cel 1/	20 Flows	ech wa	shop lin	es. Diso	of soltheter	7.3/4 Bb/s	
	truck - h			7	/			
							- Inchine the state of the stat	
					1			
			1	honte 400				
= 4					2 +con			
					- Lu			
w=								
ACCOUNT CODE	QUANTIT	or UNITS	D	DESCRIPTION of SERVICES or PRODUCT			UNIT PRICE	TOTAL
0.			DUILAD CUIAD	05			10-00	10 00

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLODI		PUMP CHARGE	\$950 00	\$95000
mool	22	MILEAGE	\$1,50	\$14300
MOOR	26.07 tons	Ton milege Delivery	18/1031	\$8031
CB621	575	40/40 4% ell 44 Flow-Seal	\$17 95	\$10 27125
CPOOL	190"	Flowsest	\$300	\$4500
FEOIL	16	41/2" controlises	\$ 60°0	\$94000
F6030		414" AFU gude shoe	\$45000	445000
FEOHS		41/2" top rubber plug	\$25000	\$250CD
A new contract			sub total	414,28454
		10	ss 5% disc.	\$714 Z3
			sub total	\$13,57033
777				
				7 117
			SALES TAX	820.03
	()		ESTIMATED TOTAL	14390.36

AUTHORIZATION

TITLE

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.