

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 Recompletion Date _____ 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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416 Main Street
 P.O. Box 225
 Victoria, KS 67671

Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
8/11/2023	1032

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

Bill To
Arcadian Resources 313 E. Kansas St Glen Elder, KS 67446

County/State	Lease/Well#	Terms	Job Type
Rawlins County, KS	Almat 1-15OWWO	Net 30	Top to Bottom

Description	Quantity	Rate	Amount
Pump Charge	1	2,500.00	2,500.00
Mileage	42	6.50	273.00
43.7 tons at 42 miles	1,835.4	1.50	2,753.10
60/40 8% gel 1/4# Flo-Seal	700	17.95	12,565.00T
Thixo blend OWC	200	29.55	5,910.00T
5-1/2" Guide Shoe AFU	1	600.00	600.00T
5-1/2" Turbalizer Centralizers	12	108.00	1,296.00T
5-1/2" Basket	5	385.00	1,925.00T
5 1/2 Stop Ring	5	35.00	175.00T
5-1/2" Latchdown Plug & Assembly	1	695.00	695.00T
Mud Flush	500	1.00	500.00T
KCL	6	30.00	180.00T
Discount		-1,468.60	-1,468.60

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

Subtotal \$27,903.50

We appreciate your business and look forward to serving you again!

Sales Tax (7.5%) \$1,699.03

Balance Due \$29,602.53

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 1032
 LOCATION Hoxie
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-11-23		Almat 2-150WWD	15	5	32	Rawlins
CUSTOMER Arcadian Resources LLC			TRUCK #		DRIVER	
MAILING ADDRESS			103			
CITY			203			
STATE			201			
ZIP CODE			4/301			

JOB TYPE Top to Bottom HOLE SIZE _____ HOLE DEPTH 4280' CASING SIZE & WEIGHT 5 1/2" 17#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Had to wait 1 1/2 hrs for a welder to put new 8 3/4" collar on pipe. Ran float equipment. Hooked up mud & circulated thru Pump 10 Bbl KCL, 500 gal mud Flash - 10 Bbl KCL, Mix 7000yr later 30 Rft Followed by 200 sy ovc. Wash up & displace plug, landed & release pressure - good. Break up more oil

lost circulation at 550 sy in. Plug down lam 8-12-23
 Thanks Tam & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC004	1	PUMP CHARGE Top to Bottom	\$2500.00	\$2500.00
MO01	42	MILEAGE	\$6.50	\$273.00
MO02	43.7 cons	Top Mileage Delivery	\$2753.10	\$2753.10
LS021	700sy	60/40 89 gal 1/4" Flash	\$17.95	\$12,565.00
CP030	200sy	Class A 10% salt 29 gal 1/4" Flash	\$29.55	\$5,910.00
FE023	1	5 1/2" AFU inside shoe	\$600.00	\$600.00
FE014	12	5 1/2" Turbolizer	\$108.00	\$1296.00
FE022	5	5 1/2" Booklet	\$385.00	\$1925.00
FE102	5	5 1/2" stop ring	\$35.00	\$175.00
FE051	1	5 1/2" hatchdamn plug 200sy	\$695.00	\$695.00
CP013	500 gal	mud flash	\$1.00	\$500.00
CP014	6 gal	KCL	\$30.00	\$180.00
			sub total	\$29,372.10
			less 5% disc.	\$1,468.60
			sub total	\$27,903.50
			SALES TAX	1699.03
			ESTIMATED TOTAL	29602.53

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.