

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

<p>DISPOSITION OF GAS:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease </div> <p>(If vented, Submit ACO-18.)</p>	<p>METHOD OF COMPLETION:</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <small>(Submit ACO-5)</small> <input type="checkbox"/> Commingled <small>(Submit ACO-4)</small> </div>	<p>PRODUCTION INTERVAL:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Top</th> <th style="text-align: center;">Bottom</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table>	Top	Bottom				
Top	Bottom							

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	VREELAND 5-13
Doc ID	1746479

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.75	23	220	common	160	80/20

◆ Email: franksoilfield@yahoo.com

FOREMAN Tom Williams

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.

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

FOREMAN Tam Williams

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-3-23	31160	Vreeland S-13	13	11	24	Trego
CUSTOMER Phillips Exploration						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Tom W		
203	Jack T		

JOB TYPE <u>PTA</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE <u>4 1/2"</u>	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting & set up on Marlin #16. Plug as ordered

1) 2050' 505K
2) 1125' 1005K
3) 275' 505K
4) 40' 105K
BH 305K MH 255K

Thanks Tim & Jack

255 yr

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL005	1	PUMP CHARGE PTA	\$1500 ⁰⁰	\$1500 ⁰⁰
MA01	53	MILEAGE	\$6.50	\$344.50
MO02	11.35 tons	Ton Milage Delivery	\$902 ⁰⁰	\$902.33
LB01A	255 1/4" 2500 PSI	60/40 4900 PSI V6 #510401	\$17.35	\$4424.25
KE055	1	8 1/2" woodm plug	\$145 ⁰⁰	\$145 ⁰⁰
			sub total	\$7336.08
			less 5% disc.	\$306.80
			sub total	\$6969.28
			SALES TAX	326.98

ESTIMATED TOTAL	7296.26
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AUTHORIZATION

TITLE 75

DATE *8-4-61*

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