KOLAR Document ID: 1746479

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

Address 1:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R East West
Contact Person:	Address 2:	Feet from North / South Line of Section
Designate Type of Completion: Designate Type of Completion	City: State: Zip: +	Feet from _ East / _ West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name:	CONTRACTOR: License #	GPS Location: Lat: . Long:
Designate Type of Completion:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion: New Well		County:
New Well		Lease Name: Well #:
Oil		Field Name:
Gas		Producing Formation:
OG		Elevation: Ground: Kelly Bushing:
GM (Coal Bed Methane)		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info as follows:		
Operator: Well Name: If Alternate II completion, cement circulated from:		
Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Deepening	•	
Original Comp. Date: Original Total Depth: Deepening	Operator:	
Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Commingled Permit #: Dual Completion Permit #: Dewatering method used: De	Well Name:	feet depth to: w/ sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original Total Depth:	
Commingled Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	
Dual Completion Permit #:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: License #: Quarter Sec Twp S. R East West	Commingled Parmit #	Chloride content: ppm Fluid volume: bbls
SWD Permit #:		Dewatering method used:
EOR Permit #: Operator Name:		Location of fluid disposal if hauled offsite:
GSW		Econion of haid disposal in fladied choice.
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East West		Operator Name:
Spud Date or Date Reached TD Completion Date or ———————————————————————————————————	<u> </u>	Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
	- P	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: 1746479

Page Two

Operator Name: _				Lease Name:			Well #:		
Sec Twp.	S. R.	Ea	ast West	County:					
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log	
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample	
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum	
Cores Taken									
		R			New Used	on, etc.			
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I			
Purpose:		epth Ty	pe of Cement	# Sacks Used	ed Type and Percent Additives				
Protect Casi									
Plug Off Zon									
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (,	
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom	
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom	
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·				
Shots Per Foot	Perforation Perforation Bridge Plug Bridge Plug Acid, Fracture, Shot, Cementing Squeeze Record Top Bottom Type Set At (Amount and Kind of Material Used)					Record			
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5213 (1200) 10.	JIEG.			. 30.0.71					

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		Type Of Cement		Type and Percent Additives
Surface	12.25	8.75	23	220	common	160	80/20

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	1022
LOCATION HOXT	e
FOREMAN Tom b	VELLEME

FIELD TICKET & TREATMENT REPORT

				CEIVIEN	I			
DATE	CUSTOMER #	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7-28-23	3/160	Vrzelano	1	543	13	1/	24	Trego
CUSTOMER	Phillips Er	(D) ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	\u00e40		TRUCK #	DDIVED	TRUOK #	
MAILING ADDR	ESS	MINATAGE	XV	-	TRUCK#	DRIVER	TRUCK #	DRIVER
					103	Tom W		
CITY		STATE	ZIP CODE	-	4/301	Jack T	-	
			2 0002			Chris K	-	
	6 Sec. 10	L	13 4/10	_			- 51.1	1 19 10
					220'	CASING SIZE & V	WEIGHT 879	234
	,						OTHER	
	T							
	Τ				/	RATE		
REMARKS: 5	et up en	Mart	1 16-	CATTO	are muc	fi	***************************************	
10								
Lamb	14058	80/20	34	2. Drs	pace 17	7.14BX C	SHUK TY	6:51m
<i>V</i>				/				
							6	r
					THORKS	Tron 40	oon	
10001117								
ACCOUNT CODE	QUANTITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
PLAQZ		ł.	PUMP CHARG	E 2	Surface.		4115000	\$1150°C
moor	53		MILEAGE				\$4150	\$34450
m002	7.8	4	Tan 1	M:/400	e VeliVer	7	\$1,2328	4423 28
CBOIG	100:	97	80120	3900	290 al	À	\$20 95	\$335200
1				0,,000	91	/	120	4 002
				N. Algebra			et en lagri	
							s, b, to ted	\$5,469 T8
						lase	5% disc.	\$273 48
						7855	1	15 0130
							substotal	75,196
							-	
							-	-
							-	
	La	1/	2				SALES TAX	238.83
	,						ESTIMATED TOTAL	5435.13
UTHORIZATION			7	TITLE				
IIILE						DATE		

FRANKS Oilfield Service

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

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TICKET NUMBER 1028 LOCATION Haxe FOREMAN Jam Williams

FIELD TICKET & TREATMENT REPORT

				CEMEN	TI			
DATE	CUSTOMER #	WELL	NAME & NUI	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-3-23 CUSTOMER	31/60	Vree la	nd	5-13	13	bl	3.4	Trego
Ph.	illing Enf	lacation			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS/	10 PACTORIA			103	Tunw		
					20.3	Jacket		
CITY		STATE	ZIP CODE	_		10000		
						·		
JOB TYPE 1	PTA	HOLE SIZE	<u> </u>	J HOLE DEPT	гн	CASING SIZE & W	/EIGHT	<u></u> -
		DRILL PIPE	4/201			=	OTHER	
					/sk		·	
BEMARKS: S	Total Ma	er en de	- 604		Ma Sta #	6. Plug		agd
112/1/11/10	5/11/2	5		a ji cij	714	5		
1) 205	0' 5	75×		***	***			
25 1129	31 101	7 < %	,		12301	m		
2) 279	50	3x			1/2			
4) 4(
RH 2	OSK M	5K H 155	x					
	<u> </u>					Thank	s Tuma	Frech
	255 1	×						
ACCOUNT CODE	QUANTITY	or UNITS		DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
PLO05	1		PUMP CHAP	RGE	PTA		4 ×50000	\$1500°
maal	5,3	3	MILEAGE				\$450	\$34450
M002	14.2	35 tons	TAN	Milxa	UP DA	MARY	\$98200	190233
6301a.	255y ~25	86 F	60/40	49048	No#51	2590	\$ 1735	\$4424 25°
KEO 55	1		83/51	Woods	Place		4145eu	\$14500
			,		7			
		-						
							sub total	\$ 7336.08
						1	66 disc.	\$326.80
				··· ·· · · · · · · · · · · · · · · · ·		/ <u>C</u> S <u>S</u> <u>S</u>	,	\$6969.28
·							sub total	1 20
				· · · · · · · · · · · ·				
							<u> </u>	
	<u> </u>							
								<u> </u>
								†
								
					····		SALES TAX	326.98
	<u> </u>						ESTIMATED	7296.26
	1	Q. lid	, \	TITLE 7	7		TOTAL	, (, , , , , , , , , , , , , , , , , ,
AUTHORIZATIO	N			TITLE			DATE CONTRACTOR	1,00

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.