

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. 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
--	---

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 _____
---	---	--

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:	
----------------	-------	---------	------------	--



Customer	RH Capital-Beets	Lease & Well #	Bowers 4	Date	11/4/2021
Service District	Garnett	County & State	WO, KS	Legals S/T/R	27-26-14
Job Type	longstring	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	Job #
				Legals S/T/R	27-26-14
				New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
					Ticket #
					EP3195

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures					
89	Casey Kennedy	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging		
239	Garrett Scott	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection		
247	Nick Beets	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations		
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations		
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below			

Comments	

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C015	Cement Pump Service	ea	1.00	\$1,350.00
M010	Heavy Equipment Mileage	mi	50.00	\$180.00
M015	Light Equipment Mileage	mi	50.00	\$90.00
M020	Ton Mileage	tm	409.63	\$552.99
T010	Vacuum Truck - 80 bbl	hr	4.00	\$360.00
CP060	H854 Thixo	sack	145.00	\$3,654.00
CP125	Pheno Seal	lb	145.00	\$228.38
CP170	Mud Flush	gal	500.00	\$250.00
FE115	4 1/2" Rubber Plug	ea	1.00	\$67.50

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$6,732.87
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable	\$ -
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		Sale Tax:	\$ -
		Total:	\$ 6,732.87
		HSI Representative:	<i>Casey Kennedy</i>

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: RH Capital-Beets	Well: Bowers 4	Ticket: EP3195
City, State: Jefferson City, MO	County: WO, KS	Date: 11/4/2021
Field Rep:	S-T-R: 27-26-14	Service: longstring

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	6 3/4 in	Blend:	Thixo 1# PS	Blend:	
Hole Depth:	1285 ft	Weight:	13.70 ppg	Weight:	ppg
Casing Size:	4 1/2 in	Water / Sx:	9.19 gal / sx	Water / Sx:	gal / sx
Casing Depth:	1272 ft	Yield:	1.85 ft³ / sx	Yield:	ft³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	19.77 bbls	Total Slurry:	47.78 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	145 sx	Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
6:30 PM			-	-	on location, held safety meeting
4.0				-	established circulation
4.0				-	mixed and pumped 500 gal mud flush
4.0				-	mixed and pumped 145 sks Thixo cement with 1# Phenoseal per sk
4.0				-	flushed pump clean
4.0				-	pumped 4 1/2" rubber plug to casing TD with 19.77 bbls fresh water, cement to surface
1.0				-	pressured to 900 PSI, well held pressure
				-	released pressure to set float valve
4.0				-	washed up equipment
				-	
8:00 PM					left location

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	89	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Garrett Scott	239	3.6 bpm	- psi	- bbls
Bulk:	Nick Beets	247			
H2O:					

McGOWAN DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing			
RH Capital Beets, LLC Bowers #4				Surface		Longstring	
API #: 15-207-29821		S-T-R: 27-26S-14E		Size: 8 5/8 "	Size: 4 1/2 "		
County: Woodson - KS		Date: 10/29/2021		Tally: 42.55 '	Tally: 1272.3 '		
				Cement: 8 sx	Bit: 6.75 "		
				Bit: 11 "	Date: 11/4/2021		
Top	Base	Formation		Top	Base	Formation	
0	2	Soil		1262	1285	Sandy shale	
2	3	Clay					
3	9	Lime					
9	13	Shale					
13	15	Lime					
15	220	Shale					
220	362	Lime					
362	382	Shale					
382	402	Lime					
402	442	Shale					
442	462	Lime					
462	482	Shale					
482	522	Lime					
522	574	Shale					
574	586	Lime					
586	600	Shale					
600	649	Lime					
649	663	Shale					
663	686	Lime					
686	691	Shale					
691	698	Lime					
698	704	Shale					
704	729	Lime					
729	798	Shale					
798	865	Lime					
				Sand / Core Detail			
865	890	Shale		Core #1:		Core #2:	
890	822	Lime		Core #3:		Core #4:	
925	1004	Shale		1242	1246	Slight odor, shaly	
1004	1018	Lime		1246	1250	Sand starting to show, strong odor	
1018	1042	Shale		1250	1254	Mostly sand, good bleed to the pit, good odor	
1042	1100	Lime		1254	1258	Good sand, good bleed & odor	
1100	1125	Shale		1258	1262	Good odor & bleed, starting to get shale	
1125	1142	Lime		1262	1266	Sandy shale, no show	
1142	1180	Shale					
1180	1222	Lime					
1222	1242	Sandy shale					
1242	1262	Sand	Oil Show				
			Total Depth:	1285			