

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
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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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Form	ACO1 - Well Completion
Operator	ARP Operating, LLC
Well Name	BRADSHAW 1-33
Doc ID	1615620

All Electric Logs Run

CND
DIL
MIC
SON

FRANKS Oilfield Service

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

NET NUMBER 0440

LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-31-21	35695	Los Primos 1-26				

CUSTOMER ARP Operating LLC
 MAILING ADDRESS 1444 Wazee Street Suite 125
 CITY Denver STATE CO ZIP CODE 80202

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tom W		
102	Mark Y		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 255' CASING SIZE & WEIGHT 4 5/8" 28#
 CASING DEPTH 250.69' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Duke #5. Circulated mud. Pump 5 Bbl water followed by 250 sx cement. Displaced with 14.5 Bbl shut in. Cement did circulate

Thanks Tom & Mark

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE	\$1150.00	\$1150.00
MO01	45	MILEAGE	\$6.50	\$292.50
MO02	11.75 tons	Ton Mileage delivery	\$793.13	\$793.13
CB004	250 sx	Class A 3% CL 2% gel	\$24.50	\$6125.00
			sub total	\$8360.63
			less 25% disc.	\$2090.16
			sub total	\$6270.47
			SALES TAX	378.98
			ESTIMATED TOTAL	6649.45

AUTHORIZATION Hector Joud TITLE _____ DATE 10-31-21

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.

FRANKS Oilfield Service

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

NET NUMBER 0444
 LOCATION Waxse
 FOREMAN Tam Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-4-21	35695	Bradshaw 1-37	33	10s	32w	Thomas
CUSTOMER ARP Operating LLC			TRUCK #			
MAILING ADDRESS 1444 Wazee Street Suite 125			DRIVER			
CITY Denver			TRUCK #			
STATE CO			DRIVER			
ZIP CODE 80202			TRUCK #			
			DRIVER			

JOB TYPE 2-stage HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5/11.5 SLURRY VOL 1.4 / 1.32 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up on Duke #5. Shanes ran casing + float equipment. Reciprocating for 1/2 hr then circulate 1/2 hr. Mix 500 gal mud flush followed by 20 Bbl KCL. Mix 170 sk OWC + flush with water + mud 111.75 Bbl. Dropped dart + released bypass. Circulated mud for 3 hrs. Hooked back up + mix 450 sk 60/40 - 30 RIF 20 MH - 400 down hole displaced plug with 62.5 Bbl - 2000 lbs. Released Rock up move off 4:00

Thanks Tam + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL004	1	PUMP CHARGE	\$2500 ⁰⁰	\$2500 ⁰⁰
M001	50	MILEAGE	\$6 ⁵⁰	\$325 ⁰⁰
M002	29.97 tons	Ton mileage delivery	\$2,247 ⁷⁵	\$2247 ⁷⁵
CB030	175 sk	Class A OWC	\$28 ⁵⁵	\$4996 ²⁵
CB021	450 sk	60/40 890 gal 1/4" Flo seal	\$16 ⁷⁵	\$7537 ⁵⁰
FG096	24	reciprocating wrenches	\$75 ⁰⁰	\$1800 ⁰⁰
FE013	10	5/8" centralizers tubalizers	\$108 ⁰⁰	\$1080 ⁰⁰
FE102	3	5/8" stop rings	\$35 ⁰⁰	\$105 ⁰⁰
FE0033	1	5/8" guide shoe AFK	\$100 ⁰⁰	\$100 ⁰⁰
FE051	1	5/8" latch down plug assembly	\$195 ⁰⁰	\$195 ⁰⁰
CP013	500 gal.	mud flush	\$1 ⁰⁰	\$500 ⁰⁰
CP014	2 gal.	KCL	\$30 ⁰⁰	\$60 ⁰⁰
FB022	3	5/8" baskets	\$385 ⁰⁰	\$1155 ⁰⁰
FG089	1	5/8" D.O. Tool I.R.	\$4200 ⁰⁰	\$4200 ⁰⁰
			sub total	\$27,801 ⁵⁰
			less 25% disc.	\$6,950 ³⁷
			sub total	\$20,851 ¹³
			SALES TAX	1406.34
			ESTIMATED TOTAL	22257.47

AUTHORIZATION Hester Tools 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.