

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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P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300

Invoice

DATE	INVOICE #
3/1/2022	35780

BILL TO
Citation Oil & Gas 1016 Hwy 40 Bypass Hays, KS 67601

HAYS KANAS
RECEIVED BY [Signature]
APPROVED BY _____

MAR 08 2022

LEASE WELL# 9
LOE NRE AFE# _____

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#9	Bolsvert	Rooks	Express	Oil	Workover	Squeeze	David E

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	30	Miles	6.00	180.00T
577W	Pump Charge - Shallow Squeeze (< 1500 Ft.)	1	Job	1,050.00	1,050.00T
290	D-Air	1	Gallon(s)	42.00	42.00T
288	Sand (20/40 Brady)	2	Sack(s)	22.00	44.00T
325	Standard Cement	75	Sacks	14.50	1,087.50T
278	Calcium Chloride	2	Sack(s)	40.00	80.00T
581W	Service Charge Cement	250	Sacks	2.00	500.00T
583W	Drayage	600	Ton Miles	1.00	600.00T
	Subtotal				3,583.50
	Sales Tax Rooks County			7.00%	250.85

We Appreciate Your Business!	Total	\$3,834.35
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CHARGE TO: *Operation D-1 & Gas*

ADDRESS

CITY, STATE, ZIP CODE

TICKET 35780

PAGE 1 OF

1. *Flays 18*

2. *Ness City KS*

3.

4. REFERRAL LOCATION

WELL/PROJECT NO. # *9*

TICKET TYPE
 SERVICE
 SALES

WELL TYPE
D-1

INVOICE INSTRUCTIONS
HTF # 220138

LEASE # *Bolsert*

CONTRACTOR
Express

WELL CATEGORY
Waterworks

JOB PURPOSE
Squeeze

COUNTY/PARISH
Leoka

RIG NAME/NO.

STATE
KS

SHIPPED
BY

CITY

DELIVERED TO
OPERATION

WELL PERMIT NO.

DATE
5-1-22

ORDER NO.

WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY. U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF						
<i>575</i>					<i>TRK # 111</i>	<i>30</i>	<i>mi</i>		<i>6.00</i>	<i>180.00</i>
<i>577</i>					<i>Pump Charge - Shallow Sor</i>	<i>1</i>	<i>EA</i>		<i>1050.00</i>	<i>1050.00</i>
<i>290</i>					<i>D-Air</i>	<i>1</i>	<i>6m</i>		<i>42.00</i>	<i>42.00</i>
<i>288</i>					<i>SAND</i>	<i>2</i>	<i>15x</i>		<i>22.00</i>	<i>44.00</i>
<i>325</i>					<i>Standard Cement</i>	<i>75</i>	<i>5x</i>		<i>14.50</i>	<i>1087.50</i>
<i>278</i>					<i>Calcium Chloride</i>	<i>2</i>	<i>5x</i>		<i>40.00</i>	<i>80.00</i>
<i>587</i>					<i>Service Charge AMT</i>	<i>250</i>	<i>5x</i>		<i>2.00</i>	<i>500.00</i>
<i>583</i>					<i>Drayage</i>	<i>600</i>	<i>TM</i>		<i>1.00</i>	<i>600.00</i>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X

DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UNDECIDED	DISAGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL	TOTAL
<i>3583.50</i>	<i>3834.35</i>

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *David Eckert*

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE
3/1/22

PAGE NO.

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Citation		# 9		Boisvert		Squeeze		35780	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1200								ON location
									2 7/8 x 5 1/2
									Holes - 1101 - 1133
									Packer to 502 - 977
		2.5	16.5						Spot sand @ 3163
						500			pull per to squeeze
		1.25				700			load Backside & Pressure
		1.25	0			700			TAKE injection Rate
		1.25	17			1800			START CMT
		1	0						END CMT - 75 SA 75 SA
									WASH P & L
		1	0						START Disp
	1420	1	6.5			2000			STAGE - Bled off to 400
	1435					2000			STAGE - Holding
		2.5	15						Release Psi - Dry
									Reverse out
									Pull 3 JTS
	1500								pressure up & Shut IN
									JOB Complete
									Thanks
									DAVIS, SETH & JOHN