

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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2681

Date <u>1-4-22</u>	Sec. <u>24</u>	Twp. <u>8</u>	Range <u>17</u>	County <u>ROCKS</u>	State <u>KS</u>	On Location	Finish <u>12:30pm</u>
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Lease Chesney Well No. 1 Location RULLENTON E to 22 Rd. N to 0 Rd

Contractor Chito Owner 1 1/2 E

Type Job PORT COLLAR To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.

Hole Size _____ T.D. _____ Charge To Kevin DAVIDSON

Csg. 5 1/2 Depth _____ Street DAVIDSON Oil & Gas

Tbg. Size 2 3/8 Depth _____ City _____ State _____

Tool Port Collar Depth 1226 The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. _____ Shoe Joint _____ Cement Amount Ordered 250 QMOC 4 FLO

Meas Line _____ Displace _____ 800# Gel

EQUIPMENT

Pumptrk <u>18</u> No. <u>1</u> Cementer <u>BILL</u>	Common	<u>150 80/20 QMOC</u>
Bulktrk _____ No. _____ Helper _____	Poz. Mix	
Bulktrk _____ No. _____ Driver <u>CRAIG</u>	Gel. <u>6</u>	
Bulktrk <u>1</u> No. _____ Driver <u>JORDAN</u>	Calcium	

JOB SERVICES & REMARKS

Remarks: KCL Pax Bedene Hulls _____

Rat Hole _____ Salt _____

Mouse Hole _____ Flowseal 50#

Centralizers _____ Kol-Seal _____

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____

PC 1226 Sand _____

Test plug Handling 400 250

Open Tool Mileage _____

pump 600# Gel **FLOAT EQUIPMENT**

got circulation Guide Shoe _____

Cement w/ 150# Centralizer _____

Cement did Circ. Baskets _____

Close Tool / Test 500# AFU Inserts _____

Run 5 Jts Float Shoe _____

CIRC Clean Latch Down _____

Used _____ Pumptrk Charge Port Collar

150# Mileage 35

600# Gel

X Signature

Bob Plante

Thanks

Tax _____
Discount _____
Total Charge _____

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2669

Date	12-17-21	Sec.	24	Twp.	8	Range	17	County	ROOKS	State	KS	On Location	Finish
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Location Puille N T O R D R E T O 22

Lease Chesney Well No. 1 Owner N T O 1 5 E

Contractor White Wight To Quality Oilwell Cementing, Inc.

Type Job LONG STRING You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 7-8 T.D. 3357 Charge To Davidson Oil & Gas

Csg. 5-1/2 Depth Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 4.02 Shoe Joint 11.02 Cement Amount Ordered 180# 10% Salt

Meas-Line Displace 783 500 Flush 5# Gilsomite

EQUIPMENT

Pumptrk	17	No.	Cementer										
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			Helper										
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			Driver										
--	--	--	--------	--	--	--	--	--	--	--	--	--	--

			Driver										
--	--	--	--------	--	--	--	--	--	--	--	--	--	--

JOB SERVICES & REMARKS

Remarks: Salt 14

Rat Hole 300# Flowseal

Mouse Hole Kol-Seal 800#

Centralizers Mud CLR 48 500 gal

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

pipe set 3350.12 Handling 202

Shoe Jt 4.02 Mileage

Insert 3309.10 **FLOAT EQUIPMENT**

Pump 500 gal Flush Guide Shoe

Cement 150# Centralizer - 5

Pump Plug w/ 783 bbls Baskets - 2

Land Plug 120# AFU Inserts

Float did hold Float Shoe - 1

Latch Down

1 PORT COLLAR

Pumptrk Charge prod string

Mileage 35

Tax

Discount

Total Charge

Signature [Signature]

Thanks

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2665

Date	12-9-71	Sec.	24	Twp.	8	Range	17	County	ROCK	State	KS	On Location		Finish	8:15pm
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Location *P. 11/2 N TORD R E to rd 23 N TORD O*

Lease *Chesney* Well No. *1* Owner *125 in*

Contractor *White Night*
Type Job *SURFACE*
To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size *12 1/4* T.D. Charge To *DAVIDSON Oil & Gas LLC*

Csg. *8 1/2* Depth Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. *15* Shoe Joint Cement Amount Ordered *1500 80/20 3-2*

Meas Line Displace *13*

EQUIPMENT

Pumptrk <i>17</i> No.	Cementer	<i>Bill</i>	Common <i>120</i>
	Helper		Poz. Mix <i>30</i>

Bulktrk No.	Driver	<i>Craig</i>	Gel. <i>3</i>
	Driver		

Bulktrk <i>21</i> No.	Driver	<i>Jordan</i>	Calcium <i>6</i>
	Driver		

JOB SERVICES & REMARKS

Remarks: Halls

Rat Hole Salt

Mouse Hole Flowseal

Centralizers Kol-Seal

Baskets Mud CLR 48

D/V or Port Collar CFL-117 or CD110 CAF 38

Surface set e 220 Sand

Cent w/ 1500 Handling *59*

pump plug w/ 13 bbls Mileage

Cent did CIR

FLOAT EQUIPMENT

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge *Surface*

Mileage *35*

Tax	
Discount	
Total Charge	

X Signature *[Signature]*

Thanks

JERRY GREEN

CONSULTING GEOLOGIST

P.O. BOX 87
 SCHOENCHEN, KS 67667
 PHONE: 785-625-5155

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

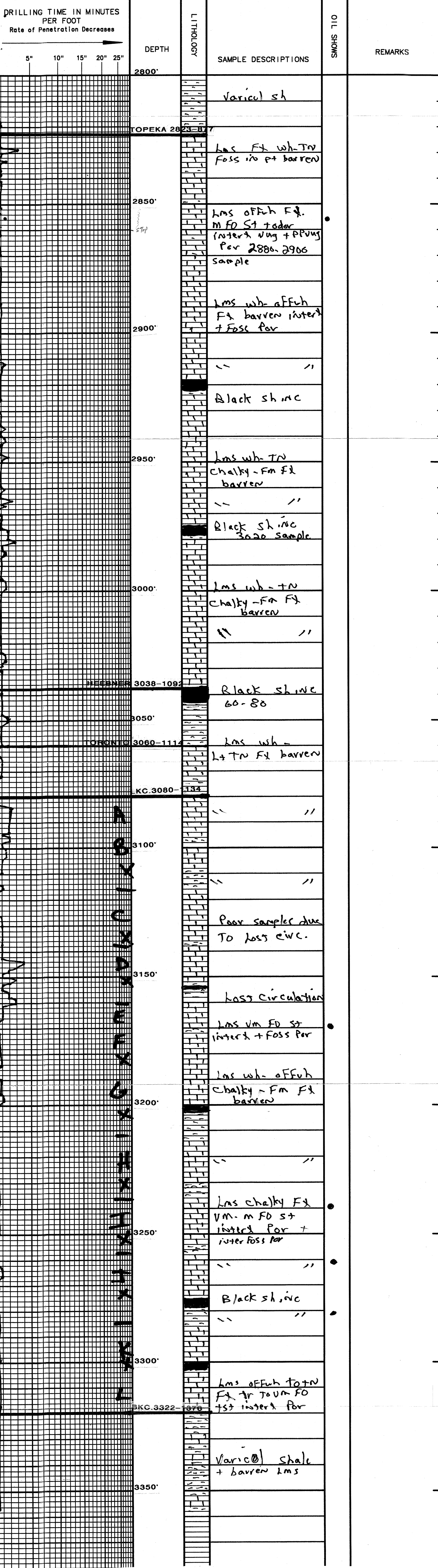
COMPANY <u>DAVIDSON OIL AND GAS LLC</u> LEASE <u>CHESENEY #1</u> FIELD <u>WILDCAT</u> LOCATION <u>1985 FNL 890 FWL</u> SEC <u>24</u> TWP <u>8S</u> RGE <u>16W</u> COUNTY <u>BOOKS</u> STATE <u>KS</u> CONTRACTOR <u>WHITE KNIGHT DRLG</u> SPUD <u>12-9-21</u> COMP <u>12-17-21</u> RTD <u>3357</u> LTD <u>3344</u> MUD UP <u>2700'</u> TYPE MUD <u>CHEM</u>	ELEVATIONS KB <u>1946'</u> DF _____ CL <u>1941'</u> Measurements Are All From KB CASING SURFACE @ <u>223</u> PRODUCTION _____ ELECTRICAL SURVEYS _____ STACK/MICRO _____
SAMPLES SAVED FROM _____ TO <u>2800'</u> DRILLING TIME KEPT FROM <u>2800'</u> TO <u>2800'</u> SAMPLES EXAMINED FROM <u>2800'</u> TO <u>2800'</u> GEOLOGICAL SUPERVISION FROM <u>2800'</u> TO <u>2800'</u> GEOLOGIST ON WELL <u>2800'</u>	TO <u>TD</u> TO <u>TD</u> TO <u>TD</u> TO <u>TD</u>

REMARKS: *All parties involved recommended that pipe be set to test this well further. The twin well to this location, tested 100' H2O and 20' of clean oil out of the "I" zone. The "C" and Topeka 30' zone should be secondary targets.*

Respectfully submitted

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Ool. Lime	Chert	Dolomite



GREEN01-7