

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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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



HAT
 DRIG.
 Co.

Cement or Acid Field Report
 Ticket No. **6152**
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-207-29832

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
1-18-22	1068	PAUL Guess #1-30	30	26S	15E	Woodson	Ks
Customer		Safety Meeting KMA SF SM	Unit #	Driver	Unit #	Driver	
SEK Energy Operating, LLC			104	SHANNON F.			
Mailing Address			112	Steve M.			
P.O. Box 55							
City	State	Zip Code					
Benedict	Ks	66714					

Job Type Longstring Hole Depth 2583' G.L. Slurry Vol. 48 BBL Tubing _____
 Casing Depth 2577.30' G.L. Hole Size 7 7/8" Slurry Wt. 13.8* Drill Pipe _____
 Casing Size & Wt. 5 1/2" used Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 63 BBL Displacement PSI 900 Bump Plug to 1400 PSI BPM _____

Remarks: Safety Meeting: 5 1/2 used Tested & Drifted Casing Set @ 2577.30' G.L. Rig up to 5 1/2 casing. Break Circulation w/ 10 BBL fresh water. Mixed 150 sks THICK Set Cement w/ 5# KOL-SEAL/5K 2# PHENOSEAL/5K 1/4% CFL-115 @ 13.8*/GAL yield 1.80 = 48 BBL Slurry. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 63 BBL Fresh water (KCL in first 30 BBL) FINAL Pumping Pressure 900 PSI. Bump Plug to 1400 PSI. Wait 2 mins. Release Pressure. Float & Plug Held. Good Circulation while Cementing. Job Complete. Rig down.

Note: Going to Run CBL @ Later Date & Perforate and Circulate Cement to Surface.

CENTRALIZERS ON # 1, 4, 15, 32, 36, 46, 51, 67 BASKETS ON TOP OF # 7, 30

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1100.00	1100.00
C 107	35	Mileage	4.20	147.00
C 201	150 sks	THICK Set Cement	22.55	3382.50
C 207	750 *	KOL-SEAL 5#/SK	.52 *	390.00
C 208	300 *	PHENOSEAL 2#/SK	1.45 *	435.00
C 211	35 *	CFL-115 1/4%	12.10 *	423.50
C 108 B	8.25 TONS	Ton Mileage 35 miles	1.40	404.25
C 421	1	5 1/2 Latch down Plug	266.00	266.00
C 654	1	5 1/2 Flapper Valve FLOAT shoe	300.00	300.00
C 604	2	5 1/2 Cement BASKETS	260.00	520.00
C 504	8	5 1/2 x 7 7/8 CENTRALIZERS	55.00	440.00
C 222	1 1/2 gals	KCL (in first 30 BBL of Displacement water)	30.00	45.00
THANK YOU M			Sub TOTAL	7853.25
			Sales Tax	465.15
Authorization <u>witnessed By Doug Lamb</u> Title _____			Total	8318.40

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

JE 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **6162**
 Foreman Kevin McCoy
 Camp EUREKA

15-207-2932

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
1-24-22	1668	PAUL GUSSE #1-30	30	26S	15E	Woodson	KS
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
JEK Energy Operating LLC	P.O. Box 55	Reynolds	KS	66714	KM SF SM	104 110	SHANNON F. Steve M.

Job Type Ball Head Squeeze Hole Depth 2583' Slurry Vol. 68 BBL Tubing _____
 Casing Depth 2577.33' G.L. Hole Size 7 7/8" Slurry Wt. 13.3" Drill Pipe _____
 Casing Size & Wt. 5 1/2 used Cement Left in Casing 30' Water Gal/SK _____ Other _____
 Displacement 29 BBL Displacement PSI 750 Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: Midwest Survey's Ran CBL Top of Cement @ 1200'. Perforate & Squeeze Holes @ 1170'. Rig up to 5 1/2 casing. Break Circulation w/ 5 BBL fresh water and fluid returns to surface. Pump 2 BBL dye water. Mixed 250 sacks 60/40 Pozmix Cement w/ 120 Gal 1" Pheno Seal /sk @ 13.5"/gal, yield 1.53 = 68 BBL slurry. Shut down, wash out Pump & Lines. Release Plug. Displace w/ 29 BBL fresh water. FINAL pumping pressure 750 PSI. Shut in @ 500 PSI. Good Cement Returns to SURFACE = 9 BBL slurry to 1st. Top Plug in with Line @ 1160' G.L. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
2104	1	Pump Charge	1100.00	1100.00
2107	35	Mileage	4.20	147.00
2202	250 sacks	60/40 Pozmix Cement	14.75	3687.50
2206	1290 *	Gal	.28 *	361.20
2208	250 *	Pheno Seal 1"/sk	1.45 *	362.50
2108 B	10.15 tons	Ton Mileage 35 miles	1.40	526.75
2424	1	5 1/2 Top Rubber Plug	81.00	81.00
			Sub Total	6265.75
			Sales Tax	336.92
			Total	6602.87

THANK YOU
 M

7.09%

Authorization By: Dewey Lynch Title _____ Total 6602.87

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



Cleaver Farm & Home
 2103 South Santa Fe Ave
 Chanute KS 66720
 620-431-6070

CUSTOMER COPY



INVOICE

2112-880101 PAGE 1 OF 1

SOLD TO
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714

JOB ADDRESS
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714 620-698-2150

ACCOUNT	JOB
S1283	0
SOLD ON	12/2/2021 8:28:59 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	BOWMAN WEST
STATION	C9
CASHIER	MARK
SALESPERSON	
ORDER ENTRY	

Account due 10th of month following purchase. 1 1/2% interest per month added.

Quantity	UOM	Item	Description	D	T	Price	Per	Amount
1	EA	229374	NIPPLE GALV 1-1/2X3 Retail Price: 4.79 per EA	N	Y	4.3100	EA	4.31
1	EA	149444	CAM COUPLER 2" D Retail Price: 20.99 per EA	N	Y	18.8900	EA	18.89
1	EA	149438	CAM COUPL 2 F ADAPT (909200F) Retail Price: 8.29 per EA	N	Y	7.4600	EA	7.46
1	EA	450307	BELL REDUCER GALV 2X1-1/2 Retail Price: 10.49 per EA	N	Y	9.4400	EA	9.44
2	EA	149436	CAM COUP 2" A ADAPT Retail Price: 6.99 per EA	N	Y	6.2900	EA	12.58
1	EA	149441	CAM COUPLER 2" B (909200B) Retail Price: 20.99 per EA	N	Y	18.8900	EA	18.89
35	EA	STD	CEMENT PORTLAND TYPE 1 94LB MONARCH Retail Price: 14.49 per EA	N	Y	13.0400	EA	456.40

6 used for GUESS surface

1100 357 49246 85.67

Payment Method(s)

Charge to Acct 578.13

CHAN 9.50%	SubTotal	527.97
	Sales Tax	50.16
	Deposit	
Please Pay This Amount		578.13

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

You Saved: 58.71

No refunds on Special Order non-stock items

Signature



Clever Farm & Home
 2103 South Santa Fe Ave
 Chanute KS 66720
 620-431-6070

CUSTOMER COPY



INVOICE

2112-883134 PAGE 1 OF 1

SOLD TO	JOB ADDRESS
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714	SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714 620-698-2150

ACCOUNT	JOB
S1283	0
SOLD ON	12/8/2021 11:15:27 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	DUESS 130
STATION	C11
CASHIER	AACU
SALESPERSON	
ORDER ENTRY	

Returned items from invoice 2112-880101

Quantity	U/M	Item	Description	D	T	Price	Per	Amount
-1	EA	149441	CAM COUPLER 2" B (909200B) Return Reason: CUSTOMER-CUSTOMER DID NOT NEED	N	Y	18.8900	EA	-18.89
-1	EA	149444	CAM COUPLER 2" D Return Reason: CUSTOMER-CUSTOMER DID NOT NEED	N	Y	18.8900	EA	-18.89
6	EA	STD	CEMENT PORTLAND TYPE 1 94LB MONARCH Retail Price: 14.49 per EA	N	Y	13.0400	EA	78.24

1100 357 (4137)
 4000 130 85.67



Payment Method(s)

Charge to Acct 44.30

SubTotal	40.46
CHAN 9.50% Sales Tax	3.84
Deposit	
Please Pay This Amount	44.30

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Signature

OIL PATCH PUMP & SUPPLY, LLC
P.O. BOX 591

CHANUTE, KS 66720

Phone: (620)431-1890 Fax: (620)431-6251
BILLED AT CHANUTE, KS LOCATION

OIL

DATE: 12/07/2021 TIME: 10:04:42
ACCT NO: 1SEK TERMS: Due on 20th
SLS ID/REP: de / MB JOB:
PO NUM: GUESS 1-30
SHIP VIA: Customer Pickup

TAX EXEMPT#:

PAGE: 1
ORDER: 202506
INVOICE: 200342

SOLD TO:
SEK Energy Operating , LLC
P.O. Box 55
BENEDICT, KS 66714

SHIP TO:
SEK Energy Operating , LLC I N V O I C E
BENEDICT, KS 66714

PH: (620)698-2150
FAX: (620)698-2180

PL	ITEM NUMBER	DESCRIPTION	*-----QUANTITY-----*			YOUR PRICE	EXT AMOUNT
			ORDERED	SHIP	B/O		
	CSNG-R3-18	PIPE STL NEW 8-5/8" 8RD R3 T&C 18#	43	43		15.79	678.97 Y

NOW CARRYING JUMP STARTER PORTABLE GEN2

www.oilpatchpump.com
THANK YOU FOR YOUR BUSINESS

Invoice total due by 01/20/2022.

WEIGHT: .00 TAXABLE: 678.97
TENDER: .00 CH NON-TAX: .00
CHANGE: .00 LABOR: .00

SUB TOTAL: 678.97
FREIGHT: .00
TAX: 50.92
INV TOTAL: 729.89

X _____
RECEIVED BY
7 OPC CHA