

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 Recompletion Date _____ 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) (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	Gilliland, Anthony L.
Well Name	DANKERT 1
Doc ID	1763204

All Electric Logs Run

Micro Resistivity
Dual Induction
Dual Compensate Proximity
Cement Bond



Customer	Gilliland Anthony L.	Lease & Well #	Dankert #1	Date	10/5/2023
Service District	Eureka	County & State	Butler, KS	Legals S/T/R	1 26S 4E
Job Type	Surface	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	Legals S/T/R	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
				Ticket #	EP10807

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
1005	Russ M	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
1201	Alan M	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
1210	Kevin M	<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 checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments

Cement 8 5/8 Surface Casing API #15-015-24212

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
D010	Depth Charge	job	1.00	\$1,000.00
M010	Heavy Equipment Mileage	mi	45.00	\$180.00
M015	Light Equipment Mileage	mi	45.00	\$90.00
CP010	Class A Cement	sack	125.00	\$2,500.00
CP100	CaCl 3%	lb	350.00	\$262.50
CP095	Bentonite Gel 2%	lb	235.00	\$105.75
CP120	Cello-Flake 1/4#/sx	lb	31.00	\$54.25
M020	Ton Mileage	tm	278.00	\$417.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$4,884.50
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Total Taxable	\$ -	Tax Rate:		
	State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.				Sale Tax:
				Total:	\$ 4,884.50
HSI Representative: <i>Thank You Kevin McCoy</i>					

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Customer	Gilliland Anthony. L		Lease & Well #	Dankert #2		Date	9/30/2023	
Service District	Eureka		County & State	Butler, Ks		Legals S/T/R	1-26S-4E	
Job Type	Longstring	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No		Job #	EP10724	
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures <input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Warning Signs & Flagging <input checked="" type="checkbox"/> H2S Monitor <input checked="" type="checkbox"/> Eye Protection <input type="checkbox"/> Required Permits <input type="checkbox"/> Fall Protection <input checked="" type="checkbox"/> Safety Footwear <input checked="" 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 checked="" type="checkbox"/> Overhead Hazards <input checked="" type="checkbox"/> Muster Point/Medical Locations <input type="checkbox"/> Hearing Protection <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Additional concerns or issues noted below						
Comments								
Well was drilled into the Arbuckle formation for production. Driller TD = 2580' KB, Logger TD = 2576' KB New 5 1/2" 15.50# casing set @ 2560' GL. No shoe JT was ran.								

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
D013	Depth Charge	job	1.00	\$2,000.00
M010	Heavy Equipment Mileage	mi	45.00	\$180.00
M015	Light Equipment Mileage	mi	45.00	\$90.00
CP070	60/40 Pozmix Cement A	sack	225.00	\$3,600.00
CP095	Bentonite Gel 6%	lb	1,160.00	\$522.00
CP125	Phenoseal 2#/sx	lb	450.00	\$787.50
CP062	H842 Thick Set Cement	sack	140.00	\$3,850.00
CP110	Kolseal 5#/sx	lb	700.00	\$525.00
CP125	Phenoseal 2#/sx	lb	280.00	\$490.00
M020	Ton Mileage	tm	840.00	\$1,260.00
R060	Senior Supervisor	day	1.00	\$800.00
FE145	5 1/2" Float Shoe - AFU Flapper Type	ea	1.00	\$375.00
FE170	5 1/2" Latch Down Plug & Baffle	ea	1.00	\$350.00
FE130	5 1/2" Cement Basket	ea	2.00	\$600.00
FE125	5 1/2" Centralizer	ea	4.00	\$240.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Total Taxable	\$ -	Tax Rate:		Net:	\$15,669.50
Based on this job, how likely is it you would recommend HSI to a colleague?		State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -	Total:	\$ 15,669.50
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Job Type	Surface	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	Legals New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #	
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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Laura Kelly, Governor

April 04, 2024

Anthony L Gilliland
Gilliland, Anthony L.
326 S 100TH
EDWARDSVILLE, KS 66111-1424

Re: ACO-1
API 15-015-24212-00-00
DANKERT 1
SE/4 Sec.01-26S-04E
Butler County, Kansas

Dear Anthony L Gilliland:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/26/2023 and the ACO-1 was received on April 04, 2024 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department