

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	☐ Yes	☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes	☐ No	Name	Top	Datum
Cores Taken	☐ Yes	☐ No			
Electric Log Run	☐ Yes	☐ No			
Geologist Report / Mud Logs	☐ Yes	☐ No			
List All E. Logs Run:					

CASING RECORD ☐ New ☐ 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
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ 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: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Webster Oil LLC
Well Name	WOODS C 1
Doc ID	1771710

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.75	8.625	24	160	NA	100	NA
Production	7.875	5.5	14	2811	NA	75	NA
Liner	5.5	4.5	11.6	2771	60/40 POZ	75	4% GEL



Customer	Webster Oil LLC		Lease & Well #	Woods C-1		Date	3/6/2024	
Service District	Eureka		County & State	Butler, Ks	Legals S/T/R	Job #		
Job Type	4 1/2" liner	☐ PROD ☐ INJ ☒ SWD	New Well?		☐ YES ☒ No	Ticket #		EP12643
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
1004	Kevin M	☒ Hard hat	☒ Gloves	☐ Lockout/Tagout	☐ Warning Signs & Flagging			
1201	Alan M	☒ H2S Monitor	☒ Eye Protection	☐ Required Permits	☐ Fall Protection			
1215	Dan B	☒ Safety Footwear	☐ Respiratory Protection	☒ Slip/Trip/Fall Hazards	☒ Specific Job Sequence/Expectations			
		☒ FRC/Protective Clothing	☐ Additional Chemical/Acid PPE	☒ Overhead Hazards	☒ Muster Point/Medical Locations			
		☐ Hearing Protection	☒ Fire Extinguisher	☐ Additional concerns or issues noted below				
Comments								
4 1/2" 11.60# flush jt liner set @ 2771' inside 5 1/2" casing. Cement to surface w/ 75sx 60/40 Pozmix Cement w/ 4% gel, 1/4% CFL- 115 = 20bbl slurry. Circulated 5bbl cement slurry to pit								
Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount				
C015	Cement Pump Service	ea	1.00	\$1,500.00				
M010	Heavy Equipment Mileage	mi	50.00	\$200.00				
M015	Light Equipment Mileage	mi	50.00	\$100.00				
CP070	60/40 Pozmix Cement A	sack	75.00	\$1,200.00				
CP095	Bentonite Gel 4%	lb	260.00	\$104.00				
CP131	CFL- 115 1/4%	lb	15.00	\$150.00				
M025	Ton Mileage - Minimum	each	1.00	\$400.00				
FE115	4 1/2" Rubber Plug	ea	1.00	\$75.00				
R061	Service Supervisor	day	1.00	\$275.00				
Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net: \$4,004.00				
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable	\$ -	Tax Rate:		
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10				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:	\$ 4,004.00	
				HSI Representative: Thank You Kevin McCoy				

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**

[illegible]

Summary of Changes

Lease Name and Number: WOODS C 1

API/Permit #: 15-015-20908-00-02

New Doc ID: 1771710

Parent Doc ID: 1767978

Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Approved By	Todd Bryant	Kelsey Cox
Approved Date	03/18/2024	04/22/2024

Summary of Attachments

Lease Name and Number: WOODS C 1

API: 15-015-20908-00-02

Doc ID: 1771710

Correction Number: 1

Attachment Name