

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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Ackarman Hardware & Lumber  
 Ackarman Inc  
 160 East Main St  
 Sedan KS 67361  
 620-725-3103  
 Fax: 620-725-5688

**CUSTOMER COPY**



**INVOICE**

2204-218174 PAGE 1 OF 1

SOLD TO
JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361

JOB ADDRESS
JONES & BUCK DEVELOPMENT P. O. BOX 68 SEDAN KS 67361 620 725-3636

ACCOUNT	JOB
00234	0
SOLD ON	4/12/2022 8:37:30 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	HYDER
STATION	A1
CASHIER	JN
SALESPERSON	
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
10	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	15.0000	EACH	150.00

Payment Method(s) Buyer: JOHN CORNSTUBBLE

Charge to Acct 163.50

SubTotal	150.00
Sales Tax	13.50
Deposit	
<b>Please Pay This Amount</b>	<b>163.50</b>

*John Cornstubble*

Signature JOHN CORNSTUBBLE



Customer	Kansas Energy		Lease & Well #	Hyder JBD #19		Date	4/14/2022	
Service District	Bartlesville Ok		County & State	CQ. Ks		Legals S/T/R	6 35 13	
Job Type	Long String	<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 #
Equipment #	Driver	Ticket #						

**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 type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

**Comments**

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
M015	Light Equipment Mileage			
M010	Heavy Equipment Mileage	mi	75.00	\$141.00
M020	Ton Mileage	tn	405.00	\$571.05
C010	Cement Pump Service	ea	1.00	
C050	Cement Plug Container	job	1.00	\$705.00
CP010	Class A Cement			
CP095	Bentonite Gel	sack	115.00	\$2,053.90
CP105	Gypsum	lb	600.00	\$225.60
CP110	Kol Seal	lb	200.00	\$188.00
CP140	Granulated Salt	lb	550.00	\$387.75
CP125	Pheno Seal	lb	750.00	\$352.50
			40.00	\$65.80
FE115	4 1/2" Rubber Plug	ea	1.00	\$70.50
AF080	Fresh Water	gal	5,480.00	\$102.65
T030	Transport - 130 bbl	hr	4.00	\$540.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Based on this job, how likely is it you would recommend HSI to a colleague?

1  2  3  4  5  6  7  8  9  10 Extremely Likely

Total Taxable	\$ -	Tax Rate:		Net:	\$5,920.75
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:	\$ 5,920.75

HSI Representative: *John Wade*

**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 1/4% 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 *Ernst Russell*  
**CUSTOMER AUTHORIZATION SIGNATURE**



# CEMENT TREATMENT REPORT

Customer: **Kansas Energy**  
 City, State:   
 Field Rep:

Well: **Hyder JBD #19**  
 County: **CQ. Ks**  
 S-T-R: **6 35 13**

Ticket: **EP 4340**  
 Date: **4/14/2022**  
 Service: **Long String**

**Downhole Information**  
 Hole Size: **6 3/4 in**  
 Hole Depth: **ft**  
 Casing Size: **4 1/2 in**  
 Casing Depth: **1071 ft**  
 Tubing / Liner: **in**  
 Depth: **ft**  
 Tool / Packer:   
 Tool Depth: **ft**  
 Displacement: **16.6 bbls**

**Calculated Slurry - Lead**  
 Blend: **Class a**  
 Weight: **14.1 ppg**  
 Water / Sx: **8.2 gal / sx**  
 Yield: **1.71 ft³ / sx**  
 Annular Bbls / Ft.: **bbs / ft.**  
 Depth: **ft**  
 Annular Volume: **0.0 bbls**  
 Excess:   
 Total Slurry: **35.0 bbls**  
 Total Sacks: **115 sx**

**Calculated Slurry - Tail**  
 Blend:   
 Weight: **ppg**  
 Water / Sx: **gal / sx**  
 Yield: **ft³ / sx**  
 Annular Bbls / Ft.: **bbs / ft.**  
 Depth: **ft**  
 Annular Volume: **0 bbls**  
 Excess:   
 Total Slurry: **0.0 bbls**  
 Total Sacks: **0 sx**

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
			-	-	Class a 4% gel, 2% owc, 5# kolseal, 10% salt, .4# pheno
11:40 AM					On Location
11:45 AM					JSA and rig up
11:55 AM	3.0		35.0	35.0	Establish circulation with water and gel sweep
12:16 PM	3.0	200.0	35.0	70.0	Ran cement
12:35 PM		800.0	16.6	86.6	Wash pump and lines and displaced plug landed and plug did not hold
				86.6	Landed plug at 1800 and it did not hold. Displaced plug and released to 200psi and shut in
12:40 PM				86.6	Topped off well and washed up
				86.6	
				86.6	
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	CREW	UNIT
Cementer:	John	86
Pump Operator:	Kevin	231
Bulk #1:	Corbin	211
Bulk #2:	Russell	140/130

SUMMARY		
Average Rate	Average Pressure	Total Fluid
3.0 bpm	500.0 psi	87 bbls

Air Drilling Specialist  
Oil & Gas Wells

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

PO Box 449  
Caney, KS 67333

Date Started	4/12/2022
Date Completed	4/13/2022

Operator	A.P.I #	County	State
Kansas Energy	15-019-27718-00-00	Chautauqua	Kansas

Well No.	Lease	Section	Township	Range
19	JBD Hyder	6	35	13 E

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Oil	Billy Thornton	10	47' 8 5/8	1085	6 3/4

0-2	DIRT	833-928	SHALE		
2-36	SAND	928-929	LIME		
36-68	SANDY SHALE	929-949	SHALE		
68-182	SHALE	949-983	LIME		
182-184	LIME	983-992	SANDY SHALE/BLEEDING OIL		
184-210	SHALE	992-1004	SAND/LIGHT ODOR		
210-213	SAND	1004-1033	SAND/OIL SHOW IN PIT, GOOD ODOR		
213-218	SANDY SHALE	1033-1055	SAND/SANDY SHALE		
281-220	SAND	1055-1085	LIME		
220-222	LIME	1085	TD		
222-248	SHALE				
248-251	LIME				
251-273	SANDY SHALE				
273-279	LIME				
279-309	SHALE				
309-315	LIME				
329-349	SAND/PICKED UP SOME H2O				
349-371	SHALE				
471-481	LIME				
481-492	SHALE				
492-568	SAND/ MORE H2O				
568-600	SHALE				
600-618	SANDY SHALE				
618-668	SUGAR SAND				
668-795	SHALE				
795-797	LIME				
797-804	SAND/GOOD ODOR				
804-808	SAND/BLEEDING OIL				
808-811	SANDY SHALE				
811-833	SAND/GOOD ODOR				