

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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Remit To: Hurricane Services, Inc.  
 250 N. Water, Suite 200  
 Wichita, KS 67202  
 316-303-9515

Customer:  
 RH CAPITAL-BEETS LLC  
 1133 CORNETT BRANCH RD  
 ATTN: THOMAS HECKMAN  
 LAKE OZARK, MO 65049

Invoice Date: 4/4/2024  
 Invoice #: 0375573  
 Lease Name: Lawson  
 Well #: I-1 & 7 (New)  
 County: Douglas, Ks  
 Job Number: EP12992  
 District: East

Date/Description	HRS/QTY	Rate	Total
Longstrings	0.000	0.000	0.00
Cement Pump Service	2.000	900.000	1,800.00
Heavy Eq Mileage	50.000	4.000	200.00
Light Eq Mileage	50.000	2.000	100.00
Ton Mileage	465.400	1.500	698.10
Vacuum Truck-80bbl	4.750	100.000	475.00
Oil well cement	179.000	25.000	4,475.00
Pheno Seal	90.000	1.750	157.50
Bentonite Gel	400.000	0.450	180.00
2 7/8" Rubber Plug	2.000	40.000	80.00

**Total** 8,165.60

**TERMS:** Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

**SALES TAX:** Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

**WE APPRECIATE YOUR BUSINESS!**





**CEMENT TREATMENT REPORT**

Customer:	RH Capital-Beets	Well:	Lawson I-1, 7	Ticket:	EP12992
City, State:	Jefferson City, MO	County:	DG, KS	Date:	4/4/2024
Field Rep:	Zach Devorss	S-T-R:	15-14-20	Service:	Longstrings

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	OWC 1/2# PS	Blend:	
Hole Depth:	745/750 ft	Weight:	14.83 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	6.77 gal / sk	Water / Sx:	gal / sk
Casing Depth:	735/740 ft	Yield:	1.45 ft <sup>3</sup> / sk	Yield:	ft <sup>3</sup> / sk
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	4.25/4.28 bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	0 sks	Total Sacks:	0 sks

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
2:00 PM			-	-	on location, held safety meeting
					#1-
	4.0				established circulation
	4.0				mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0				mixed and pumped 89 sks OWC cement w/ 1/2# PS per sk, cement to surface
	4.0				flushed pump clean
	1.0				pumped 2 7/8" rubber plug to casing TD w/ 4.25 bbls fresh water
	1.0				pressured to 800 PSI, well held pressure
					released pressure to set float valve, float held
	4.0				washed up equipment
					waited for rig to run casing in second well
3:45 PM					#7
	4.0				established circulation
	4.0				mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0				mixed and pumped 90 sks OWC cement w/ 1/2# PS per sk, cement to surface
	4.0				flushed pump clean
	1.0				pumped 2 7/8" rubber plug to casing TD w/ 4.28 bbls fresh water
	1.0				pressured to 800 PSI, well held pressure
					released pressure to set float valve, float held
	4.0				washed up equipment
4:45 PM					left location

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Devin Katzer	239	3.1 bpm	- psi	- bbls
Bulk:	Nick Beets	215			
H2O:	Wes Callahan	110			

# 3WoCo Drilling LLC

1135 30<sup>th</sup> Rd  
 Yates Center, Kansas 66783  
 Steve 620-330-6328      Nick 620-228-2320

Operator License # 35722		API # 15-045-22317	
Operator: RH Capital-Beets, LLC		Lease: Lawson	
Address: 2015 Clara, Dr		Well # 7	
Phone: 816-651-5248		Spud Date: 4/3/2024	Completed: 4/4/2024
Contractor License: 33900		Location: Sec: 15	TWP: 14s      R: 20e
T.D. 750	Bite Size: 5.875	165' FNL	
Surface Pipe Size: 7"	Surface Depth: 45'	828' FEL	
Kind of Well: Oil		County: Douglas	

## Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Shale	672	676
Sand & Clay	5	30	Mucky Shale	676	678
Lime	30	78	Brkn Oil Sand	678	680
Shale	78	84	Oil Sand	680	688
Lime	84	106	Brkn Oil Sand	688	690
Shale	106	138	Badly Brkn Sand	690	692
Lime	138	165	Shale	692	750
Shale	165	215			
Lime	215	353	TD 750		
Shale	353	360			
Lime	360	390	Ran 2-7/8" Pipe		
Shale	390	396	To 745		
Lime	396	406			
Shale	406	554	Cemented Surface With		
Lime	554	563	12 Sacks		
Shale	563	575			
Lime	575	585			
Shale	585	601			
Lime	601	610			
Shale	610	619			
Lime	619	622			
Shale	622	628			
Lime	628	631			
Shale	631	639			
Lime	639	645			
Shale	645	656			
Lime	656	660			
Shale	660	668			
Lime	668	672			

