

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) (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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Customer	Laymon Oil II, LLC	Lease & Well #	Robison, #4	Date	3/26/2024
Service District	Garnett	County & State	Woodson, KS	Legals S/T/R	29-23-16
Job Type	Liner	<input type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	Job #
New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No					Ticket #
<b>Job Safety Analysis - A Discussion of Hazards &amp; Safety Procedures</b>					
Equipment #	Driver	<input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> H2S Monitor <input checked="" type="checkbox"/> Safety Footwear <input checked="" type="checkbox"/> FRC/Protective Clothing <input checked="" type="checkbox"/> Hearing Protection			
97	Garrett S.	<input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Eye Protection <input checked="" type="checkbox"/> Respiratory Protection <input checked="" type="checkbox"/> Additional Chemical/Acid PPE <input checked="" type="checkbox"/> Fire Extinguisher			
209	Nick B	<input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Required Permits <input type="checkbox"/> Slip/Trip/Fall Hazards <input type="checkbox"/> Overhead Hazards <input type="checkbox"/> Additional concerns or issues noted below			
246	Drew B	<input type="checkbox"/> Warning Signs & Flagging <input type="checkbox"/> Fall Protection <input checked="" type="checkbox"/> Specific Job Sequence/Expectations <input checked="" type="checkbox"/> Muster Point/Medical Locations			
110	Keith D				
<b>Comments</b>					

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C011	Cement Pump Service	ea	1.00	\$900.00
M010	Heavy Equipment Mileage	mi	40.00	\$160.00
M015	Light Equipment Mileage	mi	40.00	\$80.00
M025	Ton Mileage - Minimum	each	1.00	\$300.00
CP055	H-Plug A	sack	85.00	\$1,360.00
T010	Vacuum Truck - 80 bbl	hr	3.00	\$300.00
AF080	Fresh Water	gal	3,360.00	\$67.20

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$3,167.20
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				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:	\$ 3,167.20
				HSI Representative:	Garrett Scott

**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 \_\_\_\_\_ **CUSTOMER AUTHORIZATION SIGNATURE**



**CEMENT TREATMENT REPORT**

Customer:	Laymon Oil II, LLC	Well:	Robison, #4	Ticket:	EP12867
City, State:		County:	Woodson, KS	Date:	3/26/2024
Field Rep:	Mike Laymon	S-T-R:	29-23-16	Service:	Liner

Downhole Information		Calculated Slurry - Lead			Calculated Slurry - Tail		
Hole Size:	4 1/2 in	Blend:	H- plug		Blend:		
Hole Depth:	ft	Weight:	13.5 ppg		Weight:	ppg	
Casing Size:	2 3/8 in	Water / Sx:	6.9 gal / sx		Water / Sx:	gal / sx	
Casing Depth:	ft	Yield:	1.42 ft <sup>3</sup> / sx		Yield:	ft <sup>3</sup> / sx	
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:	bbls	Total Slurry:	bbls		Total Slurry:	0.0 bbls	
		Total Sacks:	sx		Total Sacks:	0 sx	

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
10:00 AM			-	-	On location, held safety meeting
	2.0	50.0			Hooked to 2 3/8" tubing and established circulation
					Mixed and pumped 60 sks of H-Plug cement, cement to surface
					Flushed pump and lines clean
					Displaced cement with 3.8 BBL of fresh water
					Shut in tubing
					Rig ran 3/4" pipe down the backside
					Established circulation, mixed and pumped 25 sks of cement to surface
					Rig pulled 3/4" from well
					Washed up equipment and pipe
12:00 PM					Left Location

CREW		UNIT	SUMMARY		
Cementer:	Garrett S.	97	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick B	209	2.0 bpm	50 psi	- bbls
Bulk #1:	Drew B	246			
Bulk #2:	Kelth D	110			