

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 _____ 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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720050

NAME Jones Oil Exploration Cementing div.		SHIP TO Jones Oil Exploration	
ADDRESS P O Box 68		ADDRESS P O Box 68	
CITY, STATE, ZIP Sedan, KS, 67361		CITY, STATE, ZIP Sedan, KS, 67361	
ORDER NUMBER Thompson # 36-15	DEPARTMENT Cement Longstring	SALESPERSON	WHEN SHIP
		TERMS	HOW SHIP
		DATE	
QUANTITY	DESCRIPTION	PRICE	AMOUNT
2hr	Cement pump & Bulk truck		
2hr	Water truck		
1390'	4 1/2" casing - 6.75" hole		
1	4 1/2 plug		
1	4 1/2 plug container		
4 sk	Gel		
1 sk	Pheno flake		
145 sk	Class A Cement 2% Gel - 13.5 ppg - 1.66ft ³ yield		
39 sk	additional cement 25% excess		
Thompson 36-15 Longstring Cement Job			
Mixed 4 BBL water & 200# Gel pumped gel sweep est. circulation. Mixed & pumped 145 sk cement. Shut down cleaned lines. Displaced plug with 22.59 BBL water landed plug with 1000 psi - relieved pressure plug held. Broke down cleaned lines.			
Cement fell back to 460' - ran 1/2" tubing to 460' mixed 39 sk cement cemented to surface. Shut down pulled pipe and cleaned up			
BUYER:			

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	4/25/2022
Date Completed	4/26/2022

Operator	A.P.I #	County	State
Jones Oil Exploration, LLC		Chautauqua	Kansas

Well No.	Lease	Section	Township	Range
36-15	Thompson	36	33	10

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Oil	Billy Thornton	10	42' 10" 8 5/8	1410	6 3/4

0-3	DIRT	996-1003	SANDY SHALE		
3-6	CLAY	1003-1055	SAND		
6-14	SAND	1055-1070	SANDY SHALE		
14-70	SANDY SHALE	1070-1118	SHALE		
70-105	LIME	1118-1130	LIME		
105-108	SHALE	1130-1169	SAND		
108-110	LIME	1169-1190	SANDY SHALE		
110-137	RED SHALE	1190-1268	SHALE		
137-139	LIME	1268-1300	BLACK SHALE		
139-280	SHALE	1300-1309	LIME		
280-303	SAND/LOTS OF H2O	1309-1316	SAND		
303-307	SANDY SHALE	1316-1320	SAND/GOOD ODOR		
307-310	LIME	1320-1326	SAND/BLEEDING OIL		
310-436	SHALE	1326-1336	SAND/LIGHT ODOR		
436-458	SAND	1336-1377	SANDY SHALE		
458-488	SANDY SHALE	1377-1394	LIME		
488-532	SAND/MORE H2O	1394-1400	LMY SHALE		
532-535	LIME	1400-1410	LIME		
535-670	SHALE	1410	TD		
670-693	SAND				
693-750	SANDY SHALE				
750-753	LIME				
753-769	SAND				
769-790	SHALE				
790-794	LIME				
794-798	SHALE				
798-804	LMY SAND				
804-833	SAND/LITTLE SALT				
833-868	SANDY SHALE				
868-996	SHALE				