

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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Form	ACO1 - Well Completion
Operator	Packard, Lynn
Well Name	PACKARD JAYNE #5
Doc ID	1785019

All Electric Logs Run

Compensated Density Neutron
Dual Induction
Micro
Sonic Cement

QUALITY WELL SERVICE, INC.

8474

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992
Fax 620-672-3663

Todd's Cell 620-388-4967
Brady's Cell 620-727-6964

Date	1-4-24	Sec.	22	Twp.	31S	Range	13W	County	BARBER	State	KS	On Location	Finish
Lease	JAYNE	Well No.	5	Location									
Contractor	STEELING DRG RIG #4							Owner					
Type Job	Surface							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Hole Size	12 1/4		T.D.		226'		Charge To						
Csg.	9 5/8		Depth		222'		LYNN PACKARD						
Tbg. Size			Depth				Street						
Tool			Depth				City State						
Cement Left in Csg.			Shoe Joint		15		The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line			Displace		13 Bbl		Cement Amount Ordered 2000 60/40 2 1/2 GEL 3 1/2 CC						
EQUIPMENT							1/2" PS						
Pumptrk	3	No.					Common 1205x						
Bulktrk	10	No.					Poz. Mix 905x						
Bulktrk		No.					Gel. 344 lbs						
Pickup		No.					Calcium 516 lbs						
JOB SERVICES & REMARKS							Hulls						
Rat Hole							Salt						
Mouse Hole							Flowseal 100 lbs						
Centralizers							Kol-Seal						
Baskets							Mud CLR 48						
D/V or Port Collar							CFL-117 or CD110 CAF 38						
Run 5 #1's 9 5/8 2 3/4 CSH SET @ 222'							Sand						
START CSH CSH ON BOTTOM							Handling 216						
Hook up to CSH & BREAK CIRC WITH							Mileage 25/5400						
START Pumptrk H2O							FLOAT EQUIPMENT						
START MIX Pump 2000x 60/40							Guide Shoe						
2 1/2 GEL 3 1/2 CC 1/2" PS							Centralizer						
START DISO							Baskets						
Close Valve on CSH							AFU Inserts						
6000 CIRC THRU JOB							Float Shoe						
CIRC CMT TO PAT							Latch Down						
							SERVICE SPV 1 EA						
							LWN 25						
THANK YOU							Pumptrk Charge SURFACE						
PLEASE CALL AGAIN							Mileage 50						
2000 MATT ADHIC													
DICK													
Signature <i>[Signature]</i>							Tax						
							Discount						
							Total Charge						

QUALITY WELL SERVICE, INC.

A-0046

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Mike's Cell 620-388-1852
Fax 620-672-3663

Todd's Cell 620-388-4967
Brady's Cell 620-727-6964

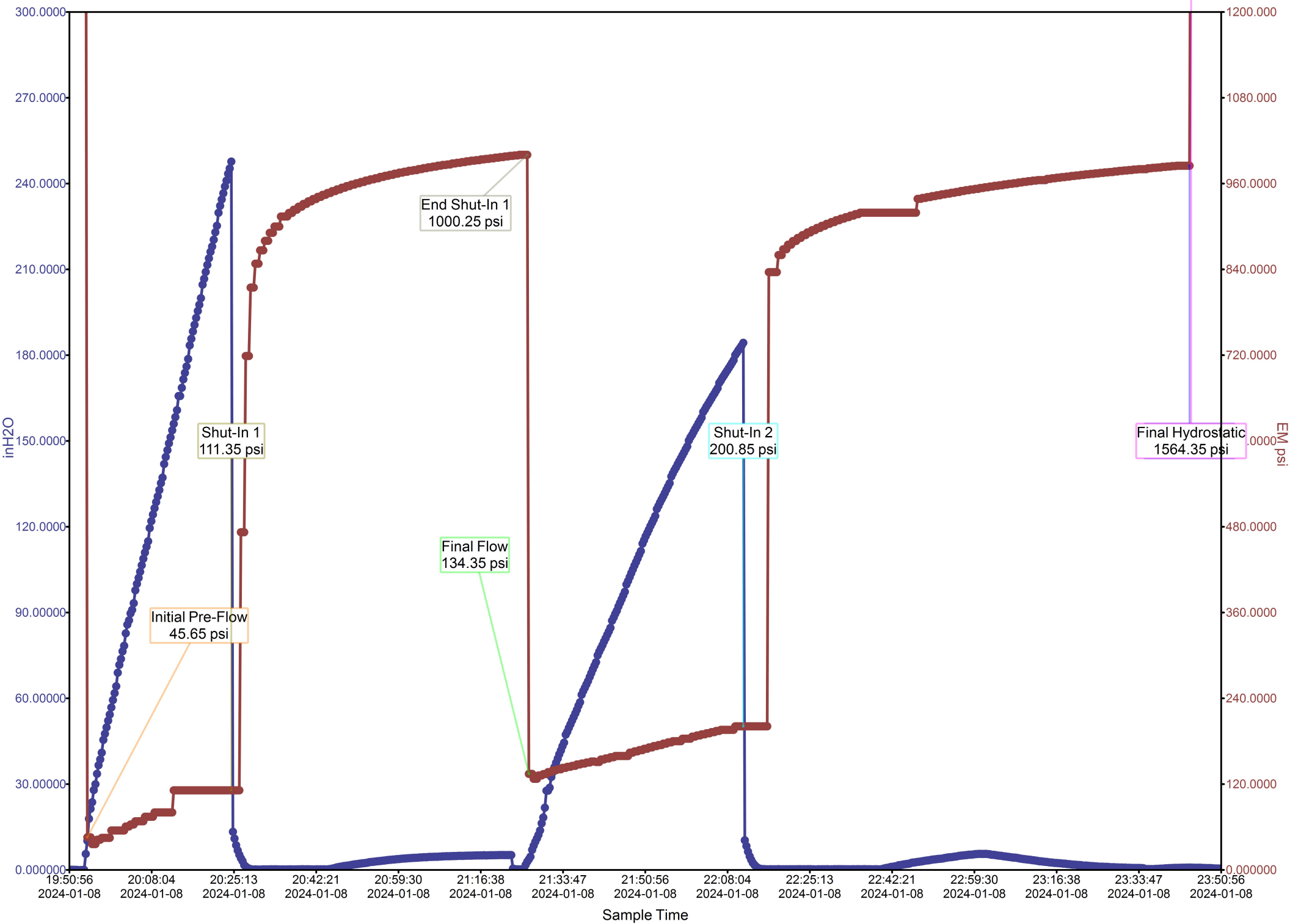
Date	1-23-24	Sec.	22	Twp.	31S	Range	13W	County	BARBER	State	KI	On Location		Finish	
Lease	JAYNE	Well No.	5			Location									
Contractor	CLARK WELL SERVICE							Owner							
Type Job	ACID JOB							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	7 7/8		T.D.												
Csg.	5 1/2 20"		Depth			Volume			Charge To LYNN PACKARD						
Tbg. Size	2 3/8		Depth			Street									
PKR			Depth			City					State				
Annular Volume	The above was done to satisfaction and supervision of owner agent or contractor.														
Tubing Volume	Displace			Acid Amount Ordered											

	DESCRIPTION	AMOUNT
Pumptrk 3 No.	HCL 15%	300 GAL
Bulktrk No.	MCA CONV	300 GAL
Bulktrk No.	CIA-1 AHB	1 GAL
Pickup No.		

TREATMENT REPORT

PROPS 3352' 4SPF		
tbl 3341		
Hook up to tbl		
Pump 1 1/2 Bbl ACID LET SET 45 min		
Pump 6 Bbl		
Decide Load BS		
Pump 45 min 900"		
fract 1/2 Bbl 600" 54 Bbl to 1/2"		
Hook up to tbl		
Treat 1 Bbl 550"	LAW	EQUIPMENT 30 miles
Tue Rate 1 1/2 Bbl 550"	HAZ	
SHUT DOWN Job 450"		
5 min 300"		
10 min 250"		
15 min 200"		
Knock Loose Blow Down	Setv supervision 1	
Hook up to swab		
75 Bbl total Load	Pumptrk Charge ACID Pump	
	Mileage 30	
		Tax
		Discount
X Signature <i>Troy Kellin</i>		Total Charge

Lynn Packard - Packard Jayne 5 - DST 1



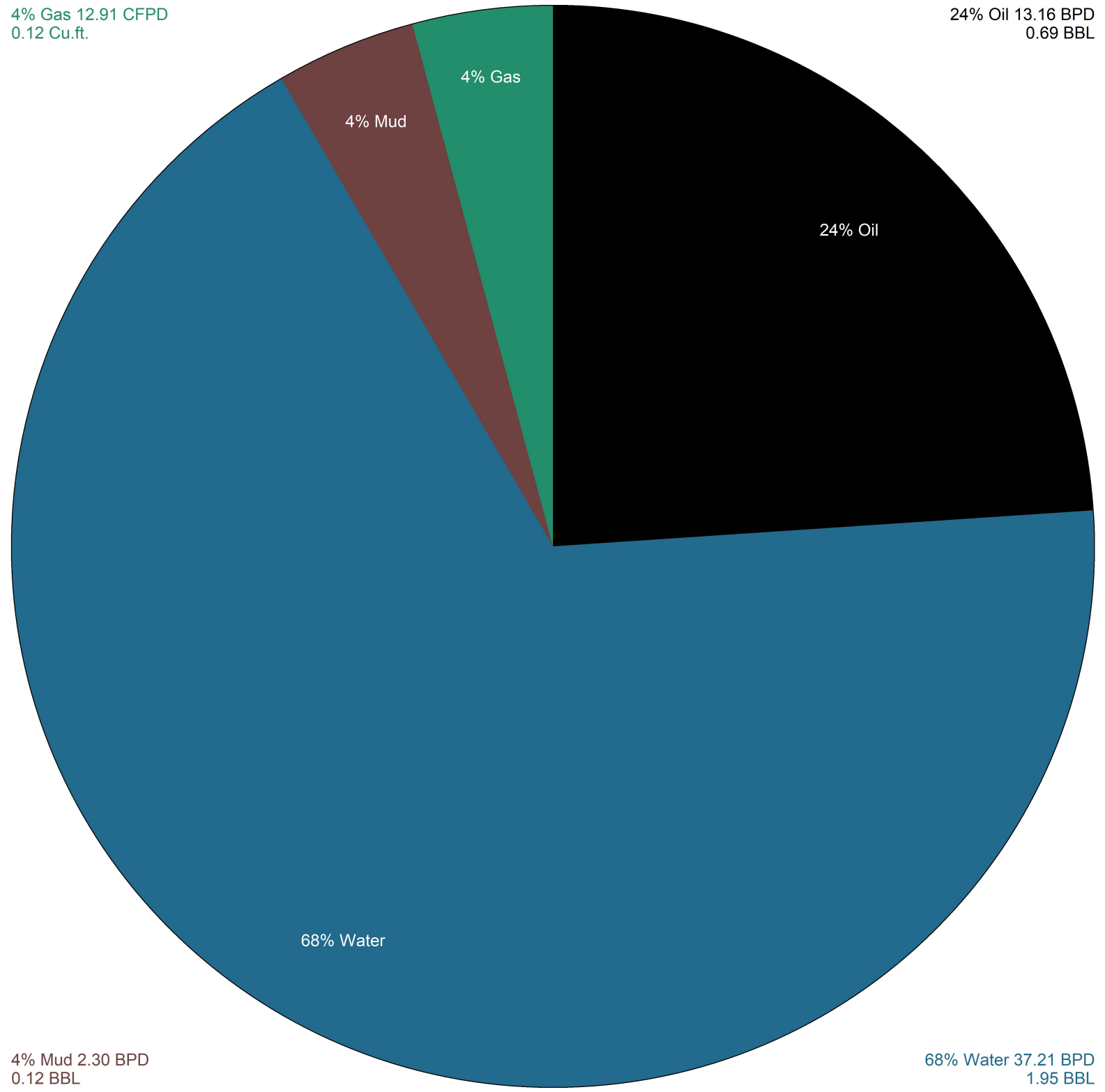
Calculated Recovery Analysis - Lynn Packard - Packard Jayne 5 - DST 1

4% Gas 12.91 CFPD
0.12 Cu.ft.

24% Oil 13.16 BPD
0.69 BBL

4% Mud 2.30 BPD
0.12 BBL

68% Water 37.21 BPD
1.95 BBL





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lynn Packard
8113 NW River Rd
Medicine Lodge, KS 67104
ATTN: Aaron Young

22-31S-13W Barber
Packard Jayne 5
Job Ticket: 71352 **DST#: 1**
Test Start: 2024.01.08 @ 18:03:00

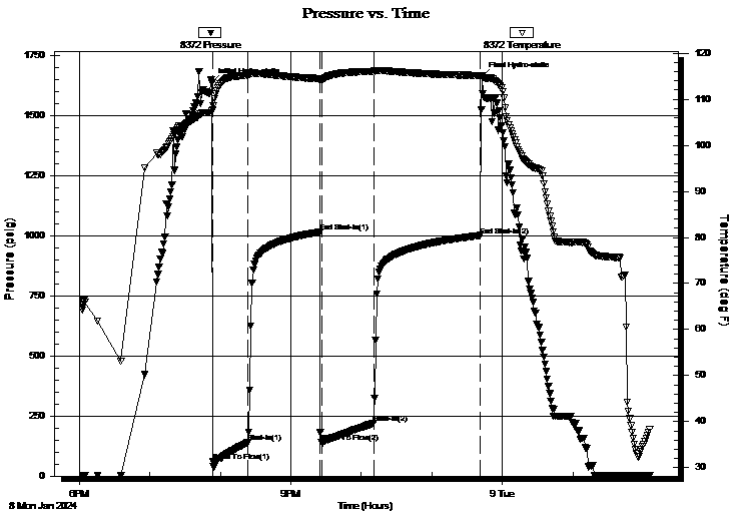
GENERAL INFORMATION:

Formation: **LeCompton**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened: 19:53:32 Tester: Leal Cason
Time Test Ended: 02:05:02 Unit No: 72
Interval: 3346.00 ft (KB) To 3362.00 ft (KB) (TVD) Reference Elevations: 1595.00 ft (KB)
Total Depth: 3362.00 ft (KB) (TVD) 1582.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 13.00 ft

Serial #: 8372 Inside
Press@RunDepth: 219.89 psig @ 3352.00 ft (KB) Capacity: psig
Start Date: 2024.01.08 End Date: 2024.01.09 Last Calib.: 2024.01.09
Start Time: 18:03:01 End Time: 02:05:02 Time On Btm: 2024.01.08 @ 19:53:02
Time Off Btm: 2024.01.08 @ 23:42:17

TEST COMMENT: IF: Strong Blow , BOB in 2 minutes, Built to 247"
IS: 5" Blow Back
FF: Strong Blow , BOB in 3 minutes, Built to 184.33"
FS: 5" Blow Back, Died Off to .75"

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1636.88	107.51	Initial Hydro-static
1	59.85	107.84	Open To Flow (1)
31	139.54	115.31	Shut-In(1)
92	1015.09	114.44	End Shut-In(1)
94	139.42	114.14	Open To Flow (2)
138	219.89	116.10	Shut-In(2)
228	1001.72	115.17	End Shut-In(2)
230	1663.65	114.98	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	2594' GIP	0.00
372.00	Water	3.27
186.00	GWMCO 10%G 10%M 14%W 66%O	2.61
30.00	GMCO 20%G 20%M 60%O	0.42

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lynn Packard
8113 NW River Rd
Medicine Lodge, KS 67104
ATTN: Aaron Young

22-31S-13W Barber
Packard Jayne 5
Job Ticket: 71352 **DST#: 1**
Test Start: 2024.01.08 @ 18:03:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	84000 ppm
Viscosity: 52.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	2594' GIP	0.000
372.00	Water	3.269
186.00	GWMCO 10%G 10%M 14%W 66%O	2.609
30.00	GMCO 20%G 20%M 60%O	0.421

Total Length: 588.00 ft Total Volume: 6.299 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: RW w as .19 @ 34 degrees

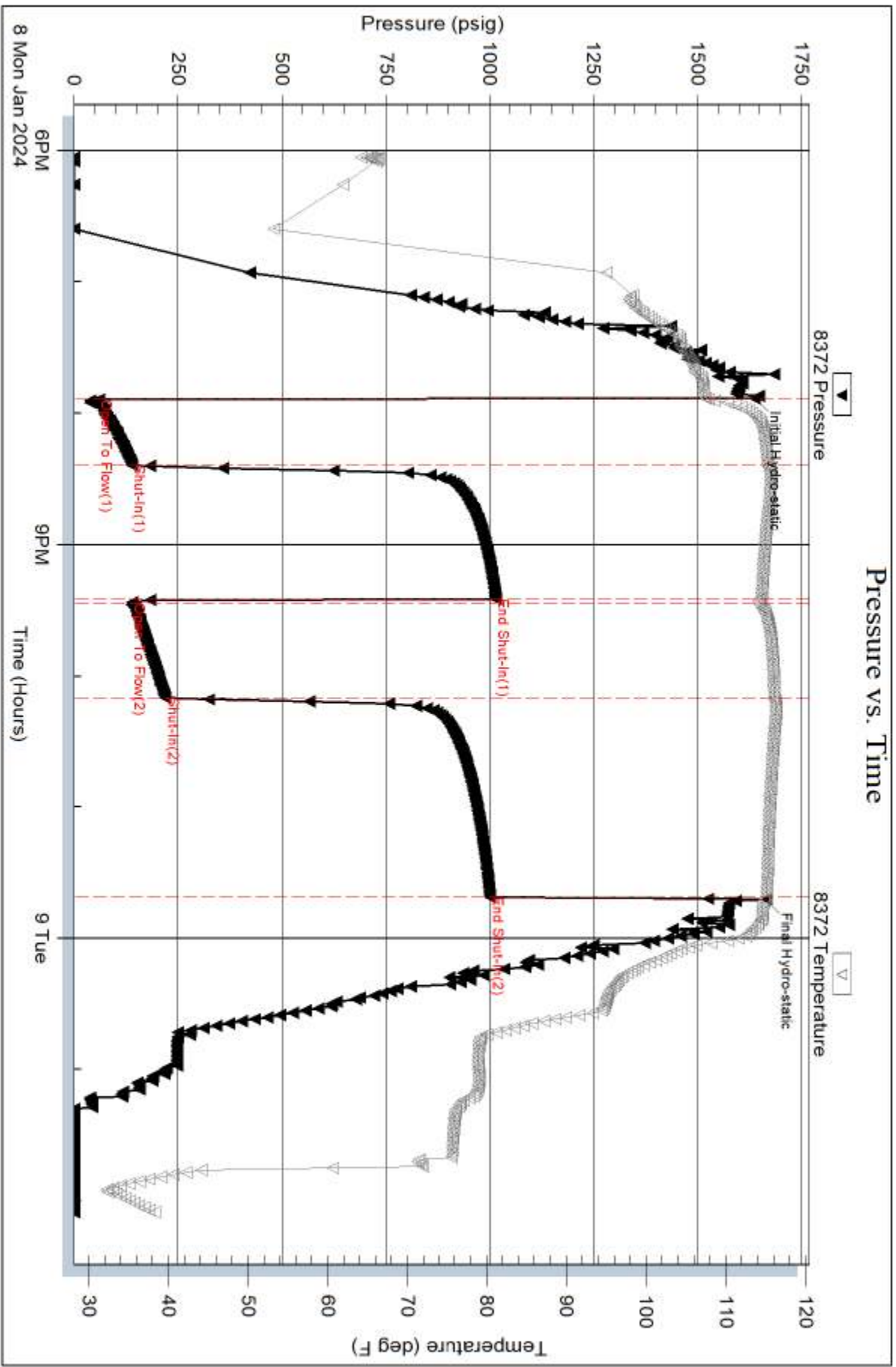
Serial #: 8372

Inside

Lynn Packard

Packard Jayne 5

DST Test Number: 1

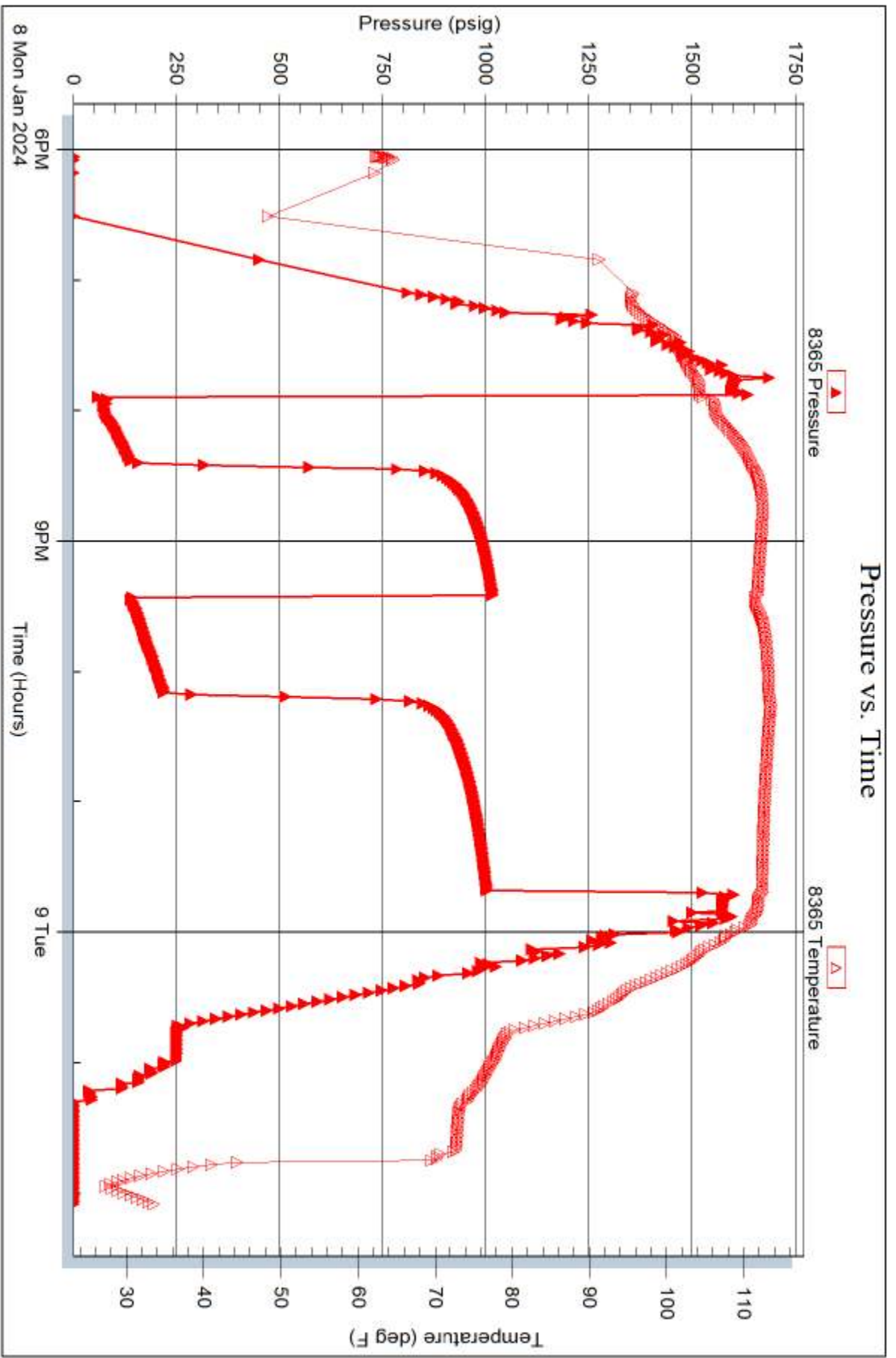


Serial #: 8365

Outside Lynn Packard

Packard Jayne 5

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 71352

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