

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) (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	F. G. Holl Company L.L.C.
Well Name	KUFELD 1-19
Doc ID	1788025

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	3163	3573			
4	3555	3640			Treat with 2500 gallon Acid & 50 gal 15% DWA.
					65 bbls fresh water
					Passed MIT on 01/02/2020
4	3562	3572			
4	3244	3560			



**H-D Oilfield Service, Inc.**

PO Box 87  
Bazine, KS 67516-0087

**Invoice**

Date	Invoice #
12/23/19	43857

248631



Phone #	785-798-7677
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Bill To

F. G. Holl Company, LLC  
709 E Santa Fe  
PO Box 308  
Ellinwood, KS 67526

DEC 23 2019 BY: 81649

ROB LONG

County	Well Name	Identifier	Rig #	Terms	New Well
BARTON	<i>W/D</i> KUFELD 1-19		5	Due on receipt	NO
Description		Quantity	Rate	Amount	
12-06-19 RIG #5 - DDPU: MIRU. TALLY IN WITH 4 7/8 BIT AND TUIBNG TO BOTTOM @ 3562'. TOH WITH BIT. SDFN		6	220.00	1,320.00T	
THREAD COMPOUND		1	20.00	20.00T	
12-09-19 RIG #5 - DDPU: DROVE TO THE LOCATION. START IN WITH PACKER, WITH 85 JOINTS IN ORDERS CHANGED. TOH WITH PACKER. RIG UP EXCEL, SET CIBP @ 3500'. RIG DOWN LOGGERS. TIH WITH PACKER AND SET @ 3061'. RIG UP BASIC, SQUEEZE OFF PERFS 3163' - 67', 3244' - 48', 3271' - 78' AND 3414' - 17' WITH 325 SACKS, PRESSURE TO 500 PSI, RELEASED PACKER, CIRCULATE CLEAN, PULLED 5 JOINTS AND RESET, PRESSURE ANNULUS TO 500 PSI, PRESSURE TO 500 PSI, SHUT WELL IN. RIG DOWN BASIC. SDFN		11	220.00	2,420.00T	
THREAD COMPOUND		1	20.00	20.00T	
WORKING HEAD		1	50.00	50.00T	
WORKING HEAD RUBBER		1	140.00	140.00T	

407-1015

Thank you for your business.

**Subtotal**

**Sales Tax (7.5%)**

**Total**

**Balance Due**

# H-D Oilfield Service, Inc.

PO Box 87  
Bazine, KS 67516-0087

# Invoice

Date	Invoice #
12/15/2019	43857

Phone #	785-798-7677
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Bill To
F. G. Holl Company, LLC 709 E Santa Fe PO Box 308 Ellinwood, KS 67526

County	Well Name	Identifier	Rig #	Terms	New Well
BARTON	KUFELD 1-19		5	Due on receipt	NO
Description		Quantity	Rate	Amount	
12-10-19 RIG #5 - DDPU: DROVE TO THE LOCATION. RELEASED AND TOH WITH PACKER. TIH WITH 4 7/8 BIT AND TUBING, TAG CEMENT @ 3085', SHUT WELL IN. SDFN		5.5	220.00	1,210.00T	
THREAD COMPOUND		1	20.00	20.00T	
12-11-19 RIG #5 - DDPU: DROVE TO THE LOCATION. RIG UP PUMP AND SWIVEL, (AA FISHING TOOL RENTAL) START DRILLING @ 3085', DRILL TO 3204', CIRCULATE CLEAN, PRESSURE TO 500 PSI AND HELD, DRILL TO 3256', CIRCULATE CLEAN, PRESSURE TO 500 PSI AND HELD. DRILL DOWN TO 3296', CIRCULATE CLEAN, PRESSURE TO 500 PSI, DID NOT HOLD PRESSURE, RAN TO CIBP @ 3500', CIRCULATE CLEAN. RIG DOWN PUMP AND SWIVEL. TOH WITH BIT. SDFN		11.5	220.00	2,530.00T	
12-12-19 RIG #5 - DDPU: DROVE TO THE LOCATION. TIH WITH PACKER AND SET @ 3384', CEMENT TRUCKS UNAVAILABLE, LAND TUBING ON SLIPS AND PACKED OFF, SHUT WELL IN. CLEANED LOCATION. RDMO		5.5	220.00	1,210.00T	
THREAD COMPOUND		1	20.00	20.00T	

Thank you for your business.

Accounts over 30 days old, at the discretion of H-D Oilfield Service, Inc., may be charged 1.5% Interest per month.

<b>Subtotal</b>	\$8,960.00
<b>Sales Tax (7.5%)</b>	\$672.00
<b>Total</b>	\$9,632.00
<b>Balance Due</b>	\$9,632.00

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Andrew J. French, Chairperson  
Dwight D. Keen, Commissioner  
Annie Kuether, Commissioner

Laura Kelly, Governor

July 25, 2024

Franklin R. Greenbaum  
F. G. Holl Company L.L.C.  
9431 E CENTRAL STE 100  
WICHITA, KS 67206-2563

Re: ACO-1  
API 15-009-26023-00-04  
KUFELD 1-19  
SW/4 Sec.19-19S-14W  
Barton County, Kansas

Dear Franklin R. Greenbaum:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/06/2019 and the ACO-1 was received on July 24, 2024 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department