

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)*

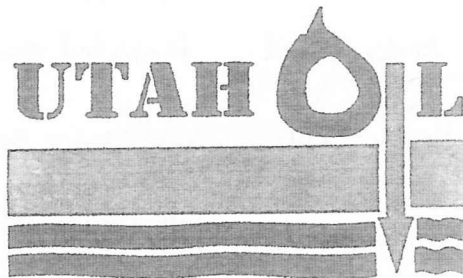
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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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START DATE:	7-1-22				
FINISH DATE:	7-8-22				
LEASE:	Brooks				
LEASE OPERATOR:	Grashong oil LLC				
WELL:	2G-1				
API:	15-059-27318				
SEC:	23	TWP:	15S	RNG:	20E
COUNTY:	Franklin				
DRILLERS NAME:	Mitchell				
RIG #:					



2394 UTAH ROAD
RANTOUL, KS 66079

SURFACE:	SIZE BIT	9 7/8"	LENGTH	20'	SIZE	7"	CEMENT	6 sacks
DRILL BIT SIZE	5 7/8"	LENGTH	870'	SIZE	2 3/8" ground	BAFFLE	N/A	
TD	882'	CORED						

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Soil & clay	8	0	8	lime	7	706	713
Sandstone	8	8	16	shale	17	713	730
shale	155	16	171	lime	9	730	739
lime	5	171	176	shale	12	739	751
shale	4	176	180	lime	5	751	756
lime	10	180	190	shale	14	756	770
shale	14	190	204	lime	4	770	774
lime	9	204	213	shale	16	774	790
shale	6	213	219	lime	1	790	791
lime	29	219	248	silty shale	8	791	799
shale	5	248	253	Broken sand	5	799	804
lime	19	253	272	silty shale	5	804	809
shale	3	272	275	Broken sand	9	809	818
lime	2	275	277	Broken sand	11	818	829
shale	77	277	354	Broken sand	3	829	832
lime	18	354	372	silty shale	3	832	835
shale	8	372	380	Broken sand	8	835	843
lime	6	380	386	silty shale	17	843	860
shale	44	386	432	Broken sand	1	860	861
lime	8	432	440	shale	21	861	882 TD
shale	28	440	468				
lime	21	468	489				
shale	10	489	499				
lime	18	499	517				
shale	4	517	521				
lime	4	521	525				
shale	3	525	528				
lime	6	528	534				
shale	5	534	539				
lime - Base of Kansas City	3	539	542				
shale	164	542	706				



WELL TREATMENT REPORT

Customer: Groshong Oil, LLC	Well: Broers-Zg 1	Ticket: EP5214
City, State: Wellsville, KS	County: FR, KS	Date: 7/8/2022
Field Rep: Zach Groshong	S-T-R: 23-15-20	Service: Longstring

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	5 7/8 in	Blend:	Econobond	Blend:	
Hole Depth:	882 ft	Weight:	13.52 ppg	Weight:	ppg
Casing Size:	2 7/8 in	Water / Sx:	7.12 gal / sk	Water / Sx:	gal / sk
Casing Depth:	870 ft	Yield:	1.56 ft ³ / sk	Yield:	ft ³ / 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:	5.04 bbls	Total Slurry:	bbls	Total Slurry:	0.0 bbls
		Total Sacks:	0 sks	Total Sacks:	0 sks

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
7:00 PM			-	-	pickup on location
8:15 PM					cement crew on location, held safety meeting
					waited for rig to run casing and move off well (had to wash down the last 4 joints)
10:15 PM	4.0				established circulation
	4.0				mixed and pumped 200# Bentonite Gel followed by 4 bbls fresh water
	4.0				mixed and pumped 101 sks Econobond cement, cement to surface
	4.0				flushed pump clean
	1.0				pumped 2 7/8" rubber plug to casing TD with 5.04 bbls fresh water
	1.0				pressured to 800 PSI, well held pressure
					released pressure to set float valve
	4.0				washed up equipment
11:00 PM					left location
					Groshong Oil, LLC
					4824 Tennessee Rd
					Wellsville, KS 66092
					Zach Groshong
					913-238-1622

CREW		UNIT	SUMMARY		
Cementer:	Casey Kennedy	931	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick Beets	238	3.1 bpm	- psi	- bbls
Bulk:	Trevor Glasgow	247			
H2O:	Doug Gipson	124			