

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](mailto: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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*Jim*

Customer	Bull Oil Co. LLC	Lease & Well #	Bull #2	Date	6/29/2022
Service District	Bartlesville Ok	County & State	CQ. Ks	Legals S/T/R	23 34S 10E
Job Type	Long String	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			Ticket #

Equipment #	Driver	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
86	John	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
231	Bobby	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
211	Kevin M	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
138	John E	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
M015	Light Equipment Mileage	mi	60.00	\$114.00
M010	Heavy Equipment Mileage	mi	60.00	\$228.00
M020	Ton Mileage	tn	366.00	\$521.55
C010	Cement Pump Service	ea	1.00	\$712.50
C050	Cement Plug Container	job	1.00	\$237.50
CP010	Class A Cement	sack	130.00	\$2,346.50
CP105	Gypsum	lb	240.00	\$228.00
CP125	Pheno Seal	lb	80.00	\$133.00
CP095	Bentonite Gel	lb	650.00	\$247.00
CP140	Granulated Salt	lb	850.00	\$403.75
CP110	Kol Seal	lb	650.00	\$463.13
AF080	Fresh Water	gal	5,460.00	\$134.86
FE115	4 1/2" Rubber Plug	ea	1.00	\$71.25
T030	Transport - 130 bbl	hr	6.00	\$810.00


Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Based on this job, how likely is it you would recommend HSI to a colleague?

1  2  3  4  5  6  7  8  9  10 *Extremely Likely*

Total Taxable	\$ -	Tax Rate:		Net:	\$6,651.04
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:	\$ -
HSI Representative: <i>John Wade</i>				Total:	\$ 6,651.04

**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 1/2% 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



Tim

### CEMENT TREATMENT REPORT

Customer: <b>Bull Oil Co. LLC</b>	Well: <b>Bull #2</b>	Ticket: <b>EP 5105</b>
City, State:	County: <b>CQ. Ks</b>	Date: <b>6/29/2022</b>
Field Rep:	S-T-R: <b>23 34S 10E</b>	Service: <b>Long String</b>

Downhole Information	
Hole Size:	<b>6 3/4 in</b>
Hole Depth:	<b>1384 ft</b>
Casing Size:	<b>4 1/2 in</b>
Casing Depth:	<b>1266 ft</b>
Tubing / Liner:	<b>in</b>
Depth:	<b>ft</b>
Tool / Packer:	
Tool Depth:	<b>ft</b>
Displacement:	<b>20.1 bbls</b>

1384'

Calculated Slurry - Lead	
Blend:	<b>Class A</b>
Weight:	<b>14.1 ppg</b>
Water / Sx:	<b>8.2 gal / sx</b>
Yield:	<b>1.71 ft<sup>3</sup> / sx</b>
Annular Bbls / Ft.:	<b>bbls / ft.</b>
Depth:	<b>ft</b>
Annular Volume:	<b>0.0 bbls</b>
Excess:	
Total Slurry:	<b>39.5 bbls</b>
Total Sacks:	<b>130 sx</b>

Calculated Slurry - Tail	
Blend:	
Weight:	<b>ppg</b>
Water / Sx:	<b>gal / sx</b>
Yield:	<b>ft<sup>3</sup> / sx</b>
Annular Bbls / Ft.:	<b>bbls / ft.</b>
Depth:	<b>ft</b>
Annular Volume:	<b>0 bbls</b>
Excess:	
Total Slurry:	<b>0.0 bbls</b>
Total Sacks:	<b>0 sx</b>

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
			-	-	Class A 4% gel, 5# Kolseal, 10% salt, 2% owc, .4# pheno 14.1ppg 1.71y 8.23w
12:00 PM					On Location
12:15 PM					JSA and rig up
12:20 PM	3.0		36.0	36.0	Establish circulation with gel sweep
12:30 PM	3.0		39.5	75.5	Ran cement
12:48 PM			5.0	80.5	Wash pump and lines
12:50 PM	2.0	1,200.0	20.1		Displace did not get cement back. Was just starting to turn Float shoe held Wash up and rig down

CREW			SUMMARY		
Cementer:	<b>John</b>	<b>86</b>	Average Rate	Average Pressure	Total Fluid
Pump Operator:	<b>Bobby</b>	<b>231</b>	<b>2.7 bpm</b>	<b>1,200 psi</b>	<b>101 bbls</b>
Bulk #1:	<b>Kevin M</b>	<b>211</b>			
Bulk #2:	<b>John E</b>	<b>138</b>			

Air Drilling Specialist  
Oil & Gas Wells

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

33606  
PO Box 449  
Caney, KS 67333

Date Started	6/22/2022
Date Completed	6/27/2022

Operator	A.P.I #	County	State
Bull Oil	15-019-27722-00-00	Chautauqua	Kansas

Well No.	Lease	Section	Township	Range
Bull # 2	Bird	23	34	10

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Oil	Billy Thornton	12	43' 8 5/8	1384	6 3/4

0-4	DIRT	1060-1080	SAND		
4-8	CLAY	1080-1123	SHALE		
8-19	SAND	1123-1131	LIME		
19-32	SANDY SHALE	1131-1148	SHALE		
32-38	LIME	1148-1165	SANDY SHALE		
38-44	SANDY SHALE	1165-1172	SAND		
44-67	LIME	1172-1184	SAND/GOOD ODOR & SHOW		
67-88	SANDY SHALE	1184-1200	SAND		
88-117	LIME	1200-1230	SANDY SHALE		
117-128	BLACK SHALE	1230-1314	SHALE		
128-138	RED SHALE	1314-1316	LIME		
138-200	SHALE	1316-1320	BLACK SHALE		
200-231	RED SHALE	1320-1339	LIME		
231-340	SHALE	1339-1384	GREEN SHALE		
340-360	SAND	1384	TD		
360-490	SANDY SHALE				
490-500	SAND				
500-699	SHALE				
699-700	LIME				
700-710	SANDY SHALE				
710-744	SAND/PICKED UP WATER				
744-746	LMY SAND				
746-762	SAND				
762-845	SAND & SHALE				
845-850	LIME				
850-948	SHALE				
948-996	SAND/LIGHT ODOR				
996-1003	SANDY SHALE				
1003-1010	SAND				
1010-1060	SANDY SHALE				