

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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COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Page: 1

INVOICE NUMBER:
C48458-IN

BILL TO:
HIGHRIDGE CONSULTING
1805 WEST MAIN - BOX J
PRAGUE, OK 74864

LEASE: KGS 76

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/17/2024	48458		09/13/2024	KGS 76	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
SEPTEMBER 12, 2024:						
164.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	984.00
82.00	MI	BULK MILEAGE		0.00	6.00	492.00
3.00	HR	PUMP TRUCK WAITING TIME		0.00	100.00	300.00
SEPTEMBER 13, 2024:						
164.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	984.00
1.00	EA	CEMENT PUMP CHARGE		0.00	700.00	700.00
200.00	SK	COMMON CEMENT		0.00	17.50	3,500.00
200.00	EA	BULK CHARGE		0.00	1.25	250.00
770.80	MI	BULK TRUCK - TON MILES		0.00	1.10	847.88
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB		Net Invoice:		8,057.88
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		FORCO Sales Tax:		604.34
RECEIVED BY		NET 30 DAYS		Invoice Total:		8,662.22

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER N^o C 48458

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 9/13 20 24

IS AUTHORIZED BY: HIGHRISE CONSULTING (JOHN COOPER)
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease KGS Well No. 76 Customer Order No. _____

Sec. Twp. Range _____ County FORD COUNTY State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By _____

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	CEMENT PUMP CHARGE	700.00	700.00 ✓
	200	SACKS Common CEMENT	17.50	3500.00 ✓
	104	MILEAGE FUEL CHARGE PUMP TRUCK	6.00	984.00 ✓
	164	Mileage fuel 9/12/24	6.00	984.00 ✓
	82	Bulk Miles 9/12/24	6.00	492.00 ✓
	3 hrs	Waiting Pump Truck Time	\$100	300.00 ✓
	200 sq	Bulk Charge @ 1.25		250.00 ✓
	82 miles	Bulk Truck Miles @ 1.10		847.88 ✓
		Process License Fee on _____ Gallons		
		TOTAL BILLING		8057.88

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative John Derrick

Station Burtonville

Well Owner, Operator or Agent

Remarks PUMP 200sq Common CEMENT TO FILL SURFACE PIPE THRU 1" POLY
NET 30 DAYS

TREATMENT REPORT

Acid Stage No.

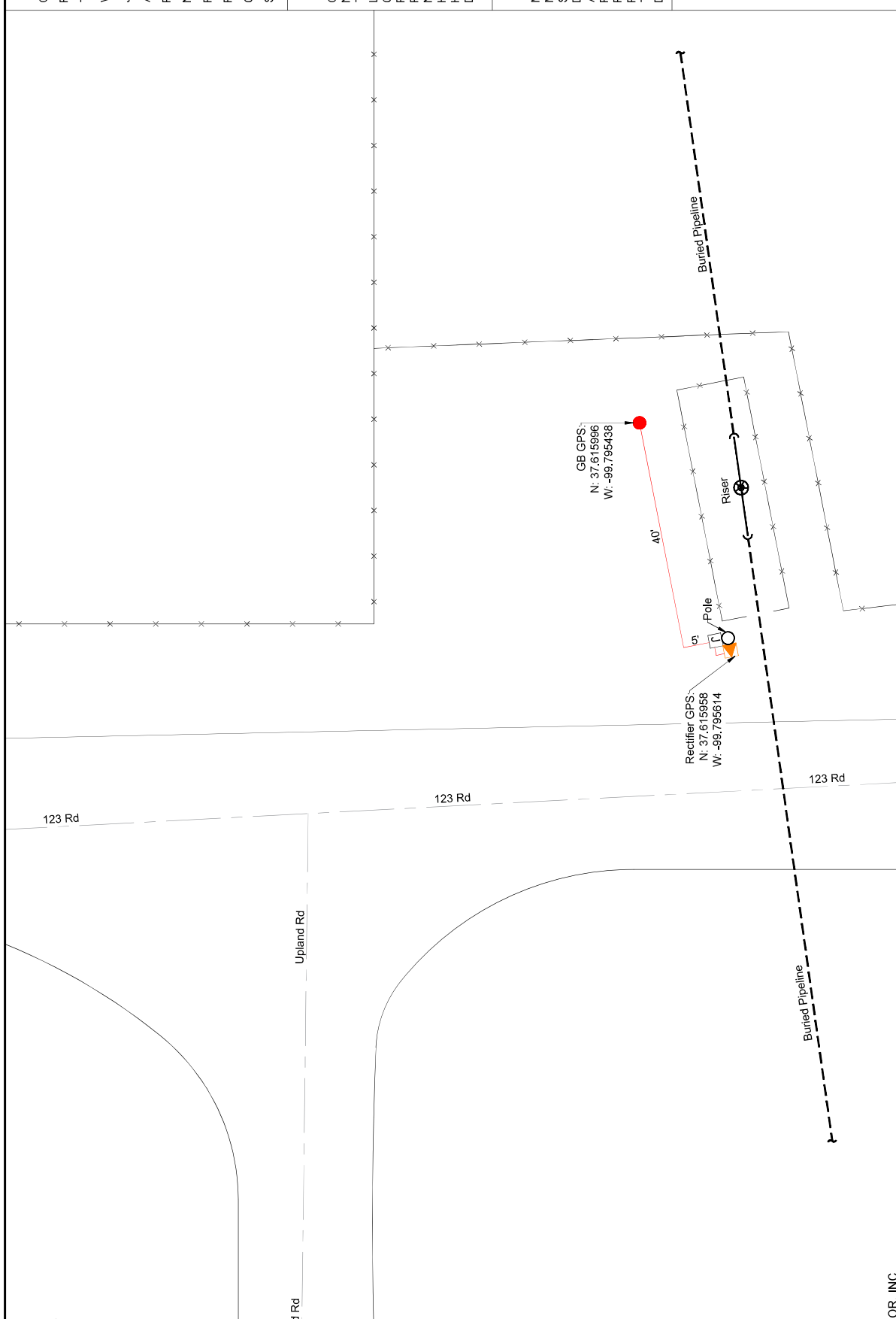
Date 9/13/2024 District..... F. O. No.....
 Company HIGHRIDGE CONSULTING (JOHN COOPER)
 Well Name & No. KCS-70
 Location..... Field.....
 County FORD COUNTY State KS
 Casing: Size..... Type & Wt..... Set at..... ft.
 Formation..... Perf. to.....
 Formation..... Perf. to.....
 Formation..... Perf. to.....
 Liner: Size..... Type & Wt..... Top at..... ft. Bottom at..... ft.
 Cemented: Yes/No. Perforated from..... ft. to..... ft.
 Tubing: Size & Wt..... Spung at..... ft.
 Perforated from..... ft. to..... ft.
 Screen Hole Size..... T. D. ft. P. D. to..... ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown..... Bbl./Gal.....
 Bbl./Gal.....
 Bbl./Gal.....
 Bbl./Gal.....
 Flush Bbl./Gal.....
 Treated from..... ft. to..... ft. No. ft.....
 from..... ft. to..... ft. No. ft.....
 from..... ft. to..... ft. No. ft.....
 Actual Volume of Oil/Water to Load Hole: Bbl./Gal.....
 Pump Trucks. No. Used: Std. 2003 Sp. Twin.....
 Auxiliary Equipment PAVEMENT #322
 Packer:..... Set at..... ft.
 Auxiliary Tools.....
 Plugging or Sealing Materials: Type 200SX COMMON CEMENT
 Gal. lb.....

Company Representative..... Treater W. HALL DEKICK

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
3:47				AOL JSA. RIG UP + TIE ONTO 1" POLY DOWN SURFACE PIPE
4:08	50-100#		57 1/2 BBL	START COMMON CEMENT SLURRY UNTIL GOOD CEMENT @ SURFACE
:				FIRST 1/2 BBL 1 BPM @ 2 #
:				LAST 57 BBL 1 BPM @ 50-100 #
:				1 SIP - 20
6:24				WASH UP, TEAR DOWN, L.L.
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THANKS



- LEGEND:**
- Groundbed
 - Rectifier
 - TEG Unit
 - Wellhead
 - J-BOX
 - Anode Lead
 - Positive (+) Cable
 - Negative (-) Cable
 - Fence
 - Riser
 - Control Box
 - Solar Skid

GROUND BED INFORMATION:

Groundbed Type: Deep Well
 No. of Anodes: 15
 Type: MMO Anode
 Lead Wire: #6 Kyniar
 Coke Type: SC-3
 Pounds Installed: -
 Positive: #2 Red
 Negative: #2
 Hole Diameter: 10"
 Hole Depth: 350'
 Date Installed: 09/14/2024

RECTIFIER INFORMATION:

Manuf'r: Cathodic Protection
 Model No.: ACP
 Serial: 168804024
 DC Rating: 50V/50A
 AC Input: -
 Phase: I
 PSP 'off': -
 PSP 'on': -
 Tap setting: -
 Date Installed: 09/16/2024

LOCATION:

KGS-76,
 123 Rd,
 Upland Rd,
 Ford,
 Ford Co.,
 Kansas

JOB#: 2240560-10197

CATHODIC PROTECTION SYSTEM FOR ONEOK;

DRAWN BY:	MRP	KGS-76, 123 RD, UPLAND RD, FORD, FORD CO., KANSAS
APPROVED BY:	JO	1700 E. Seaward Road Guthrie, Oklahoma 73044
CREATION DATE (09/17/24)	DWG NO.	P-10197-PL-CP60
SCALE:	NTS	



REVISIONS

NO.	DATE	BY	CHK	APP
0	09/17/24	MRP	CR	JO
AS BUILT				
DESCRIPTION				

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NOTES:
 1. ALL GROUND BEDS MUST HAVE GPS
 2. NOT DRAWN TO SCALE - SOME CABLE LENGTHS HAVE BEEN ADJUSTED TO FIT THIS PAGE.