

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)</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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GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY CASTLE RESOURCES INC.

LEASE KENNEDY #1

FIELD _____

LOCATION T160FSL 925FWL

SEC 32 TWP 8S RGE 27W

COUNTY SHERIDAN STATE KS.

CONTRACTOR WHITE KNIGHT DRLG.

SPUD 5-30-24 COMP 6-6-24

RTD 3990 LTD 3990

MUD UP 3300' TYPE MUD CHEM.

SAMPLES SAVED FROM 3300' TO TD.

DRILLING TIME KEPT FROM 3300' TO TD.

SAMPLES EXAMINED FROM 3300' TO TD.

GEOLOGICAL SUPERVISION FROM 3300' TO TD.

GEOLOGIST ON WELL 3300'

FORMATION TOPS LOG SAMPLES

ANHY. 2198-2281 3692202-36 365

HIEBNER 3672-1105 3670-1103

TORONTO 3693-1126 3692-1125

LKC 3709-1142 3706-1139

BKC. 3936-1369 3932-1365

RTD. 3990-1423 3990-1423

ELEVATIONS

KB 2567

DF

GL 2562

Measurements Are All From

CASING

SURFACE @ 207

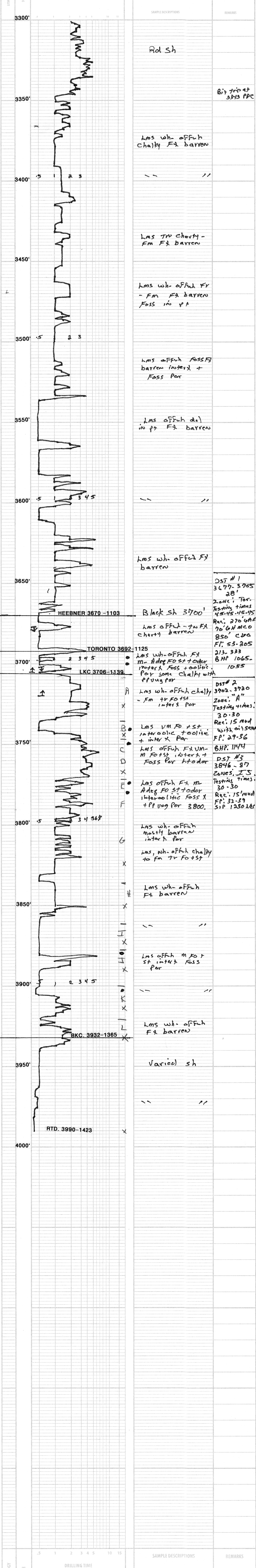
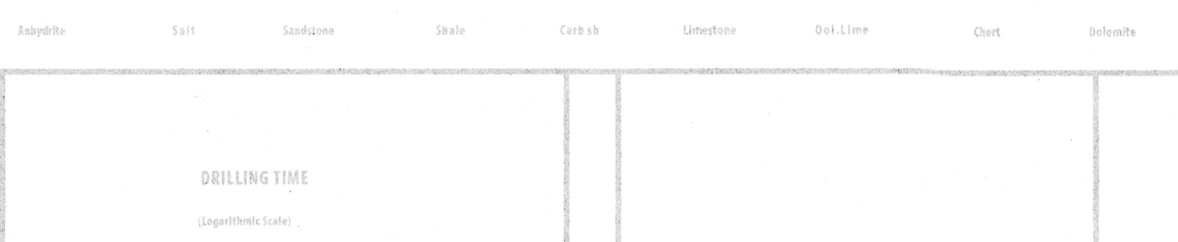
PRODUCTION

ELECTRICAL SURVEYS

STACK/MICRO

REMARKS

LEGEND



CONTRACTOR _____ LOCATION _____
 LEASE _____ IP _____ SEC _____ TWP _____ RNG _____
 ELEVATION _____ RTD _____ COUNTY _____ STATE _____

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1232
 LOCATION Horrie
 FOREMAN Pester

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-15-24		Suomenen + 1	29	3	24	Dorton
CUSTOMER <u>Cattle Resources</u>						
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

TRUCK #	DRIVER	TRUCK #	DRIVER
103	John T		
201	Chris K		
203	Garrett D		

JOB TYPE long string HOLE SIZE 7 7/8" HOLE DEPTH 3715' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 3714' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 11.7" 14.8" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 67.3 Bbls DISPLACEMENT PSI 1400" MIX PSI Level 2200" RATE 12 bpm

REMARKS: Safety meeting. Rig up on White Knight. Run casing. Circulate to condition hole. Plug setback w/ 30 sacks. Mix 300 sacks of 10/40 8% gel 1/4" floccul. Pump 80 Bbls of drilling fluid. Mix 175 sacks 10/40 2% gel 10% salt. 1/4" floccul. 5" gelsite wash up lines. Displace w/ H2O. Level plug w/ 2200"-held Release held

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
FR001	1	PUMP CHARGE	\$2500.00	\$2500.00
MO01	48	MILEAGE	\$6.50	\$312.00
MO02	23 94 tons	Ten mileage delivery	\$1723.68	\$1723.68
CR021	330 sacks	10/40 8% gel 1/4" floccul	\$17.95	\$5,923.50
CR012	175 sacks	10/40 2% gel	\$15.60	\$2,730.00
CR007	875"	gelsite	\$0.50	\$437.50
CR006	44"	floccul	\$3.00	\$132.00
CR005	875"	salt	\$0.50	\$437.50
FE017	5	4 1/2" turbo licer	\$88.00	\$440.00
FE021	3	4 1/2" basket	\$300.00	\$900.00
FE101	3	4 1/2" limit clasp	\$35.00	\$105.00
FE036	1	4 1/2" AFU guide shoe	\$550.00	\$550.00
FE048	1	4 1/2" latch down plug case	\$600.00	\$600.00
			sub total	\$16,791.18
			less 5% disc	\$839.55
			sub total	\$15,951.63
			SALES TAX	844.10
			ESTIMATED TOTAL	16,795.73

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

