

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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P. O. Box 466  
 Ness City, KS 67560  
 Off: 785-798-2300



# Invoice

DATE	INVOICE #
11/1/2022	35619

BILL TO
Citation Oil & Gas 1016 Hwy 40 Bypass Hays, KS 67601

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#6-06	Barry LKC U...	Rooks	Express Well	Oil	Workover	Liner	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				30	Miles	7.00	210.00T
578W-D	Pump Charge - Deep Squeeze (> 1500 Ft.)				1	Job	1,600.00	1,600.00T
290	D-Air				3	Gallon(s)	42.00	126.00T
410-4	4 1/2" Top Plug				1	Each	75.00	75.00T
418-4	4 1/2" Weld-On Flush Joint Float Shoe				1	Each	300.00	300.00T
330	Swift Multi-Density Standard (MIDCON II)				250	Sacks	19.50	4,875.00T
581W	Service Charge Cement				250	Sacks	2.00	500.00T
583D	Drayage				622	Ton Miles	1.00	622.00
	Subtotal							8,308.00
	Sales Tax Rooks County						7.00%	538.02
<b>We Appreciate Your Business!</b>							<b>Total</b>	\$8,846.02



**Services, Inc.**

CHARGE TO: *Division Bill of Gas*  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET **35619**

LEASE *Bonylke unit*  
 COUNTY/PARISH *ooks*  
 RIG NAME/NO.

PAGE **1** OF **1**

SERVICE LOCATIONS  
 1. *Hays 115*  
 2. *Ness City 65*  
 3.  
 4. REFERRAL LOCATION

WELL/PROJECT NO. *6-06*  
 TICKET TYPE  
 SERVICE  
 SALES  
 CONTRACTOR *Express*  
 WELL TYPE *oil*  
 WELL CATEGORY *workover*  
 JOB PURPOSE *liner*

STATE *KS* CITY  
 DELIVERED TO  
 DATE *11-1-22* OWNER  
 ORDER NO.  
 WELL PERMIT NO.  
 WELL LOCATION

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY. U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M		
<i>575</i>					MILEAGE <i>Tire 110</i>	<i>30</i>	<i>mi</i>	<i>7.50</i>	<i>210.00</i>
<i>578</i>					<i>Pump Charge</i>	<i>1</i>	<i>ea</i>	<i>1600.00</i>	<i>1600.00</i>
<i>290</i>					<i>S-Air</i>	<i>3</i>	<i>Gas</i>	<i>42.00</i>	<i>126.00</i>
<i>418</i>					<i>Top Aug - 1/2</i>	<i>1</i>	<i>ea</i>	<i>75.00</i>	<i>75.00</i>
					<i>Weld-on Flush To Floor shoe</i>	<i>1</i>	<i>ea</i>	<i>300.00</i>	<i>300.00</i>
<i>330</i>					<i>Swift Maki Density</i>			<i>19.50</i>	<i>4875.00</i>
<i>581</i>					<i>Service Charge Cement</i>	<i>250</i>	<i>5x</i>	<i>2.00</i>	<i>500.00</i>
<i>583</i>					<i>Drayage</i>	<i>1</i>	<i>227m</i>	<i>1.00</i>	<i>622.00</i>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.  
 X  
 DATE SIGNED TIME SIGNED  
 A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY  
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  
 WE UNDERSTOOD AND MET YOUR NEEDS?  
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?  
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  
 ARE YOU SATISFIED WITH OUR SERVICE?  
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL **8308.00**  
 TOTAL **8846.02**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR *David Edgerton* APPROVAL  
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-1-22 PAGE NO.

CUSTOMER Citation WELL NO. 6-06 LEASE Barry LKE unit JOB TYPE Liner TICKET NO. 35619

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	830							On location
								Liner - 4 1/2 inside 5 1/2 Shoe @ 2981
		3.5				1400		load csg & TAKE injection rate
		3.5	0			1400		START CEMENT - 180 sx @ 11.2 <sup>min</sup>
		3.5	99			800		Raise wgt to 14 ppg for 20 sx
		3.5	105			800		END CMT
		3.5	0			800		Drop plug - WASH Pt L
		3.5	47			1800		START DISP land plug @ 2000 psi DID NOT CIRC Release psi - Dry wait on WTR
	1.5		19			700		pump 50sx @ 12.5 ppg Down Ann.
						0		Shut in Ann was DEAD
								JOB COMPLETE
								THANKS DAVID, SETH & Brent