

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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# McGOWN DRILLING, INC.

Mound City, KS  
620.224.7406

<b>Well #</b>				<b>Casing</b>			
Page #I-19				Surface		Longstring	
S&K Oil Production, Inc.				Size:	7.000 "	Size:	2 7/8 "
API #:	011-24737	S-T-R:	18-25S-22E	Tally:	22 '	Tally:	733.85 '
County:	Bourbon Co., KS	Date:	10/10/2022	Cement:	5 sx	Bit:	5.875 "
				Bit:	9.875 "	Date:	10/11/2022

Top	Base	Formation		Top	Base	Formation	
0	2	Soil & rock		667	680	Shale	
2	6	Clay & rock		680	696	Sand	Good show
6	12	Lime		696		Sandy shale	No show
12	16	Shale		<i>Longstring cemented by S&amp;K Oil Production w/ 86 Sxs.</i>			
16	48	Lime					
48	50	Black Shale					
50	54	Lime					
54	61	Shale					
61	86	Lime					
86	100	Shale					
100	103	Lime					
103	134	Shale					
134	139	Lime					
139	247	Shale		<i>Top 680 Bottom 696</i>			
247	256	Lime					
256	274	Shale					
274	276	RedBed					
276	306	Shale					
306	315	Sand	Dry				
315	346	Sandy Shale					
346	365	Lime					
365	390	Shale					
390	391	Lime					
391	396	Shale		<b>Sand / Core Detail</b>			
396	398	Lime		<b>Core #1:</b>		<b>Core #2:</b>	
398	409	Shale		447	452	Laminated sand, good odor, good bleed	
409	425	Lime		452	454	Laminated sand, good odor, less bleed	
425	430	Shale					
430	435	Lime					
435	447	Sandy Shale		680	682	Good sand, good odor, fair bleed	
447	454	Sand	See below	682	686	Good odor, good bleed	
454	549	Shale		686	690	Sand w/sandy shale, good odor but no bleed	
549	550	Lime		690	692	Good odor, heavy bleed	
550	618	Shale		692	694	Sandy shale, slight odor	
618	652	Sandy Shale		694	696	Laminated sand, good odor, fair bleed	
652	663	Sand	w/Sandy shale, good odor				
663	667	Sandy Shale					
<b>Total Depth:</b>				<b>738</b>			



Coleman Hardware LLC.  
 505 Main Street  
 Mound City KS 66056  
 913-795-2895  
 Fax: 913-795-2026

**CUSTOMER COPY**



**INVOICE**

2211-047716 PAGE 1 OF 1

SOLD TO	JOB ADDRESS
S & K OIL C/O STEVE JACKSON 1903 FARRIS ROAD BLUE MOUND KS 66010	S & K OIL C/O STEVE JACKSON 1903 FARRIS ROAD BLUE MOUND KS 66010

ACCOUNT	JOB
20006	0
SOLD ON	11/4/2022 9:48:29 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	OIL
STATION	C03
CASHIER	SS
SALESPERSON	
ORDER ENTRY	

Thank you for your business!

Quantity	UM	Item	Description	D	T	Price	Per	Amount
18	EA	SOP05454-000	2000 LB. BAGS OF PORTLAND CEMENT		Y	337.9900	EA	6,083.82
18	EA	SOP05454-001	PALLET CHARGE PER PALLET		Y	25.0000	EA	450.00
18	EA	SOP05454-002	WRAPPING CHARGE PER PALLET		Y	5.0000	EA	90.00
1	DP	FRT	Freight		N	91.0000	DP	91.00
-86	EA	SOP05454-001	PALLET CHARGE PER PALLET Return Reason: DNN		Y	20.0000	EA	-1,720.00

Payment Method(s) Buyer: STEVE

Charge to Acct 5,411.64

KST 8.50%	SubTotal	4,994.82
	Sales Tax	416.82
	Deposit	
<b>Please Pay This Amount</b>		<b>5,411.64</b>

Signature STEVE