

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

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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McGOWAN

DRILLING, INC.

Mound City, KS
620.224.7406

Well #				Casing			
Page #I-37				Surface		Longstring	
S&K Oil Production, Inc.				Size:	7.000 "	Size:	2 7/8 "
API #:	011-24738	S-T-R:	18-25S-22E	Tally:	21.35 '	Tally:	683.15 '
County:	Bourbon Co., KS	Date:	9/20/2022	Cement:	5 sx	Bit:	5.875 "
				Bit:	9.875 "	Date:	9/21/2022

Top	Base	Formation	Top	Base	Formation
0	2	Soil & rock			
2	13	Lime			
13	29	Shale			
29	47	Lime			
47	52	Shale			
52	53	Lime			
53	106	Shale			
106	110	Lime			
110	213	Shale			
213	223	Lime			
223	252	Shale			
252	258	Sandy Shale			
258	310	Shale			
310	331	Lime			
331	373	Shale			
373	388	Lime			
388	398	Shale			
398	402	Lime			
402	412	Shale			
412	427	Sand			
427	514	Shale			
514	515	Lime			
515	547	Shale			
547	650	Sandy Shale			
650	666	Sand			
666	668	Sandy Shale			
668		Sandy Shale			
				Sand / Core Detail	
				Core #1:	Core #2:
			412	416	Good odor, no visible bleed
			416	419	Good odor, good bleed to pit
			419	422	Heavy bleed, good odor
			422	427	Sandy shale + sand - dry, no show
			650	666	Good sand, good odor, good bleed
			666	668	Sandy shale + sand, good odor, slight bleed
			668		Sandy shale, no show
			Total Depth: 690		

Longstring cemented
by S&K Oil Production
w/ 78 SXS.

Top 650
Bottom 666



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	
Please Pay This Amount		5,411.64

Signature STEVE