

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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FRANKS Oilfield Service

◆ 416 Main St., P.O. Box 225, Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1356
 LOCATION Hoxie
 FOREMAN Jack

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-21-14	31160	Eric Littlechild #1-34	34	10	24	GH

CUSTOMER Phillips Exploration Company L.L.C.
 MAILING ADDRESS PO BOX 850
 CITY Andover STATE KS ZIP CODE 67602

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Josh		
203	JT		

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8" 23#
 CASING DEPTH 219' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12.97 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, sat up on murfin 16. Circulated mud, hooked up, mixed & displaced.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
M201	42	MILEAGE	\$6.50	\$273 ⁰⁰
M202	7.56 tons	ton mileage delivery	\$6.00 ⁰⁰	\$4536 ⁰⁰
C5014	160 cu	Chgs # 86/20 38cc 24gal	\$20.95	\$3352 ⁰⁰
			sub total	\$5,375 ⁰⁰
			less 5% disc.	\$268 ⁷⁵
			sub total	\$5106 ²⁵
			SALES TAX	238.83
			ESTIMATED TOTAL	5345.08

AUTHORIZATION [Signature] TITLE T.P. DATE 9/26

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.

FRANKS Oilfield Service

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 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1362
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-04-24	31160	Eric Littlechild 6-34	34	1A	24	Graham
CUSTOMER Phillips Exploration Company L.S.			TRUCK #		DRIVER	
MAILING ADDRESS			103		Tom W	
CITY			4-301			
STATE			TRUCK #		DRIVER	
ZIP CODE						

JOB TYPE long string HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Run float equipment & set up on Martin + J.
Hooked up need + circulate mud thru Pump 500gal mud flush followed by
20 Bbl KCL water. Mix 175 sk over displacer plug with mud + wash. Drop down
20 min pump det. Circulate 3 hrs, Plug Rlt 30 min 20 sk. Pump 500gal mud
flush. Mix 375 sk down hole. Wash up + displace plug. Release pressure
Roll up more off

Thanks Tom + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL004	1	PUMP CHARGE <u>long string</u>	\$2500 ⁰⁰	\$2500 ⁰⁰
MO01	42	MILEAGE	\$6 ⁵⁰	\$273 ⁰⁰
MO02	29.35 tons	Ton Mileage Delivery	\$1849 ⁰⁵	\$1849 ⁰⁵
CB021	425 sk	60/40 590 gal 1/4" Hose	\$17 ⁹⁵	\$7,628 ⁷⁵
CB031	175 sk	Class A 10-3/4" 5 1/2" 165	\$27 ⁰⁰	\$4725 ⁰⁰
FE019	FE023 1	5 1/2" AFU Guard shoe	\$600 ⁰⁰	\$600 ⁰⁰
FE021	FE021 1	5 1/2" latch down plug assy	\$195 ⁰⁰	\$195 ⁰⁰
FE022	FE014 12 7	5 1/2" turbohalizer	\$108 ⁰⁰	\$756 ⁰⁰
FE102	FE022 2 2	5 1/2" basket	\$385 ⁰⁰	\$770 ⁰⁰
FE102	2 2	5 1/2" stop ring	\$35 ⁰⁰	\$70 ⁰⁰
FE089	1	5 1/2" PV-tool	\$4200 ⁰⁰	\$4200 ⁰⁰
CP013	1000 gal	mud + las	\$1 ⁰⁰	\$1000 ⁰⁰
CP014	2 gal	KCL	\$30 ⁰⁰	\$60 ⁰⁰
		sub total		\$25,126 ⁸⁰
		less 5% disc.		\$1,256 ³⁴
		sub total		\$23,870 ⁴⁶
		SALES TAX		1460.96
		ESTIMATED TOTAL		25331.42

AUTHORIZATION [Signature] TITLE [Signature] DATE 10-4

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.