

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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CLEAVER FARM & HOME

Cleaver Farm & Home
2103 South Santa Fe Ave
Chanute KS 66720
620-431-6070



CUSTOMER COPY



ORDER

2409-555895

PAGE 1 OF 1

SOLD TO
Cash Sales CHANUTE KS 66720

SHIP TO
DALE JACKSON PRODUCTION JEREMIAH JACKSON 2251 160TH ST MAPLETON KS 66754 620-363-2180

ACCT NO	JOB
CASH	0
ENTRY DATE	9/20/2024 11:37:06 AM
DELIVER ON	09/25/2024
BRANCH	1000
CUSTOMER PO#	
STATION	C19
CASHIER	CEDW
SALESPERSON	
ORDER ENTRY	CEDW
MODIFIED BY	CEDW

Account due 10th of month following purchase. 1 1/2% interest per month added.

HAVE DRIVER CALL BEFORE LEAVING TO MAKE SURE OF HELP THERE TO UNLOAD ... CUSTOMER WILL UNLOAD ... THERE WILL BE PALLETS TO SEND BACK FROM PREVIOUS LOAD

Item	Description	D	Ordered	Sold	Remain	UM	Price	Per	Amount
STD	CEMENT PORTLAND TYPE 1L 94LB MONARCH	N	510		510	EA	14.9100	EA	7,604.10
PALLET	PALLET BLOCKS & QUIK-CRETE		17		17	EA	30.0000	EA	510.00
DFSC	FREIGHT SURCHARGE		24		24	TON	6.0000	EA	144.00
<p><i>pd oktt</i> <i>14 516</i> <i>\$ 8348.82</i></p>									

Payment Method(s)

Bourbon 7.90%	SubTotal	8,258.10
	Sales Tax	600.72
	Deposit	0.00
Please pay this amount		8,858.82

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

PALLETS - 510.00

\$ 8348.82

Signature _____

CLEAVER FARM & HOME

Cleaver Farm & Home
2103 South Santa Fe Ave
Chanute KS 66720
620-431-6070

CUSTOMER COPY



ORDER

2409-555902

PAGE 1 OF 1

SOLD TO
Cash Sales CHANUTE KS 66720

SHIP TO
DALE JACKSON PRODUCTION JEREMIAH JACKSON 2251 160TH ST MAPLETON KS 66754 620-363-2180

ACCT NO	JOB
CASH	0
ENTRY DATE	9/20/2024 11:40:39 AM
DELIVER ON	09/25/2024
BRANCH	1000
CUSTOMER PO#	
STATION	C19
CASHIER	CEDW
SALESPERSON	
ORDER ENTRY	CEDW
MODIFIED BY	CEDW

Account due 10th of month following purchase. 1 1/2% interest per month added.

PICK UP WHEN DELIVERING LOAD OF CEMENT

Item	Description	D	Ordered	Sold	Remain	UM	Price	Per	Amount
PALLET	PALLET BLOCKS & QUIK-CRETE		-17		-17	EA	30.0000	EA	-510.00

Payment Method(s)	SubTotal	Amount
		-510.00
Bourbon 7.90%	Sales Tax	0.00
	Deposit	0.00
Please pay this amount		-510.00

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Signature _____