

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 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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Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045



Date	Invoice #
8/30/2022	6588

Bill To	
Drake Exploration c/o Darrel Walters PO Box 782228 Wichita, KS 67278-2228	
Customer ID#	1012

Job Date	8/28/2022
Lease Information	
McBee #1A	
County	Sumner
Foreman	DG

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	1,180.00	1,180.00
C107	Pump Truck Mileage (one way)	100	5.00	500.00
C201	Thick Set Cement	125	24.25	3,031.25T
C207	KolSeal	625	0.56	350.00T
C208	Pheno Seal	250	1.55	387.50T
C108B	Ton Mileage-per mile (one way)	688	1.50	1,032.00
C661	5 1/2" AFU Float Shoe	1	364.00	364.00T
C421	5 1/2" Latch Down Plug	1	285.00	285.00T
C504	5 1/2" Centralizer	3	59.00	177.00T
C222	KCL	1.5	32.00	48.00T
D101	Discount on Services		-135.60	-135.60
D102	Discount on Materials		-232.14	-232.14T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$6,987.01
Sales Tax (7.5%)	\$330.80
Total	\$7,317.81
Payments/Credits	\$0.00
Balance Due	\$7,317.81

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



C46 Drilling
 Rig #2

Cement or Acid Field Report
 Ticket No. **6588**
 Foreman David Grubner
 Camp Furcka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-28-22	1012	McBre # 1 A	30	34 S.	2E.	Sumner	KS	
Customer Drake Exploration			Unit #		Driver		Unit #	Driver
Mailing Address P.O. Box 782228			105		Jason			
City Wichita			110		Brooker			
State KS		Zip Code 67228-2228						

Job Type Logging Hole Depth 3587' Slurry Vol. 33 Bbl Tubing _____
 Casing Depth 3597' - 10' Above Hole Size 7 7/8" Slurry Wt. 13.8" Drill Pipe _____
 Casing Size & Wt. 5 1/2" used Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 87 Bbl Displacement PSI 700 Bump Plug to 1100 PSI BPM _____

Remarks: Safety Meeting: 5 1/2" mixed used casing set @ 3597' ± 10' Above K.B. - 1' off Bottom. Circulate w/ Mud pump for 1 HR. Rig up to 5 1/2" casing. Break circulation w/ 15 Bbl fresh water. Mixed 100 SKS Thick Set Cement w/ 5" Kalsol/SK, 2" Phensol/SK @ 13.8" yield 1.85 = 33 Bbl Slurry. Wash out pump & lines. Shut down. Release 5 1/2" Latch Down Plug. Displace plug to seat w/ 87 Bbl fresh water. (KCL in 1 1/2 46 Bbl) Final pumping pressure at 700 PSI. Pump plug to 1100 PSI. Wait 2 mins. Release pressure. Float & Plug hold. Good circulation @ all times while cementing. Job complete. Rig down.

Plug R.H. + M.H.
 Centralizers on #1, 2, 3

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1180.00	1180.00
C107	100	Mileage	5.00	500.00
C201	125 SKS	Thick Set Cement	24.25	3031.25
C207	1025"	Kalsol 5"/SK	.56	350.00
C208	250"	Phensol 2"/SK	1.55	387.50
C108B	10.58 Tons	Tax Mileage - 100 Miles	1.50	1032.00
C101	1	5 1/2" AFH Float Shoe	364.00	364.00
C421	1	5 1/2" Latch Down Plug	285.00	285.00
C504	3	5 1/2" x 7 1/2" Centralizers	59.00	177.00
C222	1 1/2 Gals	KCL (1 1/2 46 Bbl Displacement water)	32.00	48.00
Thank You			Sub Total	7354.75
			Less 5%	385.15
			7.5% Sales Tax	348.21

Authorization by David Grubner Title _____ Total 7,317.81

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **6653**
 Foreman Kevin McCoy
 Camp EUREKA

APR 15-191-22855 Exploration
 DRAKE

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-23-22	1037	McBee #1 A	30	34S	2E	SUMNER	Ks
Customer <u>C & G DRILLING</u>			Unit #	Driver		Unit #	Driver
Mailing Address <u>701 EAST RIVER</u>			<u>104</u>	<u>ALAN M.</u>			
City <u>EUREKA</u>			<u>110</u>	<u>STEVE M.</u>			
State <u>Ks</u>	Zip Code <u>67045</u>						

Job Type SURFACE Hole Depth 267' K.B. Slurry Vol. 34 BBL Tubing _____
 Casing Depth 252' G.L. Hole Size 12 1/4 Slurry Wt. 15 # Drill Pipe _____
 Casing Size & Wt. 8 5/8" 23 # Cement Left in Casing 20' Water Gal/SK _____ Other _____
 Displacement 15.7 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY MEETING: Rig up to 8 5/8" casing. BREAK CIRCULATION w/ 10 BBL FRESH WATER.
MIXED 140 SKS CLASS "A" CEMENT w/ 3% CaCl2, 2% GEL, 1/4" FLOSEAL/SK @ 15#/GAL = 34 BBL
SLURRY. Displace w/ 15.7 BBL FRESH WATER. SHUT CASING IN. GOOD CEMENT RETURNS TO SURFACE
= 7 BBL SLURRY. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	950.00	950.00
C 107	80	Mileage	5.00	400.00
C 200	140 SKS	CLASS "A" Cement	18.55	2597.00
C 205	400 #	CaCl2 3%	.75 #	300.00
C 206	265 #	Gel 2%	.30 #	79.50
C 209	35 #	Floseal 1/4 #/SK	2.80 #	98.00
C 108 B	6.58 TONS	Ton Mileage 80 miles	1.50	789.60
			Sub Total	5214.10
			Less 5%	272.23
			Sales Tax	230.59
			7.5%	5,172.46

Authorization _____ Title _____

Total 5,172.46

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