

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|---|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|





TICKET

35625

CHARGE TO: *Travel Oil Mo*  
 ADDRESS  
 CITY, STATE, ZIP CODE

PAGE 1 OF

SERVICE LOCATIONS  
 1. *Hays*  
 2. *Ness City*  
 3.  
 4.

WELL/PROJECT NO. *1-30*  
 LEASE *Liberty owner*  
 COUNTY/PARISH *Sevier*  
 STATE *MS*  
 CITY *Liberty*  
 DATE *7/14/82*  
 OWNER

TICKET TYPE  
 SERVICE  
 SALES

CONTRACTOR *STP*  
 RIG NAME/NO.  
 SHIPPED VIA *TRUCK*  
 DELIVERED TO *location*  
 ORDER NO.

WELL TYPE *oil*  
 WELL CATEGORY *Druid*  
 JOB PURPOSE *long string*  
 WELL PERMIT NO.  
 WELL LOCATION

INVOICE INSTRUCTIONS

| PRICE REFERENCE | SECONDARY REFERENCE/<br>PART NUMBER | ACCOUNTING |      |    | DESCRIPTION                   | QTY. | U/M | QTY. | U/M | UNIT PRICE | AMOUNT  |
|-----------------|-------------------------------------|------------|------|----|-------------------------------|------|-----|------|-----|------------|---------|
|                 |                                     | LOC        | ACCT | DF |                               |      |     |      |     |            |         |
| 575             |                                     |            |      |    | MILEAGE                       | 60   | mi  |      |     | 7.00       | 420.00  |
| 575             |                                     |            |      |    | Ramp Charge - long string     | 1    | hr  |      |     | 1600.00    | 1600.00 |
| 292             |                                     |            |      |    | 2 bar                         | 2    | bar |      |     | 42.00      | 84.00   |
| 281             |                                     |            |      |    | Mudblock                      | 500  | bar |      |     | 2.00       | 1000.00 |
| 221             |                                     |            |      |    | Lincoln bar                   | 2    | bar |      |     | 25.00      | 50.00   |
| 4103            |                                     |            |      |    | Lennert basket                | 2    | bar |      |     | 250.00     | 500.00  |
| 4104            |                                     |            |      |    | Part collar                   | 1    | bar |      |     | 2400.00    | 2400.00 |
| 4106            |                                     |            |      |    | Carroll down the barrel       | 1    | hr  |      |     | 225.00     | 225.00  |
| 4102            |                                     |            |      |    | Insert float shoe up the well | 1    | hr  |      |     | 300.00     | 300.00  |
| 4105            |                                     |            |      |    | Trussler                      | 15   | hr  |      |     | 85.00      | 1275.00 |

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.  
 X

DATE SIGNED \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  
 A.M.  P.M.

**REMIT PAYMENT TO:**  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

**SURVEY**

|  |                              |                             |          |
|--|------------------------------|-----------------------------|----------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?                               | AGREE                        | UNDECIDED                   | DISAGREE |
| WE UNDERSTOOD AND MET YOUR NEEDS?  |                              |                             |          |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY?                                 |                              |                             |          |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? |                              |                             |          |
| ARE YOU SATISFIED WITH OUR SERVICE?                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND                |                              |                             |          |

PAGE TOTAL *1.1* TOTAL *7854.00*  
 TAX *86.30*  
 TOTAL *16118.90*

WIFT OPERATOR *David Edgerston* APPROVAL \_\_\_\_\_

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 11-11-78

PAGE NO.

| CUSTOMER     |      | WELL NO.   |                    | LEASE        |   | JOB TYPE       |        | TICKET NO.                             |  |
|--------------|------|------------|--------------------|--------------|---|----------------|--------|--|--|
| Citrus 1 Oil |      | 1-30       |                    | Cabrera Duwo |   | Long String    |        | 35625                                  |  |
| CHART NO.    | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS        |   | PRESSURE (PSI) |        | DESCRIPTION OF OPERATION AND MATERIALS |  |
|              |      |            |                    | T            | C | TUBING         | CASING |  |  |
|              | 100  |            |                    |              |   |                |        |  | on location                              |
|              |      |            |                    |              |   |                |        |  | Csg - 4 1/2                              |
|              |      |            |                    |              |   |                |        |  | R+D -                                    |
|              |      |            |                    |              |   |                |        |  | Port Collar - 1980                       |
|              |      |            |                    |              |   |                |        |  | Turbolizers - 1, 2, 3, 4, 6, 7, 8, 9, 10 |
|              |      |            |                    |              |   |                |        |  | 12, 13, 14, 15, 17, 77                   |
|              |      |            |                    |              |   |                |        |  | Baskets - 1 36                           |
|              | 400  |            |                    |              |   |                |        |  | Start Running Csg                        |
|              | 700  |            |                    |              |   |                |        |  | Break Circ on Bottom                     |
|              | 830  | 2.5        | 8                  |              |   | 0              |        |  | plug rat hole - 30 sx                    |
|              |      | 6          | 12                 |              |   | 300            |        |  | pump mud flush - 500 gal                 |
|              |      | 6          | 20                 |              |   | 300            |        |  | pump KCL SPACER                          |
|              |      | 5          | 46                 |              |   | 300            |        |  | pump CMT - 195 sx FA-2                   |
|              |      |            |                    |              |   |                |        |  | Drop plug - WMSH P+L                     |
|              |      | 7.75       | 0                  |              |   | 400            |        |  | START DISP                               |
|              |      | 6          | 68                 |              |   | 900            |        |  | land plug @ 1500                         |
|              |      |            |                    |              |   |                |        |  | Release psi - AM                         |
|              |      |            |                    |              |   |                |        |  | JOB COMPLETE                             |
|              |      |            |                    |              |   |                |        |  | Thanks                                   |
|              |      |            |                    |              |   |                |        |  | DAVID, SETH & JOHN                       |



JOB LOG

SWIFT Services, Inc.

DATE 11-16-22 PAGE NO. 1

CUSTOMER Citadel WELL NO. 1-30 LEASE (Cobasby) JOB TYPE Per' Galler 4 1/2" TICKET NO. 34813

| CHART NO. | TIME             | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS |   | PRESSURE (PSI) |        | DESCRIPTION OF OPERATION AND MATERIALS           |
|-----------|------------------|------------|--------------------|-------|---|----------------|--------|--|
|           |                  |            |                    | T     | C | TUBING         | CASING |  |
|           | 13:00            |            |                    |       |   |                |        | DN location<br>2 3/4" 4 1/2"<br>PC 1981'         |
|           | 15:30            |            |                    |       |   |                | 1200   | Test BS 1200 psi<br>Open PC                      |
|           | 15:35            | 3          | 4                  |       |   |                | 300    | Injection Rate                                   |
|           | 15:45            | 4          | 138                |       |   |                | 450    | mix 250SKS SMP @ 11.2 ppg<br>displace cmf        |
|           | 16:45            |            | 6 1/2              |       |   |                | 1200   | close PC & test 1200psi                          |
|           | <del>16:50</del> |            |                    |       |   |                |        | Run 5 joints                                     |
|           | 16:50            | 3          | 25                 |       |   |                | 400    | Reverse Clean                                    |
|           | 17:10            |            |                    |       |   |                |        | wash pump truck                                  |
|           | 17:30            |            |                    |       |   |                |        | Job Complete<br>Thanks!<br>Preston, Kirby, Tyler |
|           |                  |            |                    |       |   |                |        | 250SKS SMP<br>20 SKS to pit                      |