

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) (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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ELI
WIRELINE SERVICES

PO BOX 549
HAYS, KS 67601
785-628-3998

Invoice

Date	Invoice #
10/23/2024	9735

Bill To
ARP OPERATING 730 17TH ST SUITE 715 DENVER, CO 80202

Job Info
Sharp #2 Gove County, KS Field Ticket #9013

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	
1	Min Charge 4" Expendable 10 Jets - per job	
2	Add Jet Expendable - each	
	Total Charges for Service	
	Cased Hole - Discount	

Please remit to above address.

Total

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1271
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
7-6-24	35695	Sharp # 2	3	14	31	Gove																
CUSTOMER ARP			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>Tom W</td> <td></td> <td></td> </tr> <tr> <td>203</td> <td>Chris K</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Connor P</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	103	Tom W			203	Chris K				Connor P		
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MAILING ADDRESS																						
CITY		STATE	ZIP CODE																			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 222' CASING SIZE & WEIGHT 8 3/4" 24*
 CASING DEPTH 221.80' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting + set up on Duke #2. Circulate made Mix 18554 + displace 12.5 Bbl - shut in

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	1	PUMP CHARGE <u>surface</u>	\$1150.00	\$1150.00
M001	53 miles	MILEAGE	\$6.50	\$344.50
M002	9.065	Ton Mileage Delivery	\$720.00	\$720.00
C3004	18554	Class A 3204 290 gel	\$25.50	\$4,717.50
			sub total	\$6,932.00
			less 5% disc.	\$346.63
			sub total	\$1,585.03
			SALES TAX	380.94
			ESTIMATED TOTAL	6966.99

AUTHORIZATION Deon Vasquez TITLE Toddpusher DATE 7-06-24

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

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1275
 LOCATION Hoxie KS
 FOREMAN Jack T

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-24		Sharp #2	3	14S	31W	Greene
CUSTOMER ARP Operating, LLC			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE D.U. Long String HOLE SIZE 7 7/8" HOLE DEPTH 4622' CASING SIZE & WEIGHT 5 1/2" 17"
 CASING DEPTH 4612' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8"/12" SLURRY VOL 1.51/2.21 WATER gal/sk 6.58/12.6 CEMENT LEFT in CASING 38.40'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up on Duke #2. Run 5 1/2" casing. Circulate to thin mud. Pump mud flush + 156L. mix 75 sacks 60/40 8% gel 1/4" flow seal. Tail in w/ 175 sacks down. Wash up lines. Displace w/ water + mud. Open D.U. tool. Circulate 3 hrs. Pump 500 gal. mud flush. Plug rethole w/ 30 sacks. mouse hole w/ 20 sacks. mix 405 sacks down. Hole. Wash up lines. Displace. lead plug w/ - hole. Release - hole.

Cement did circulate. Thanks Jack + crew.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC004	1	PUMP CHARGE	\$2500 ⁰⁰	\$2500 ⁰⁰
MD001	53	MILEAGE	\$12 ⁵⁰	\$344 ⁵⁰
MD002	35.55 tons	Ten Mileage Delivery	\$2826 ²²	\$2826 ²²
CR021	530 sacks	60/40 8% gel 1/4" flow seal	\$17 ⁹⁵	\$9513 ⁵⁰
CR030	175 sacks	class A/10% salt/5% gilsonite/1/2% plaster/2% gel	\$29 ⁵⁵	\$5171 ²⁵
CP013	1000 gal.	mud flush	\$1 ⁰⁰	\$1000 ⁰⁰
CP014	2 gal.	KCL	\$30 ⁰⁰	\$60 ⁰⁰
FED14	11	5 1/2" turbalicens	\$108 ⁰⁰	\$1188 ⁰⁰
FED22	3	5 1/2" baskets	\$385 ⁰⁰	\$1155 ⁰⁰
FED102	3	5 1/2" limit clamps	\$35 ⁰⁰	\$105 ⁰⁰
FED33	1	5 1/2" AFU quick shoe	\$600 ⁰⁰	\$600 ⁰⁰
FED52	1	5 1/2" flex latch down plug	\$695 ⁰⁰	\$695 ⁰⁰
FED89	1	5 1/2" D.U. Tool	\$4200 ⁰⁰	\$4200 ⁰⁰
			sub total	\$27,358 ⁴⁷
			less 5% disc.	\$1,467 ⁹²
			sub total	\$27,890 ⁵⁵
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.