

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](mailto: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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Form	ACO1 - Well Completion
Operator	Patterson Energy LLC
Well Name	SELLE 6
Doc ID	1820576

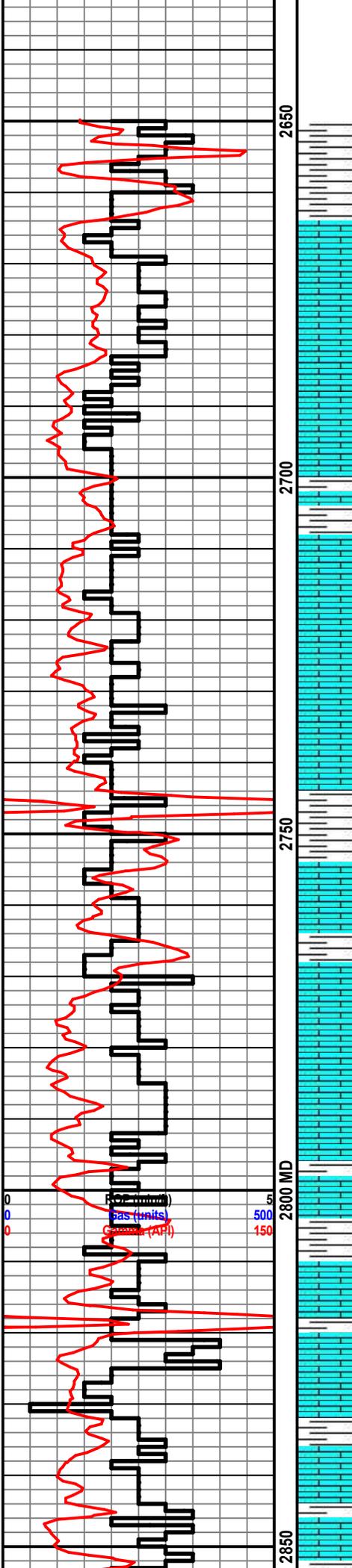
Tops

Name	Top	Datum
Anhydrite	518	1267
Topeka	2664	-879
Heebner	2912	-1127
Toronto	2927	-1142
Lansing	3056	-1271
B/KC	3255	-1470
Arbuckle	3276	-1491
LTD	3410	-1625









Sh: lt-drk gry

**Topeka 2670' (-885)**

Ls: off wh-lt gry, fn-sub, mostly DNS, NSFO

Ls: lt gry-tan, fn xln, mostly DNS, scat foss, scat pp vuggy porosity

Sh: lt-drk gry

Ls: lt gry-tan-cm, fn xln, scat foss, fair int xln & pp vuggy porosity, NSFO

Ls: tan-gry, fn-md xln, scat foss, mostly DNS, NSFO

Sh: lt-drk gry

Ls: tan-gry, fn-md xln, scat foss, scat int xln porosity, NSFO

Sh: lt-drk gry

Ls: tan-lt gry, fn-sub xln, DNS

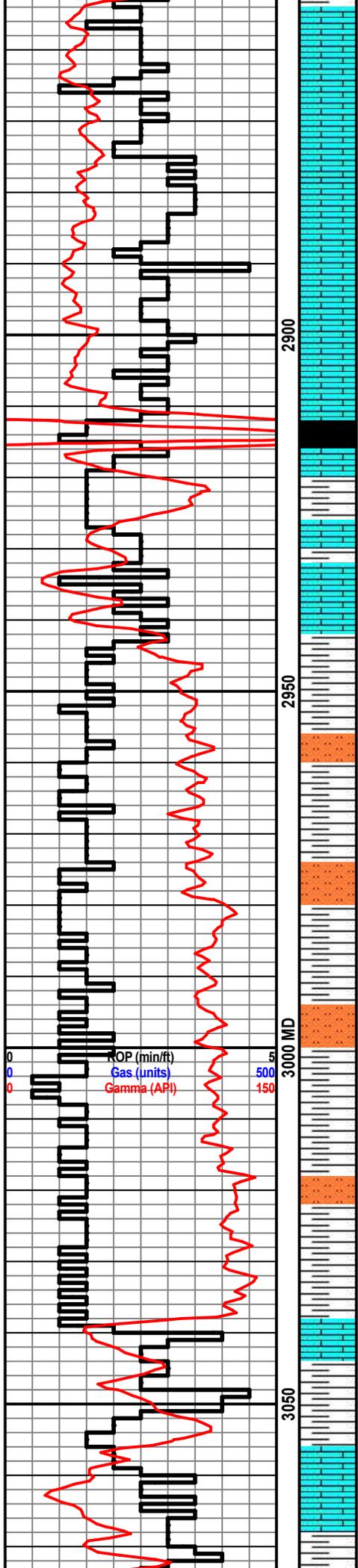
Ls: tan-gry, fn xln, scat-poor int xln porosity, NSFO

Sh: lt-drk gry

Ls: tan-gry, fn-sub xln, mostly DNS

Ls: tan-gry, fn xln, scat foss, fair int xln porosity, NSFO

Sh: lt-drk gry-blk



Ls: tan-gry, fn xln, mostly DNS, NSFO

Ls: tan-gry, fn-sub xln, mostly DNS, scat chalk

Ls: off wh-tan, fn xln, fair int xln & vuggy porosity, scat oil strn in porosity, vry sl odor

Ls: off wh-tan, fn xln, poor int xln porosity, NSFO

**Heebner 2912' (-1127)**

Sh: blk, carb, fissile

**Toronto 2927' (-1142)**

Ls: off wh-tan, fn xln, poor-fair int xln porosity, scat foss, NSFO

Sh: lt gry-bm

Sh: lt-drk gry

Sh: lt-drk gry, scat sltstn

Sh: lt gry

Ss: lt gry, scat sltstn

Ss: ala

Sh: lt gry-gm

**Brown Lime 3041' (-1256)**

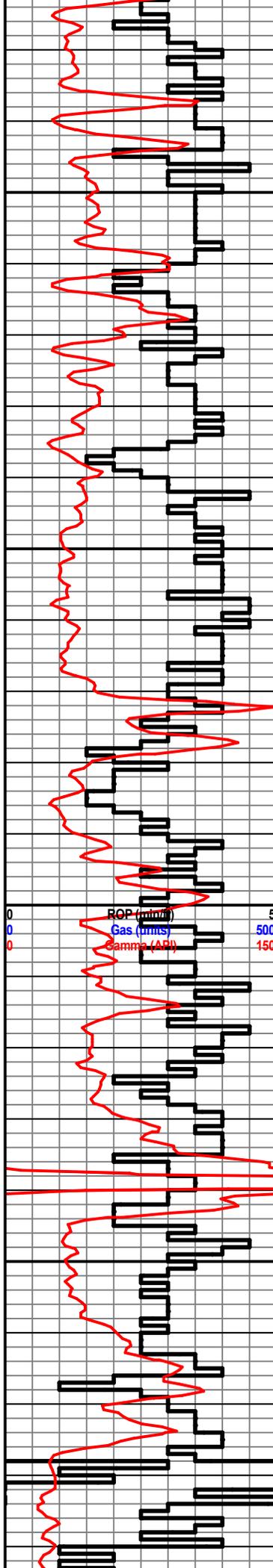
Ls: off wh-tan-gry, fn xln, poor int xln porosity, NSFO

Sh: lt-drk gry

**Lansing 3059' (-1274)**

Ls: off wh-tan, scat foss, fair int xln & int foss porosity in few rxs, scat stn, VSSFO, sl odor

Sh: lt-drk gry



3100  
3150  
3200 MD  
3250

Ls: off wh-tan, fn xln, ool, fair-good oom porosity, few rxn w/ fair int xln porosity, sl edge strn, NSFO

Sh: lt-drk gry

Ls: off wh-tan, fn xln, foss, scat int foss porosity, NSFO

Sh: lt-drk gry

Ls: off wh-tan, fn xln, fair int xln porosity, scat foss, sl oil strn in porosity, VSSFO, sl odor

Ls: off wh-tan-gry, fn xln, ool, fair-good oom porosity, scat edge strn, NSFO

Ls: off wh-tan-gry, fn-sub xln, DNS, NSFO

Sh: drk gry-blk

Ls: off wh-tan, foss, scat fair-good int xln & int foss porosity, barren, scat chalk

Sh: lt-drk gry

Ls: off wh-tan, fn xln, fair int xln porosity in few rxn, NSFO, scat chert: off wh

Sh: lt-drk gry

Ls: off wh-tan, fn xln, ool, good oom porosity, lt oil strn, VSSFO, sl odor

Sh: lt-drk gry

Ls: off wh-tan-gry, fn xln, poor int xln & scat vuggy porosity, NSFO, scat chert - off wh

**B/KC 3256' (-1471)**

Sh: lt-drk gry

**Arbuckle 3279' (-1494)**

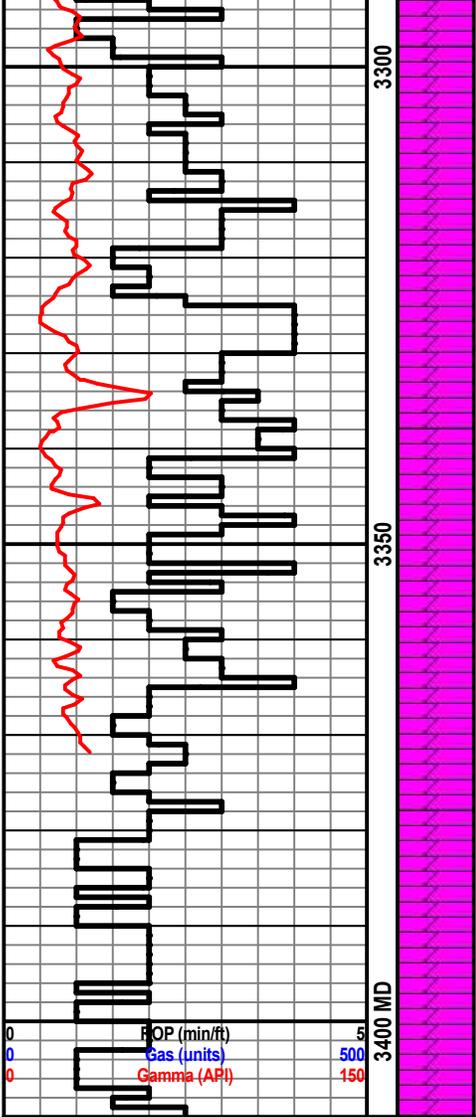
Dolo: off wh-wh, fn-md xln, rhomb, fair-good int xln porosity, fair oil sat, SSFO, fair-good odor

Dolo: off wh-wh, md xln, rhomb, good sucrosic xln

Wt: 9  
Vis: 47

ROP (min)  
Gas (mmms)  
Gamma (API)

50  
150



porosity, fair-good oil sat, FSFO, good strong odor

3300

Dolo: off wh-wh, md-crs xln, rhomb, good sucrosic xln porosity, lt-fair oil sat, F-GSFO, good odor

Dolo: off wh-wh, md-crs xln, rhomb, good-exc int xln porosity, lt-fair oil sat in few rxs, FSFO, good odor, hvy chert: off wh

Dolo: off wh-wh, md xln, fair-good int xln porosity, scat fair oil stn, SSFO, fair-good odor, scat chert: off wh

Dolo: off wh-wh, md xln, good int xln porosity, lt-fair oil stn, SSFO, fair-good odor, scat chert: off wh

3350

Dolo: off wh-wh-tan, fn-md xln, fair-good int xln porosity, barren, scat chert: off wh

Dolo: ala

Dolo: off wh, md xln, scat fair int xln porosity, barren, NSFO, hvy chert: off wh

Dolo: ala

3400 MD

Dolo: off wh, md xln, fair int xln porosity, barren, NSFO, chert: off wh



416 Main Street  
 P.O. Box 225  
 Victoria, KS 67671  
 Office (785) 639-3949  
 24 Hour Service Line (785) 639-7269

# Invoice

Date	Invoice #
10/15/2024	1375

Please Pay from this Invoice.  
 Remit Payment to:  
 416 Main Street PO BOX 225  
 Victoria, KS 67671  
 Billing Questions Call Tianna at  
 (785) 639-3949  
 Email: franksoilfield@yahoo.com

KCC License Number  
 35469

Bill To
Patterson Energy, LLC PO Box 400 Hays, KS 67601-0400

County/State	Lease/Well#	Terms	Job Type
Barton County, KS	Selle #6	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	58	6.50	377.00
23.4 tons at 58 miles	1,357.2	1.50	2,035.80
Class A 60/40 8% gel 1/4# floseal	275	17.95	4,936.25T
Surface Blend	200	25.50	5,100.00T
8-5/8" Baffle plate	1	150.00	150.00T
Calcium Chloride 94-97% Pellets	800	1.25	1,000.00T
8-5/8 Top Rubber Plug	1	265.00	265.00T
Discount		-750.70	-750.70

*Thank you!*

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	<b>Subtotal</b>	\$14,263.35
<i>We appreciate your business and look forward to serving you again!</i>	<b>Sales Tax (7.5%)</b>	\$815.90
	<b>Balance Due</b>	\$15,079.25

# 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 1375  
 LOCATION Howie  
 FOREMAN Jack

## FIELD TICKET & TREATMENT REPORT

Selle #6 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-16-24	34888	<del>PRINCE GEORGE</del>	17	20	11	Barber
CUSTOMER Patterson Energy LLC			TRUCK #		DRIVER	
MAILING ADDRESS PO Box 400			4			
CITY Hays		STATE KS	ZIP CODE 67601			

JOB TYPE Surface HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 5/8" 23#  
 CASING DEPTH 531' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8# SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 33.32 DISPLACEMENT PSI 100 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting & set up. Circulated mud, mixed, displaced & shut in. Add cement to pits. Thank you.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE <u>Surface</u>	\$1150 <sup>00</sup>	\$1150 <sup>00</sup>
M001	58	MILEAGE	\$6 <sup>50</sup>	\$377 <sup>00</sup>
M002	23.4 tons	ton mileage delivery	\$2,035 <sup>80</sup>	\$2,035 <sup>80</sup>
CB	275 sk	Class A 60/40 8% gel <u>1/2# flocc</u>	\$17 <sup>95</sup>	\$4,936 <sup>25</sup>
CB004	200 sk	Class A 3% cc 2% gel	\$25 <sup>50</sup>	\$5100 <sup>00</sup>
FE069	1	8 5/8" Baffle plate	\$150 <sup>00</sup>	\$150 <sup>00</sup>
CF004	500 <sup>00</sup>	Calcium Chloride	\$1 <sup>25</sup>	\$1000 <sup>00</sup>
FE056	1	8 5/8" top rubber plug	\$215 <sup>00</sup>	\$215 <sup>00</sup>
			sub total	415,014 <sup>05</sup>
			less 5% disc.	\$750 <sup>70</sup>
			sub total	\$14,213 <sup>35</sup>
			SALES TAX	815.90
			ESTIMATED TOTAL	15079.25

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.



416 Main Street  
 P.O. Box 225  
 Victoria, KS 67671  
 Office (785) 639-3949  
 24 Hour Service Line (785) 639-7269

# Invoice

Date	Invoice #
10/19/2024	1386

Please Pay from this Invoice.  
 Remit Payment to:  
 416 Main Street PO BOX 225  
 Victoria, KS 67671  
 Billing Questions-Call Tianna at  
 (785) 639-3949  
 Email: franksoilfield@yahoo.com

KCC License Number  
 35469

Bill To
Patterson Energy, LLC PO Box 400 Hays, KS 67601-0400

County/State	Lease/Well#	Terms	Job Type
Barton County, KS	Selle #6	Net 30	Pipe Set

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	60	6.50	390.00
10.73 tons at 60 miles	643.8	1.50	965.70
60/40 4% gel 1/4# floseal	50	17.35	867.50T
Class A 10% salt, 5 Kolseal	150	27.00	4,050.00T
Mud Flush	500	1.00	500.00T
KCL	2	30.00	60.00T
5-1/2" Guide Shoe AFU	1	600.00	600.00T
5-1/2" Latchdown Plug & Assembly	1	695.00	695.00T
5-1/2" Turbalizer Centralizers	7	108.00	756.00T
5-1/2" Basket	2	385.00	770.00T
5 1/2 Stop Ring	2	35.00	70.00T
Discount		-543.71	-543.71

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

**Subtotal** \$10,330.49

*We appreciate your business and look forward to serving you again!*

**Sales Tax (7.5%)** \$596.26

**Balance Due** \$10,926.75

# 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 1386  
 LOCATION Hoxie  
 FOREMAN Chris K

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-24		Selle #6	17	20S	11W	Barton
CUSTOMER <u>Peterson Energy</u>			TRUCK #		DRIVER	
MAILING ADDRESS			103		Josh T	
CITY			203		Chris K	
STATE						
ZIP CODE						

JOB TYPE Pipe set HOLE SIZE 7 7/8" HOLE DEPTH 3410' CASING SIZE & WEIGHT 5 1/2" 15.5"  
 CASING DEPTH 3405' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8<sup>lb</sup> SLURRY VOL 4.41 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 33'  
 DISPLACEMENT 80.25 DISPLACEMENT PSI 1000<sup>psi</sup> MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up on Discovery. Run casing & float equipment. Circulate to thin mud. Pump mud flush & KCL. Plug rethole w/ 30 sacks, mousehole w/ 20 sacks. mix 150 sacks class A 10% sct & 5" gilsomite. Wash up lines. Displace w/ 80.25 bbls H<sub>2</sub>O. Land w/ 1800<sup>psi</sup> - held. Release - held.

*Thank you!  
Chris & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002		PUMP CHARGE	\$1150 <sup>00</sup>	\$1150 <sup>00</sup>
M001	60	MILEAGE	\$6 <sup>50</sup>	\$390 <sup>00</sup>
M002	10.73 tons	Ton mileage delivery	\$965 <sup>70</sup>	\$965 <sup>70</sup>
CB010	50 sacks	60/40 4% gel 1/4" fluted	\$17 <sup>35</sup>	\$867 <sup>50</sup>
CB031	150 sacks	class A 10% sct 5" gilsomite	\$27 <sup>00</sup>	\$4050 <sup>00</sup>
CP013	500 gal.	mud flush	\$1 <sup>00</sup>	\$500 <sup>00</sup>
CP014	2 gal.	KCL	\$30 <sup>00</sup>	\$60 <sup>00</sup>
FE033	1	5 1/2" AFU	\$600 <sup>00</sup>	\$600 <sup>00</sup>
FE051	1	5 1/2" latch down plug ass.	\$695 <sup>00</sup>	\$695 <sup>00</sup>
FE014	7	5 1/2" stabilizers	\$108 <sup>00</sup>	\$756 <sup>00</sup>
FE027	2	5 1/2" basket	\$385 <sup>00</sup>	\$770 <sup>00</sup>
FE02	2	5 1/2" stop ring	\$35 <sup>00</sup>	\$70 <sup>00</sup>
			sub total	\$10,874 <sup>20</sup>
			less 5% disc.	\$543 <sup>71</sup>
			sub total	\$10,330 <sup>49</sup>
			SALES TAX	596.26
			ESTIMATED TOTAL	10926.75

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.