KOLAR Document ID: 1833217

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R East West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: w/ sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of haid disposal in hadica offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	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 Approved by: Date:						

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#### Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casi								
Plug Off Zon								
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213   12.00   10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Lachenmayr Oil LLC
Well Name	SCHNITZLER 5
Doc ID	1833217

## Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	10.75	8.625	28	196	CLASS A	150	3% C.C
Production	6.625	5.5	15.5	3531	50/50 POZ	75	1% C.C
Liner	4.95	4.5	11.6	3508	60/40 POZ	125	4% GEL

810 E 7<sup>™</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561

NO FALL BACK. Job Complete. Big down.



Ticket No. 7018

Foreman Kevin McCoy

Camp Eugeka

Ari #15-173-20614-00-01			CEMENTAL		No.				
Date Date	Cust. ID #	L L	ease & Well Number		Section	Township	Range	County	State
/ <del>-</del> 30-23	1241	Schwi	tzler #5 s	-wis	/	265	IW	Sedgwick	Ks
Customer	1.7 - 1.7			Safety	Unit#		ver	Unit#	Driver
Lachen	MAYR O	1 660		Meeting	104	AlAN			·
Mailing Address				KM	112	574 v	m		
1.0. Bo				sm					
City		State	Zip Code						*****
Newton	J	15	67114	<u> </u>					
Casing Size & Displacement	55. BK	Disp	ant Left in Casing <u>o</u> lacement PSI		, -	3000 AST	<u>~</u> 9		* /
≀emarks: <u>১</u> ৯	arety Mee	ting: 5%	2 Set @ 3531	, CIBP	set@350	8 W/25K	s Cèmen	t. 4/2 11.60	CINER
Set 3485	RIGUPT	6 41/2" 11	60 * LINER. BK	PEAK GIRS	Ulation W	165 BbL	Fresh u	inter w/ Goo	d fluid
Beturns t	O SURFACE	ON ANNUL	us of 41/2 Line	A Pump 10	OBL Dye	WATER. M	IXED 123	5 5K5 60/40	POZMIK
Cement w	14% GeL	14% CF	7-115@ 13.9	* /9AL YIS	1d 1.45 = .	32 Bb6 51	URRY. SI	but down a	insh out
Pump & Lin	ves. Relea	se Plug.	Displace Plug	to SeAt	w/55.7.	BBL FResh	WATER.	FINAL PUMPIN	19
Pressure -	2600 RJ. 3	Bump flu	to 3000 PSI.	WAIT 2 m	ins. Relea	se Ressu	re. FIOAT	+ Held. Shus	1 /N @
0 /51. Goo	d Cement	Return	r to Surface	ON ANN	ulus OF 4	1/2: ANNU	lus Stan	iding full de	r Cemen
								কা ্ধ্ৰত	

Code	Qty or Units	Description of Product or Services	Unit Price	Total
104	,	Pump Charge	1180.00	1180.00
/07	65	Mileage	5.00	325.00
203	125 5K5	60/40 Pozmix Cement	15.75	1968.75
206	430#	GeL 4%.	. 30 *	129.00
21/	27 *	CFZ-115 1/4%	12.95	349.65
108 B	5.38 TONS	Ton Mileage 65 miles	1.50	524.55
403	<i>j</i>	45 Top Rubber Plug	57.00	57.00
685	1	4½ Top Rubber Plug 4½ Cement Filled Flush Joint Float Shoe	442.00	442.00
•			Sub TotAL	4975.95
	<u></u>	THANK YOU	Less 5%	259.85
		THANK YOU 7.5%	Sales Tax	220.98
:		ed By John Lachenmays Title	Total	4,937.08

KCC A Sent DAN Fox
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.