KOLAR Document ID: 1715509

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:	_+ Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
CONTRACTOR: License #	
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workove	Field Name:
☐ Oil ☐ WSW ☐ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
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:	
	nv. to SWD Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Committee Downsit #	Chloride content:ppm Fluid volume: bbls
□ Commingled Permit #:     □ Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion	Date or Quarter Sec. Twp. S. R. East West
Recompletion Date  Bate Reached 1D  Completion  Recompletion	

### **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:

KOLAR Document ID: 1715509

### Page Two

Operator Name: _				Lease Name:			Well #:	
Sec Twp.	S. R.	E	ast West	County:				
	flowing and shu	ut-in pressures, v	vhether 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 0	Geological 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					
		B	CASING eport all strings set-c		New Used	ion, etc.		
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD			
Purpose:		epth T Bottom	ype of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casi Plug Back T								
Plug Off Zor								
Did you perform a     Does the volume     Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT
,	,			B.11 B1				
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	Δ+-	Packer At:				
TODING RECORD:	. 3126.	Set	n.	i donei Al.				

Form	ACO1 - Well Completion
Operator	Talon Group LLC
Well Name	BOGNER 1-1
Doc ID	1715509

# Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
4	3279	3282	CIBP Cast Iron Bridge Plug	3240	NA
4	3218	3222			
4	3202	3204			
4	3186	3190			1500 gal 15%
4	3145	3149			
4	3121	3125			
4	3074	3080			
4	3064	3070			3000 gal 15%

Form	ACO1 - Well Completion
Operator	Talon Group LLC
Well Name	BOGNER 1-1
Doc ID	1715509

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	20	433	Class A	225	2% gel, 3% cc
Production	7.875	5.5	15.5	3380	EA-2	170	5%calseal, 10%salt,1 %halad- 322

SWIFT OPERATOR \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	CU	DATE SIGNED	START OF WORK OR DELIVERY OF GOODS.  X	LIMITED WARRANTY provisions.	LEGAL TERMS: Custome the terms and conditions or but are not limited to PAY	TOTAL COLOR		202	276	330	230	265	PRICE SECON	REFERRAL LOCATION	4.	2 Ness Cry	SERVICE DOCATIONS	Services, I	SWIF
in Edgentan	STOMER ACCEPTANCE OF MATERIA	TIME SIGNED	GOODS.	LIMITED WARRANTY provisions.	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to BAYMENT BELEASE INDEMNITY and			0 0	1	2			SECONDARY REFERENCE/ ACCOUNTING PART NUMBER LOC ACCT	INVOICE INSTRUCTIONS	WELL TYPE	Service CONTHACTOR	CT NO.	CITY,	CHARGE
APPROVAL	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.	785-798-2300	P.O. BOX 466 NESS CITY, KS 67560	SWIFT SERVICES, INC.	REMIT PAYMENT TO:		to before	Service Charge Chin	Thuele	Swiff Malli - Bearity	Timp Charge - Voer	MILEAGE THE III	G DESCRIPTION		MELL CATEGORY JOB PURPOSE		TEASE COUNTRIPARISH	CITY, STATE, ZIP CODE	CHARGE TO ALON Group ADDRESS
	ledges receipt of the materials and services listed	CUSTOMER DID NOT WISH TO RESPOND	WE OPERA IED THE EQUIPMENT  ACCULATIONS  SATISFACTORILY?	MET YOUR NEEDO? OUR SERVICE WAS PERFORMED WITHOUT DELAY?	SURVEY AGREE UNDECIDED DISAGREE OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		14 Ct We + 1/2	200	52/65	100 sx	Coller 1 CA	1 6 mi	OJY: U/M OTY: U/M		٠	SHIPPED DELIVERED TO CONTROL OF THE PERSON	CITY		
Thank You!	on this ticket.	TOTAL 1007 30	Button 336 30		PAGE TOTAL 765/ 00		the	200 de 200 00	700 100 Ca	2100 4200 00	1700 00 1700 00	800 320 00	UNIT AMOUNT		WELL LOCATION	OADEA NO.	DATE 1/2 S OWNER	PAGE OF	TICKET 35970

PAGE NO. SWIFT Services. Inc. JOB LOG WELL NO CUSTOMER DESCRIPTION OF OPERATION AND MATERIALS VOLUME (BBL) (GAL) PUMPS PRESSURE (PSI) RATE (BPM) CHART NO. TIME TUBING CASING T C



HARGE TO: TALON (SCOND
ADDRESS /
VITY, STATE, ZIP CODE

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SMIF	CHA	CHARGE TO: Talon (STONO	7776	TICKET 35990
	ADDRESS			
Services, In	сітү	CITY, STATE, ZIP CODE		PAGE OF
SERVICE LOCATIONS	WELL/PROJECT NO.	cou	STATE CITY	OWNE
2. Ness City, KS	TICKET TYPE CONTRACTOR  IN SERVICE  SALES  SOLUTION	South wind Drilling RIG NAMEINO.	SHIPPED DELIVERED TO	ORDER NO.
4.	WELL TYPE	WELL CATEGORY JOB PURPOSE	WE	WELL LOCATION
REFERRAL LOCATION	TRUCTIONS			
PRICE SECON	SECONDARY REFERENCE/ ACCOUNTING PART NUMBER LOC ACCT   1	G DESCRIPTION	MILL ALO	UNIT AMOUNT
575		MILEAGE # // H	3	
578		Pump Charge - Long String	1/ EA	
210	-	D-Air	3/1/	
281		Mudthish	500 91	1250
ສູ		Liguid KCL	200	80
7)9		Rotating Head Rental	572 184	Lì
7000				
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LIMITED WARRANTY provisions	LIMITED WARRANTY provisions.	SWIFT SERVICES, INC.	MET YOUR NEEDS?  OUR SERVICE WAS THE AVA  DERECORMED WITHOUT DELIVEY	13,331
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	HOUSTOMER'S AGENT PRIOR TO	P.O. BOX 466	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS	Chiteson Min m
DATE SIGNED	TIME SIGNED	785-798-2300	ARE YOU SATISFIED WITH OUR SERVICE?  PES NO NOT WHICH TO DECOME	101AL //Ji/07 99
cus	TOMER ACCEPTANCE OF MATERIA	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.	edges receipt of the materials and services lis	sted on this ticket.

SWIFT OPERATOR

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Thank You!



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No. 35990

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JOB TYPE TICKET NO.

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JOB STYPE TICKET NO.

JOB STYPE TICKET NO.

JOB TYPE TICKET NO. PAGE NO. SWIFT Services. Inc. JOB LOG PRESORE (PSI)
TUBING CASING VOLUME (BBL) (GAL) PUMPS On location, Rig Running Casing 0830 Total Pipe 3381' USED

Short 1 - 42'
647' of 15.5# on Battom

2734' of 14# on Top

P.C. 6 - 1575' Break Circulation on Bottom 0930 Hook up to Smift

Plag Rathole w/30 sxs

Plag Monschole w/15 sks

Pump Mud Plush

Aump KCL Spacer

Aump EA-2 Cement 1030 2 1055 Drog Plag Which out Pump of Lines Start Displacement Catch Aressura 1120 714 62 50D Land Plng
Release fruck, Dry
Wash up
Rack up
Tab Complete 1130 1145 1200 Thanks Jon, Joe, + Breff



CHARGE TO	2
1 Acon	dravo
ADDRESS	
CITY, STATE, ZIP CODE	

TICKET 35964

Services, In	C. CITY,	CITY, STATE, ZIP CODE		PAGE OF
SERVICE LOCATIONS	OUECT NO.	LEASE COUNTYPARISH	STATE CITY	DAYE U.28-23 OWNER
2 Ness (149	SALES CONTRACTOR	CTOR I RIG NAME/NO.	SHIPPED DELIVERED TO	ORDER NO.
.4.	WELL TYPE	LEGORY SOUPPOSE	WELL PERMIT NO.	WELL LOCATION
REFERRAL LOCATION	INVOICE INSTRUCTIONS			
PRICE SECONDA REFERENCE PAR	SECONDARY REFERENCE/ ACCOUNTING PART NUMBER LOC ACCT	DESCRIPTION /	M.N. J. ALD.	UNIT AMOUNT
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2%			7).	1/2 on 84 or
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LIMITED WARRANTY provisions	ons.	SWIFT SERVICES, INC.	MET YOUTH NEEDS?  OUR SERVICE WAS PERFORMED WITHOUT DELAY?	
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custo	OMER ACCEPTANCE OF MATERIA	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.	ledges receipt of the materials and services liste	ed on this ticket.
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SWIFT OPERATOR

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Thank You!

