

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)</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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McGOWN

DRILLING, INC.

Mound City, KS

620.224.7406

Well #				Casing			
RH Capital H Scott #32-35				Surface		Longstring	
API #: 059-27497		S-T-R: 28-15S-20E		Size: 7 "	Size: 2 7/8 "		
County: Franklin		Date: 5/13/2025		Tally: 42.0 '	Tally: 743.5 '		
				Cement: 8 sx	Bit: 5 7/8 "		
				Bit: 9 7/8 "	Date: 5/14/2025		
Top	Base	Formation		Top	Base	Formation	
0	2	soil		698	713	sand	
2	16	clay		713		shale	
16	21	gravel					
21	67	shale					
67	72	lime					
72	73	shale					
73	94	lime					
94	98	shale					
98	109	lime					
109	135	shale					
135	161	shale					
161	180	lime					
180	263	shale					
263	287	lime					
287	300	shale					
300	311	lime					
311	336	shale					
336	350	lime					
				Float Equipment			
350	353	shale		Qty	Size		
353	356	lime		1	2 7/8	Float Shoe	
356	370	shale					
370	378	lime		3	2 7/8	Centralizers	
378	380	shale		1	2 7/8	Casing clamp	
380	396	lime					
396	404	shale					
				Sand / Core Detail			
404	437	lime		Core #1:		Core #2:	
437	439	shale		Core #3:		Core #4:	
439	445	lime		698	702	good odor, good bleed, soft	
445	615	shale		702	705	good odor, broken, fair bleed	
615	620	lime		705	708	very broken, good odor, slight bleed	
620	636	shale		708	710	light brown sand, hard, good odor, sl bleed	
636	640	lime		710	713	broken, good odor, fair bleed	
640	657	shale					
657	676	lime				20'	
676	689	shale					
689	692	lime				5' oil show	
692	698	shale					
				Total Depth:		748	



CEMENT TREATMENT REPORT

Customer: RH Capital-Beets LLC	Well: Harry Scott #32-35, #33-35	Ticket: EP17498
City, State:	County: FR, Ks	Date: 5/14/2025
Field Rep:	S-T-R: 28-15-20	Service: Longstring/Surface

Downhole Information	
Hole Size:	5 7/8 in
Hole Depth:	748 ft
Casing Size:	2 7/8 in
Casing Depth:	743 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	4.3 bbbls

Calculated Slurry - Lead	
Blend:	Econobond 1#PS
Weight:	14.8 ppg
Water / Sx:	6.6 gal / sx
Yield:	1.45 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbbls
Excess:	
Total Slurry:	bbbls
Total Sacks:	101 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbbls
Excess:	
Total Slurry:	0.0 bbbls
Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	STAGE	TOTAL BBLs	REMARKS
3:00 PM			-		-	On location, location held safety meeting
					-	
4.5					-	#32-35 Established circulation
4.5					-	Mixed and pumped 200# Bentonite Gel followed by 4 bbl fresh water
4.5					-	Mixed and pumped 85 sks Econobond 1# PS, cement to surface
4.5					-	Flushed pump clean
1.5					-	Pumped 2 7/8 rubber plug to float shoe with 4.3 bbl fresh water
1.5					-	Pressured to 900 PSI, well held pressure
					-	Released pressure to set float valve, float held
4.5					-	Washed up equipment
					-	
						#33-35
						Established circulation
						Mixed and pumped 16 sks of econobond 1# PS to surface
						displaced cement with 1.5BBL of fresh water
						Shut in casing
						Washed up equipment
4:30 PM						left location

CREW		UNIT	SUMMARY		
Cementer:	Garrett S	957	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Nick B	209	3.6 bpm	- psi	- bbbls
Bulk #1:	Logan W	189			
Bulk #2:	Doug G.	303			