

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 Recompletion Date _____ 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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TICKET 37538

PAGE 1 OF 1

CHARGE TO: *Patterson Energy*
 ADDRESS
 CITY, STATE, ZIP CODE

SERVICE LOCATIONS
 1. *Hays, Ks* WELL/PROJECT NO. *6 #61* LEASE *Burpee* COUNTY/PARISH *Ellis* CITY *Delivered To* DATE *7-22-2015* OWNER
 2. *Winston Well* CONTRACTOR *Winston Well* RIG NAME/NO. *loc* ORDER NO.
 3. WELL TYPE *Drill* WELL CATEGORY *Water Well* JOB PURPOSE *Augured* WELL PERMIT NO. WELL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
<i>540</i>		<i>1</i>			<i>30</i>	<i>mi</i>			<i>8.00</i>	<i>240.00</i>
<i>541</i>		<i>1</i>		<i>Basic Charge</i>	<i>1</i>	<i>ea</i>			<i>1250.00</i>	<i>1250.00</i>
<i>255</i>		<i>1</i>		<i>12% Augured</i>	<i>400</i>	<i>gal</i>			<i>5.50</i>	<i>2200.00</i>
<i>242</i>		<i>1</i>		<i>Cater Acid</i>	<i>50</i>	<i>u</i>			<i>3.00</i>	<i>150.00</i>
<i>219</i>		<i>1</i>		<i>Resonite</i>	<i>300</i>	<i>u</i>	<i>6</i>	<i>30%</i>	<i>30.00</i>	<i>180.00</i>
<i>216</i>		<i>1</i>		<i>Fluoride</i>	<i>10</i>	<i>u</i>			<i>4.00</i>	<i>40.00</i>
<i>214</i>		<i>1</i>		<i>Antibio</i>	<i>5</i>	<i>gal</i>			<i>8.00</i>	<i>40.00</i>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X

DATE SIGNED _____ TIME SIGNED _____ A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL *4060.00*

TAX

TOTAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR _____ APPROVAL _____

Thank You!



416 Main Street
P.O. Box 225
Victoria, KS 67671

Office (785) 639-3949
24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
6/27/2025	1520

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
Ellis County, KS	Baumer B61	Net 30	Squeeze

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	20	6.50	130.00
Ton Mileage (min.)	1	600.00	600.00
Medium Truck Miloase	20		0.00T
Squeeze Manifold Charge	1		
Class A Cement	175	21.00	3,675.00T
Discount		-590.50	-590.50

Thank-you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$5,314.50
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (7.0%)	\$231.53
	Balance Due	\$5,546.03

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 1520
 LOCATION Victoria
 FOREMAN Walt Dinker

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-25		Baumer B61	27	11 ^s	17 ^w	Ellis

CUSTOMER <u>Patterson Energy, LLC</u>		MAILING ADDRESS		CITY		STATE	ZIP CODE
Hwy 5 North to Plover Rd East to Cedar Hill Rd 2.5 mi S		TRUCK #	DRIVER	TRUCK #	DRIVER		
		103	Connor Stebbs				

JOB TYPE <u>Squeeze</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH	CASING SIZE & WEIGHT <u>5 1/2"</u>
CASING DEPTH	DRILL PIPE	TUBING <u>2 7/8</u>	OTHER <u>Packer 3323'</u>
SLURRY WEIGHT <u>14.0</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>Refr 303 425'</u>
DISPLACEMENT <u>19.49 T</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: 2.4 C Safety Meeting, Rig up Equipment, Pressure Backside to 500#
Pump down Tube to get rate: 3 BPM @ 1000# mixed 175 sks Class A, Pressure Build
Clear Pump + Lines, Displace 17 BBL H₂O, Squeeze to 2500#, Release Packer
reverse out Clean, Reset Tool, retest Squeeze @ 2500# Held

Thanks You
Walt & Evon

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005	1	PUMP CHARGE	\$1500 ⁰⁰	\$1500 ⁰⁰
MO01	20	MILEAGE	\$6 ⁵⁰	\$130 ⁰⁰
MO03	8.23	Ton Mileage Delivery	\$600 ⁰⁰	\$4938 ⁰⁰
MO04		Pick-up mileage		
CB001	1	Squeeze Manufactured		
CP001	175 SKS	Class A	\$21 ⁰⁰	\$3675 ⁰⁰
			subtotal	\$5,905 ⁰⁰
			less 10% disc.	\$590 ⁵⁰
			sub total	\$5,314 ⁵⁰
			SALES TAX	231.53
			ESTIMATED TOTAL	5546.03

AUTHORIZATION _____ 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.