

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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KIM B. SHOEMAKER
CONSULTING GEOLOGIST
316-684-9709 • WICHITA, KS

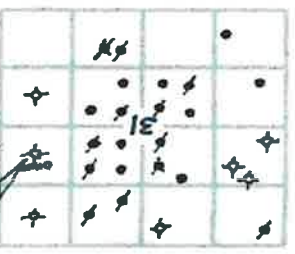
GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

COMPANY MAD OPERATORS, LLC
LEASE # 1 5WD LOW RIDER
FIELD LUNDGREN
LOCATION 3388' FSL & 651' FEL
SEC 31 T15S R02 29W
COUNTY GOVE STATE KANSAS

CONTRACTOR L D DRILLING & EXPLORATION, LLC
SPUD 7-30-25 COMP 8-B-25 (8-5)
RTD 4829 LTD 4720
MUD UP 4330 TYPE MUD CHEMICAL

SAMPLES SAVED FROM 4340 TO 4829
DRILLING TIME KEPT FROM 4330 TO 4829
SAMPLES EXAMINED FROM 4340 TO 4829
GEOLOGICAL SUPERVISION FROM 4300 TO 4829
GEOLOGIST ON WELL Kim B. SHOEMAKER

FORMATION TOPS	LOG	SAMPLES
MISS. DSAGE	4366-1761	4366-1761
MISS. GILMORE CITY	4474-1869	4474-1873
VIOLA	4580-1975	4580-1975
ARBuckle	4650-2045	4650-2045



REMARKS

7-30-25 5PUD
7-31 @ 592'
8-1 @ 2707'
8-2 @ 4330'
8-3 @ 4720'
8-4 @ 4720'
8-5 @ 4829'

API: 15-063-20452-00-01

* 1 SWD was owned of hole drilled in 1980, by Energy Reserves Group, Inc. (Card below)

Reached RTD 4330 and drilled deeper. Logged @ 4720 due to lost circulation hole then drilled deeper after log to 4829

LEGEND

Authentic	Spud	Spent	Shut	Shut at	Unshut	Outflow	Out	Recovery
[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]

DRILLING TIME IN MINUTES PER FOOT
Rate of Penetration Diagram

DEPTH
1300

8" 10" 18" 20"

GRD. 2610 KB CM 5/19/80 CARD 6/19/80 IP D&A/MISS 5/28/80
API 15-063-20 452

+	+	+	+
+	+	+	+
+	+	+	+
+	+	+	+

LOG TOP	DEPTH	DATUM
ANH	2008A	+ 6012
HEEB	3625L	-1075
LANS	3602	-1052
STARK SH	3903	-1293
BKG	3977W	-1283
PAW	4090	-1280
FT SG	4153	-1583
CHER SH	4177	-1567
ST L	4251	-1641
SPERG	4259	-1649
RTD	4330	-1720
LTD	4331	-1721

DST (1) 4258-70 (MISS) / 30-60-60-120', 10' MW SIP 1095-954#, FP 10-20/20-20#

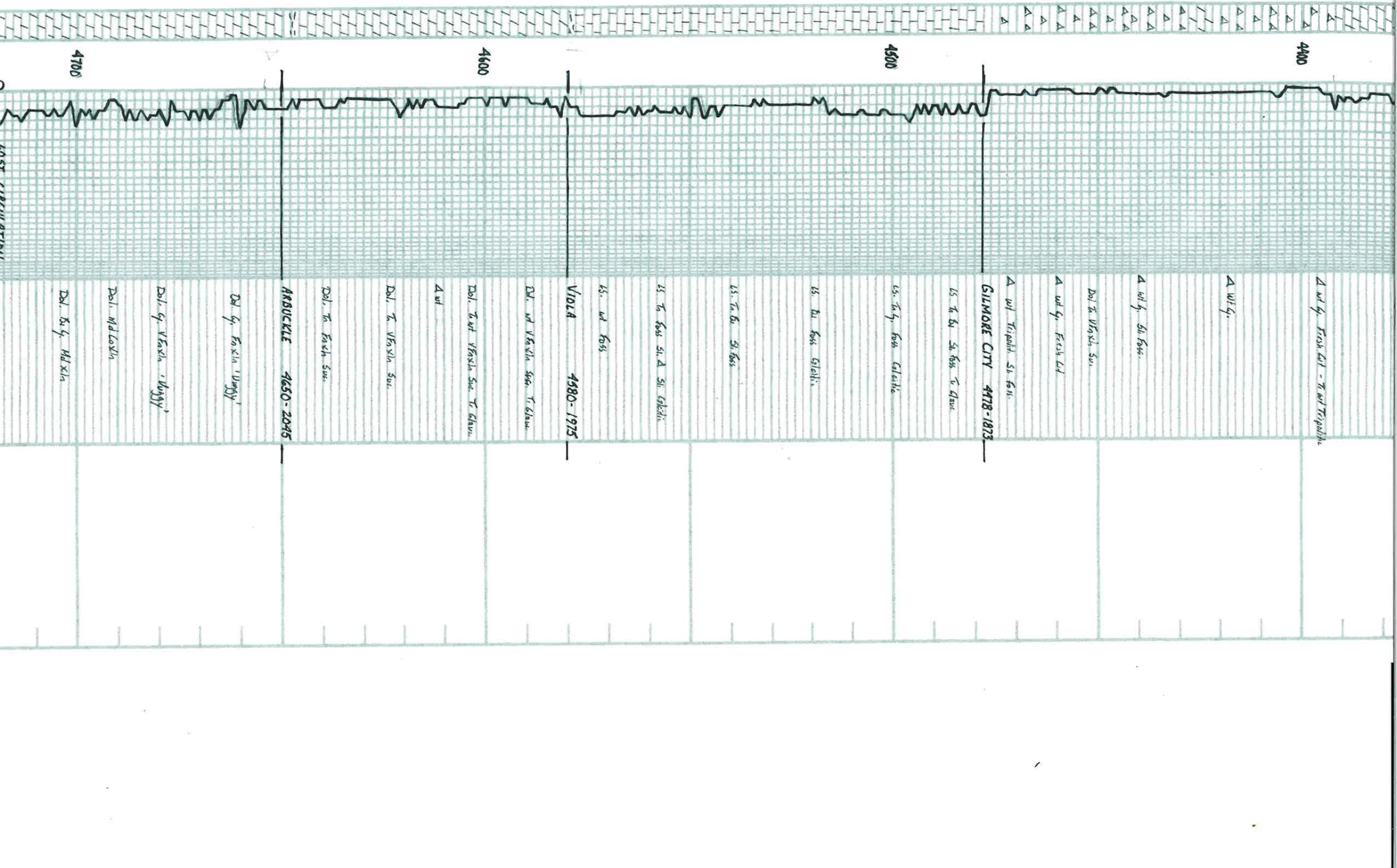
INDEPENDENT OIL & GAS SERVICE
WICHITA, KANSAS

13 N Fork, Okla.

OSAGE 4366-1761

Dd To Wash, Sec.





Δ wt q. Fresh Ld. - T. wt Tripolite

Δ wt q.

Δ wt q. Sl. Foss.

Dol. T. Vauxin Suv.

Δ wt q. Fresh Ld.

Δ wt Tripolite Sl. Foss.

GILMORE CITY 4478-1873

LS. T. B. Sl. Foss. T. Glau.

LS. T. q. Foss. Calcite

LS. T. B. Sl. Foss.

LS. T. B. Sl. Foss.

LS. T. Foss. Sl. A Sl. Calcite

LS. wt Foss

VIOLA 4580-1975

Dol. wt Vauxin Suv. T. Glau.

Dol. T. wt Vauxin Suv. T. Glau.

Δ wt

Dol. T. Vauxin Suv.

Dol. T. Vauxin Suv.

ARBUCKLE 4650-2045

Dol. q. Foss 'Unggy'

Dol. q. Vauxin 'buggy'

Dol. Md Loxh

Dol. Sl. q. Md Loxh

