

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](mailto: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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**TDR Construction, Inc.**  
**(913) 710-5400**  
**Wellsville, KS**

Well Information				Casing	
Southern Sky Energy				<b>Surface Production</b>	
Revey 48				Size:	7" 2 7/8"
API#15-059-27509		Sec/Twp/Rge	30/15/21	Depth:	20 FT 800
County:	Franklin	Commenced Spuding:	7/29/2025	Cement:	3 sks
				Drill Size:	5 5/8"
<b>Elevation</b>	1003	<b>Baffle</b>	768.9	Completed Drilling 7/30/2025	
<b>Distance From</b>		<b>Float</b>	799.4		
South Line	2145	<b>TD</b>	820		
East Line	1700				

**WELL LOG**

Thickness of Strata	Formation	Total Depth
0-16	Soil/Clay	16
49	Shale	65
28	Lime	93
7	Shale	100
11	Lime	111
3	Shale	114
18	Lime	132
36	Shale	168
19	Lime	187
81	Shale	268
30	Lime	298
4	Shale	302
7	Lime	309
22	Shale	331
4	Lime	335
38	Shale	373
8	Lime	381
4	Shale	385
12	Lime	397
10	Shale	407
23	Lime	430
4	Shale	434
4	Lime	438
3	Shale	441
6	Lime/Hertha	447
130	Shale	577
18	Sandy Shale	595
62	Shale	657
5	Lime	662
11	Shale	673





**CEMENT TREATMENT REPORT**

<b>Customer:</b>	Southern Sky Energy, LLC	<b>Well:</b>	Revey #51 & #48	<b>Ticket:</b>	EP18321
<b>City, State:</b>		<b>County:</b>	Franklin, Ks	<b>Date:</b>	7/30/2025
<b>Field Rep:</b>		<b>S-T-R:</b>	30-15-22	<b>Service:</b>	Longstring

Downhole Information	
Hole Size:	5 5/8 in
Hole Depth:	820 ft
Casing Size:	2 7/8 in
Casing Depth:	798/799 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	Baffle
Tool Depth:	767/769 ft
Displacement:	4.4 bbls

Calculated Slurry - Lead	
Blend:	Econobond 1# PS
Weight:	13.6 ppg
Water / Sx:	7.1 gal / sx
Yield:	1.56 ft <sup>3</sup> / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	bbls
Total Sacks:	183 sx

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

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
1:00 PM			-	-	On Location, held safety meeting
					#51
4.5					Established circulation
4.5					Mixed and pumped 300# Bentonite Gel followed by 4 bbl fresh water
4.5					Mixed and pumped 91 sks Econobond cement w/ 1# PS per sk, cement to surface
4.5					Flushed pump clean
1.5					Pumped 2 7/8" rubber plug to baffle w/ 4.44 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 and moved
2:00 PM					
					#48
4.5					Established circulation
4.5					Mixed and pumped 200# Bentonite Gel followed by 4 bbl fresh water
4.5					Mixed and pumped 92 sks Econobond cement w/ 1# PS per sk, cement to surface
4.5					Flushed pump clean
1.5					Pumped 2 7/8" rubber plug to baffle w/ 4.45 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
3:00 PM					Left location

CREW		UNIT	SUMMARY		
Cementer:	Nick B.	97	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Wes C.	207	3.6 bpm	- psi	- bbls
Bulk #1:	Drew B.	189			
Bulk #2:	Logan W.	110			