

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 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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CLEAVER FARM & HOME



Cleaver Farm & Home
 2103 South Santa Fe Ave
 Chanute KS 66720
 620-431-6070

CUSTOMER COPY



ORDER

2507-706277

PAGE 1 OF 1

SOLD TO
Cash Sales CHANUTE KS 66720

SHIP TO
Jeremiah Jackson Dale Jackson Production Co 2251 160th St Mapleton KS 66754 6203632180

ACCT NO	JOB
CASH	0
ENTRY DATE	7/29/2025 2:24:12 PM
DELIVER ON	08/08/2025
BRANCH	1000
CUSTOMER PO#	
STATION	C14
CASHIER	CHRC
SALESPERSON	
ORDER ENTRY	CHRC
MODIFIED BY	CHRC

They will have 17 pallets to return

CALL DAY BEFORE DELIVERY DRIVER CALL BEFORE LEAVING TO HEAD THAT WAY

Item	Description	D	Ordered	Sold	Remain	UM	Price	Per	Amount
STD	CEMENT PORTLAND TYPE 1L 94LB MONARCH	N	510		510	EA	15.3100	EA	7,808.10
DFSC	FREIGHT SURCHARGE		24		24	TON	6.0000	EA	144.00
<p><i>Returned 17 pallets check # 15073</i></p>									

Payment Method(s)

	SubTotal	7,952.10
Bourbon 8.15%	Sales Tax	636.36
	Deposit	0.00
Please pay this amount		8,588.46

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Pickup Payment

Signature _____

"WARNING" DANGER - MAY CAUSE BURNS TO EYES AND SKIN. CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER, SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OR A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED, CONSULT A PHYSICIAN IMMEDIATELY. DRINK WATER. CONTAINS CRYSTALLINE SILICA; CHRONIC OVEREXPOSURE TO AIRBORNE CRYSTALLINE SILICA HAS BEEN LINKED TO LUNG PROBLEMS, INCLUDING CANCER AND SILICOSIS. USE ANIOSH-APPROVED DUST RESPIRATOR. MATERIAL SAFETY DATA SHEETS AVAILABLE ON REQUEST. KEEP OUT OF REACH OF CHILDREN.

MEMBER
pca

From THE MONARCH CEMENT COMPANY AT HUMBOLDT, KANSAS

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder, shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

07/30/2025

SHIPPER'S NO: 0080614024

0003000114

CONSIGNEE TO CLEAVER FARM & HOME
2103 SOUTH SANTA FE
CHANUTE KS 66720-3201

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

If charges are to be prepaid, write or stamp here "Prepaid".

ROUTE
CUST REFERENCE 2507-471672
CAR NO/TRAILER NO

Quantity	Description	# Pallets	Weight
510 BAG	PACKAGE TYPE IL-PLC CEMENT	17	48,450 LB
17 EA	PALLETS		1,020 LB
MONARCH PALLETS RETURNED:			

CORRECT NET 48,450 LB
If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is a carrier's or shipper's weight. NOTE-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding Per: _____

CERTIFIED SHIPPERS WEIGHTS
THE MONARCH CEMENT COMPANY _____ Agent
Permanent post office address of shipper, HUMBOLDT, KANSAS 66748
Per: *CHK*

SPECIAL INSTRUCTIONS
572241 10

