

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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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	WITTMAN 16-T
Doc ID	1355422

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	710-719	shot	719

Summary of Changes

Lease Name and Number: WITTMAN 16-T

API/Permit #: 15-003-26556-00-00

Doc ID: 1355422

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	12/05/2016	05/19/2017
Electric Log Run?	No	Yes
Elogs_PDF		Gamma Ray/Neutron
Perf_Depth_1		719
Perf_Material_1		shot
Perf_Record_1		710-719
Perf_Shots_1		2
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1323899	../..kcc/detail/operatorEditDetail.cfm?docID=1355422



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1323899
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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: _____

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(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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	TAILWATER, INC				Customer Name:	DAN HUTCHINSON		Ticket No.:	100809	
Address:					AFE No.:			Date:	10/4/2016	
City, State, Zip:					Job type:	LONGSTRING				
Service District:	MADISON, KANSAS				Well Details:	SEC.18-TWP.20-R.20				
Well name & No.:	WITTMAN 16-T				Well Location:	GARNETT	County:	ANDERSON	State:	KANSAS
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED			AM	TIME
25	JAKE					ARRIVED AT JOB			PM	9:00
201	JERRY					START OPERATION			AM	
202	KEVIN					FINISH OPERATION			PM	
109	BILLY					RELEASED			AM	10:30
						MILES FROM STATION TO WELL			PM	5

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C23103	Cement Pump	ea	1.00	\$675.00	\$675.00	\$506.25
C10900	Vacuum Truck 80 bbl	hr	1.00	\$84.00	\$84.00	\$63.00
C24001	Cement Bulk Truck - Minimum	ea	0.50	\$300.00	\$150.00	\$150.00
P01604	50/50 Pozmix Cement	sack	96.00	\$11.30	\$1,084.80	\$813.60
P01607	Bentonite Gel	lb	165.00	\$0.30	\$49.50	\$37.13
P01607	Bentonite Gel	lb	300.00	\$0.30	\$90.00	\$67.60
P01618	Pheno Seal	lb	24.00	\$1.70	\$40.80	\$30.60
P02000	H2O	gal	3,500.00	\$0.01	\$45.50	\$34.13
P01631	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$22.50

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale

Gross:		\$ 2,249.60	Net:	\$ 1,724.70
Total Taxable	\$ -	Tax Rate:	7.150%	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ -	
		Total:	\$ 1,724.70	
Date of Service		10/4/2016		
HSI Representative		JAKE HEARD		
Customer Representative		DAN HUTCHINSON		

X _____
CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns:

Hurricane Services appreciates any Comments, Concerns or Criticism from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.



HURRICANE SERVICES INC

Customer:	TAILWATER, INC	Date:	10/4/2016	Ticket No.:	100809
Field Rep:	DAN HUTCHINSON				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100809
Well Name:	WITTMAN 16-T
Location:	GARNETT, KS
Formations:	
Type of Service:	LONSTRING
Well Type:	
Age of Well:	
Packer Type:	
Packer Depth:	
Treatment Via:	TUBING

Open Hole:	762'
Casing Depth:	
Casing Size:	
Tubing Depth:	752'
Tubing Size:	2 7/8"
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N ₂ /CO ₂	STP	ANNULUS				
9:00 AM					ON LOACTION			
					SAFETY MEETING			
					SPOT IN AND RIG UP			
9:48 AM	2.0		400.0		LOAD HOLE WITH FRESHWATER			7.00
9:50 AM	2.0		200.0		MIX AND PUMP GEL SPACER			9.00
9:58 AM	2.0		200.0		PUMP WATER TO BRING GEL AROUND			12.00
10:00 AM	2.0		200.0		MIX AND PUMP DYED WATER			2.00
10:02 AM	2.0		300.0		MIX AND PUMP CEMENT			21.00
10:08 AM					STOP			
					WASH PUMP AND LINES			8.00
					DROP PLUG			
	2.0		500.0		DISPLACE			4.50
10:14 AM			1,300.0		BUMP PLUG			
			500.0		BLEED DOWN TO 500 PSI			
					WASH UP PUMP			
					RIG DOWN			
TOTAL:						-	-	63.50

SUMMARY

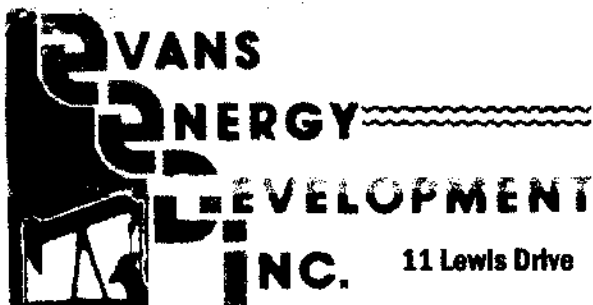
Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
2.0	2.0	1,300.0	450.0

PRODUCTS USED

96 SX 50:50 + 2%GEL + 1/4# PHENOSEAL

Treater: JAKE HEARD

Customer: DAN HUTCHINSON



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Tailwater, Inc.

Wittman #16-T

API #15-003-26,556

September 29 - September 30, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
15	soil & clay	15
111	shale	126
29	lime	155
25	shale	180
12	lime	192
40	shale	232
48	lime	280
5	shale	285
24	lime	309
3	shale	312
15	lime	327 base of the Kansas City
166	shale	493
2	lime	495
4	shale	499
11	lime	510 oil show
2	shale	512
2	oil sand	514 green, light bleeding
11	shale	525
15	broken sand	540 green & grey, light bleeding
13	shale	553
11	oil sand	564 green, ok bleeding
1	coal	565
7	shale	572
7	lime	579
14	shale	593
4	lime	597
22	shale	619
14	lime	633
40	shale	673
5	sand	678 no oil
31	shale	709
1	lime & shells	710
3	oil sand	713 brown, good bleeding
6	broken sand	719 brown & grey, 70% bleeding sand
43	shale	762 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 762'

Set 22.5' of 7" surface casing with 5 sacks of cement.

Set 752' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.