

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top Bottom</p>	

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:		

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	GOODE "A" 8-2
Doc ID	1371277

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.5	8.625	20	43	Portland	10	0
Production	6.75	4.50	11.60	1618	50/50 POZ/OWC	200	200# Phenoseal, 6% Gel

Summary of Changes

Lease Name and Number: GOODE "A" 8-2

API/Permit #: 15-019-27568-00-00

Doc ID: 1371277

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	10/16/2017	10/24/2017
Completion Or Recompletion Date	9/7/2017	10/3/2017
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Used on lease	No	10/23/2017 Yes
Operator's Contact Name	Stan miller, Sr.	Stan Miller, Sr.
Perf_acid1	500 gallons 15% Hcl,	500 gallons 15% Hcl, 6,000# Frac Sand
Producing Method Pumping	No	Yes
Production - Barrels Oil		3
Production - Barrels of Water		75
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=13 70431	../kcc/detail/operatorE ditDetail.cfm?docID=13 71277

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1370431

Form ACO-1

November 2016

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

☐ 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: _____

Form	ACO1 - Well Completion
Operator	SM Oil & Gas, Inc.
Well Name	GOODE "A" 8-2
Doc ID	1370431

Casing

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SM Oil & Gas, Inc.
P. O. Box 189
Skiatook, Oklahoma 74070
620-725-3200

August 31, 2017

Kansas Corporation Commission
Conservation Division
266 N. Main Street – Suite #220
Wichita, Kansas 67202-1513

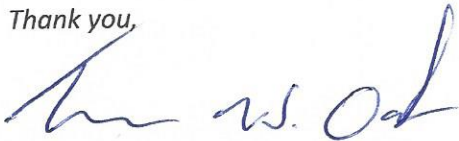
Re: Goode A #8-2
API #15-019-27568-00-00
Cement Usage ACO-1

To Whom It May Concern:

SM Oil & Gas, Inc. buys quantities of Portland Type I cement, which comes on pallets of 35 sacks per pallet, for the companies usage. In this case, the required 10 sacks of cement were mixed by our own drilling rig personnel and used to properly install the surface casing.

An invoice showing the bulk quantity of cement is available if needed.

Thank you,

A handwritten signature in blue ink, appearing to read "T. H. Oast", is written over the printed name.

Thomas H. Oast
Area Manager



Camp Eureka K's

Remarks: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ fresh water
Pump 500# gel-flush w/ hulls, 5 bbl water spacer. Mixed 125 sks 50/50 Permian cement
w/ 6% gel, 1# phenoxal / sk @ 12.8" / gal. Tail in w/ 75 sks OHW Cement w/ 1# phenoxal / sk
@ 14" / gal. Washout pump & lines. Displace w/ 25' bbl water. Final pump pressure 750
PSI. Pump plug to 1250 PSI. Release pressure, float & plug held. Good cement returns
to surface = 12 bbl slurry to pit. Job complete. Rig down

'Thank You'

[illegible]

5527.32

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.