

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

Confidentiality Requested:
 Yes No

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) (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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Summary of Changes

Lease Name and Number: UNDERWOOD 112

API/Permit #: 15-019-27592-00-00

Doc ID: 1376873

Correction Number: 3

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	12/13/2017	12/29/2017
Date of First or Resumed Production or SWD or Enhr Producing Method Pumping	No	12/18/2017 Yes
Production - Barrels Oil		6
Production - Barrels of Water		70

Operator Name: _____ Lease Name: _____ Well #: _____

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

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TUBING RECORD:	Size:	Set At:	Packer At:	
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Ackarman Hardware & Lumber
 Ackarman Inc
 160 East Main St
 Sedan, KS 67361
 620-725-3103
 Fax: 620-725-5688

CUSTOMER COPY



INVOICE

1710-105812 PAGE 1 OF 1

SOLD TO
STAN MILLER SM OIL & GAS P. O. BOX 189 SKIATOOK OK 74070

JOB ADDRESS
STAN MILLER SM OIL & GAS P. O. BOX 189 SKIATOOK OK 74070 918-396-3020

ACCOUNT	JOB
00680	0
SOLD ON	10/13/2017 8:29:05 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	A2
CASHIER	CAM
SALESPERSON	CM
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
10	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	14.9500	EACH	149.50
4	EACH	5614714	100A/RS A-21 ROUGH SERV B		Y	3.6900	EACH	14.76
			<i>AG 3"</i>					
			<i>Underwood #112 Surface cement</i>					

Payment Method(s) Buyer: TOM OAST

Charge to Acct 180.69

KS 10.00%	SubTotal	164.26
	Sales Tax	16.43
	Deposit	
Please Pay This Amount		180.69

[Handwritten Signature]
 Signature TOM OAST

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **3559**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
10-19-17	1180	Underwood #112				C9	KS	
Customer	Mailing Address	City	State	Zip Code	Unit #	Driver	Unit #	Driver
S.M. OIL & GAS	P.O. Box 189	SKIATOOK	OK	74070	105	DAVE G.		
					112	JASON H.		
					113	RICK L.		

Job Type Longstring Hole Depth 1630' Slurry Vol. 34 BBL Lead 20 BBL Tail Tubing _____
 Casing Depth 1624' Hole Size 6 3/4 Slurry Wt. 12.8# - 14# Drill Pipe _____
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 25.5 BBL Displacement PSI 850 Bump Plug to 1250 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 4 1/2 casing. BREAK CIRCULATION w/ 50 BBL Fresh water. Pump 500# Gel flush w/ HULLS, 5 BBL water Spacer. Mixed 125 SKS 50/50 Pozmix Cement w/ 6% Gel, 1# PhenoSeal /SK @ 12.8#/gal = 34 BBL Slurry. Tail in w/ 75 SKS o/wc Cement w/ 1# PhenoSeal /SK @ 14#/gal = 20 BBL Slurry. wash out Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 25.5 BBL Fresh water. FINAL Pumping Pressure 850 PSI. Bump Plug to 1250 PSI. wait 2 mins. Release Pressure. Float Held. Shut in @ 0 PSI. Good Cement Returns to SURFACE = 10 BBL Slurry to Pit. Job Complete. Rig down

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 204	125 SKS	50/50 Pozmix Cement	11.25	1406.25
C 206	630 #	6% Gel	.20 #	126.00
C 208	125 #	PhenoSeal 1#/SK	1.25 #	156.25
C 202	75 SKS	OWC Cement	19.15	1436.25
C 208	75 #	PhenoSeal 1#/SK	1.25 #	93.75
C 206	500 #	Gel Flush	.20 #	100.00
C 214	40 #	HULLS	.45 #	18.00
C 108 A	9.15 TONS	Ton Mileage BULK TRUCKS x 2	M/C x 2	690.00
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
C 113	3 Hrs	80 BBL VAC TRUCK (C & E OIL)	85.00	255.00
C 224	3300 gals	City water	10.00 / 1000	33.00
			Sub Total	5528.00
			Less 5%	276.40
			Sales Tax	290.23
			Total	5527.31

Authorization witness By Joel Title _____

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.