

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. 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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PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

12242
12117

TICKET NUMBER 55534

LOCATION Ottawa, KS

FOREMAN Cesey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #814790

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/20/18	7381	Barkis # SB-15	NW 17	16	24	M
CUSTOMER <u>S+B Operating</u>						
MAILING ADDRESS <u>9393 W. 110th St, Ste 500</u>						
CITY <u>Overland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66210</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>729</u>	<u>Cas Ken</u>	<u>Safety Meeting</u>	<u>Meeting</u>
			<u>495</u>	<u>Har Bec</u>		
			<u>503</u>	<u>Ala Mad</u>		
			<u>675</u>	<u>Kei Det</u>		

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 696' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 687' DRILL PIPE _____ TUBING baffle - 654' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 33'
 DISPLACEMENT 3.79 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

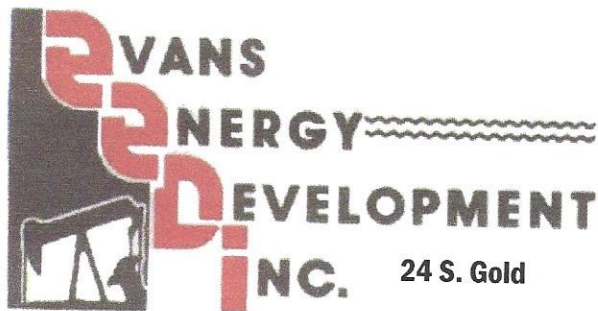
REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped, 71 sks Thixoblend II cement w/ 1 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 3.79 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	35 mi	MILEAGE	250.25	
CE0711	min	ton Mileage	660.00	
WE0853	2 hrs	80 lrc	200.00	
		trucks	2610.25	
		-48%	1252.92	
		Subtotal		1357.33
CC5861	71 sks	Thixoblend II cement	1917.00	
CC5965	200 #	Gel	60.00	
CC6079	71 #	Phenoseal	95.85	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2117.85	
		-48%	1016.57	
		Subtotal		1101.28
		SALES TAX 8%		88.10
		ESTIMATED TOTAL		2546.71
				4897.53

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's



24 S. Gold

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

S & B Operating LLC

Barkis #SB-15

API #15-121-31,573

December 19 - December 20, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
6	shale	18
7	lime	25
13	shale	38
36	lime	74
16	shale	90
11	lime	101
8	shale	109
3	lime	112
19	shale	131 red bed
7	lime	138
36	shale	174
10	lime	184
16	shale	200
26	lime	226 oil show
6	shale	232
20	lime	252
3	shale	255 black
3	lime	258
4	shale	262
10	lime	272 base of the Kansas City
11	shale	283
7	broken sand	290 brown sand & shale, ok bleeding
106	shale	396
2	silty shale	398
6	sand	404 shaley grey sand, no odor
58	shale	462
5	lime	467
1	shale	468
7	lime	475
5	shale	480
9	lime	489
19	shale	508
3	lime	511 oil show
9	shale	520
5	lime	525
6	shale	531
9	lime	540

21	shale	561
2	lime	563
7	shale	570
1	lime	571
2	shale	573
1	coal	574
28	shale	602
1	lime & shells	603
6	shale	609
1	lime & shells	610
3	silty shale	613
1	silty shale	614
3	oil sand	617 brown sand, soft good bleeding
4.5	broken sand	621.5 80% brown sand good bleeding 20% shale
2.5	silty shale	624
26	shale	650
1	coal	651
45	shale	696 TD

Drilled a 9 7/8" hole to 21.6'

Drilled a 5 5/8" hole to 696'

Set 21.6' of 7" surface casing threaded and coupled, cemented with 6 sacks cement.

Set 686.55' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and baffle
Baffle set at 653.75'

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
613		52
614		54
615		48
616		48
617	1	2
618		44
619		45
620		53
621		51
622		39
623		41
624		44
625	1	8
626	1	6
627	1	8
628	1	7
629		59
630		57
631	1	3