

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

12244

12120

TICKET NUMBER 55560

LOCATION Chanute, KS

FOREMAN Jim Greary

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice #84792

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-18	2381	Barkis # SB 14	NW 17	16	24	MI
CUSTOMER			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY			TRUCK #		DRIVER	
STATE			TRUCK #		DRIVER	
ZIP CODE			TRUCK #		DRIVER	
JOB TYPE			TRUCK #		DRIVER	
HOLE SIZE			TRUCK #		DRIVER	
HOLE DEPTH			TRUCK #		DRIVER	
CASING DEPTH			TRUCK #		DRIVER	
SLURRY WEIGHT			TRUCK #		DRIVER	
SLURRY VOL			TRUCK #		DRIVER	
WATER gal/sk			TRUCK #		DRIVER	
CEMENT LEFT in CASING			TRUCK #		DRIVER	
DISPLACEMENT			TRUCK #		DRIVER	
DISPLACEMENT PSI			TRUCK #		DRIVER	
MIX PSI			TRUCK #		DRIVER	
RATE			TRUCK #		DRIVER	

REMARKS: Held safety meeting, mix at and pump # gel to flush hole. Mix and pump 71 SK Thixoblend II with 1# Pheno seal. Circulated cement to surface. Flush pump clear of cement. Pump 2 3/8" Rubber plug to total depth of casing. Pressure well up to 800\* PSI well held good. Set float.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1570.00
CE0002	35	MILEAGE	467	250.25
CE0711	Min	10m Mileage	503	660.00
WE0853	2 HRS	Vac TIC	675	200.00
			<del>4890</del>	2610.25
			Less 4/8%	1252.92
				1357.00
CC5861	715K	Thixoblend II	1917.00	
CC5965	100#	Gel	30.00	
CC6079	71#	Pheno-Seal	95.85	
CP8176	1	2 3/8" Rubber Plug	45.00	
			2087.85	
			Less 4/8%	1002.12
				1085.00
				86.86

SCANNED

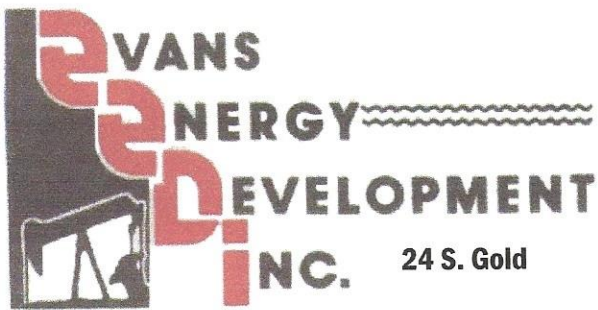
Ravin 3737

AUTHORIZATION R Y 12/21/18 TITLE Jim Greary DATE 12-21-18

ESTIMATED TOTAL 2529.00

SALES TAX 86.86

TOTAL 2615.86



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-14

API #15-121-31,572

December 20 - December 21, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
6	lime	18
36	shale	54
30	lime	84
16	shale	100
10	lime	110
8	shale	118
3	lime	121
20	shale	141 red bed
4	lime	145
38	shale	183
11	lime	194
15	shale	209
26	lime	235 oil show
7	shale	242
20	lime	262
4	shale	266
2	lime	268
4	shale	272
10	lime	282 base of the Kansas City
11	shale	293
1	broken sand	294 brown sand & shale light bleeding
1	silty shale	295
2	broken sand	297 brown sand & shale light bleeding
110	shale	407
5	sand	412
57	shale	469
4	lime	473
2	shale	475
2	lime	477
3	shale	480
2	lime	482
1	coal	483
5	shale	488
8	lime	496
18	shale	514
3	lime	517 brown lime, oil show

4	shale	521
1	coal	522
5	shale	527
5	lime	532
6	shale	538
9	lime	547
8	shale	555
1	lime	556
10	shale	566
4	lime	570
39	shale	609
1	lime & shells	610
5	shale	615
1	lime & shells	616
4	silty shale	620
4	broken sand	624 badly broken sand 25% brown sand 75% shale, ok bleeding
0.5	lime	624.5
3	oil sand	627.5 brown sand, good bleeding
1	broken sand	628.5 50% brown sand 50% shale laminations ok bleeding
83.5	shale	712 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 712'

Set 22' of 7" surface casing threaded and coupled, cemented with 6 sacks cement.

Set 702.95' of new 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and baffle  
Baffle set at 670.15'

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
620		56
621		48
622		40
623	1	12
624	1	38
625		47
626		40
627		44
628		42
629		48
630		46
631		48
632		48
633		44
634		48
635		43
636		45
637		51
638		41
639		56