

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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Production
TREATMENT REPORT

Acid Stage No. _____

Date 11/6/2022 District GB F.O. No. C60704
 Company HOWELL OIL CO
 Well Name & No. SABIN B-17
 Location _____ Field _____
 County RENO State KS

Type Treatment: _____ Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 5 1/2 Type & Wt. _____ Set at 3455 ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes No Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Pump Trucks: No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment _____ 360-308T
 Personnel GREG CLARENCE JOE
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative LARRY RESSLER Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:00				ON LOCATION
				PIPE DEPTH: 3455' INSERT: 3440'
				BASKETS: JTS 3,6 CENTRALIZERS: JTS 2,4,8,10,12,14
				CIRCULATE HOLE FOR 1 HOUR
				PUMP 600 GALS MUD FLUSH AND 15 BBLS H2O
				PLUG RATHOLE WITH 30 SKS AND PLUG MOUSEHOLE WITH 20 SKS
				CEMENT 5 1/2 WITH 250 SKS COMMON @ 6.5 BPM
				FLUSH PUMP AND LINE OUT
				DISPLACE WITH 82 BBLS H2O. PLUG LANDED. PSI TO 1500# PSI
				RELEASE PRESSURE PLUG HELD
				JOB COMPLETE
				THANK YOU!!!

Drilling & Geological Summary Report

Lone Wolf Well Logging, LLC

Well: Sabin B 17
2310' FNL 660' FEL
S13-T23S-R4W
API# 15-155-21791

Operator
Howell Oil Company, LLC
PO Box 250
Hutchinson, KS 67504

Elevation: GL 1465' KB 1477'

Wellsite Geologist: Brandon Wolfe 620-441-2704

Contractor: Lighthouse Drilling Rig 1

North
Well: Sabin B 12
1650' FNL 660' FEL
S13-T23S-R4W
KB: 1475'
E Log Tops

+/-

Center
Well: Sabin B 17
2310' FNL 660' FEL
S13-T23S-R4W
KB: 1477'
E Log Tops

+/-

South
Well: Dole 5
2310' FSL 971' FEL
S13-T23S-R4W
KB: 1478'
E Log Tops

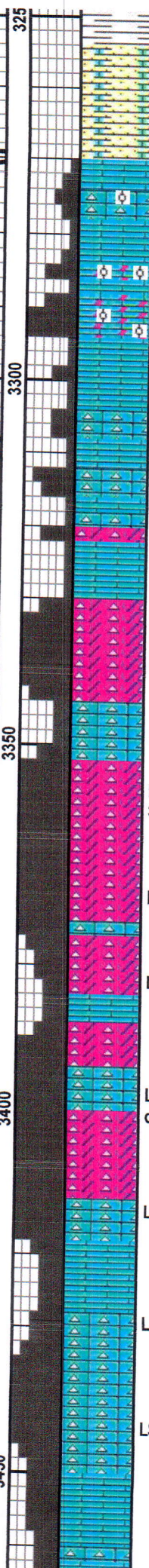
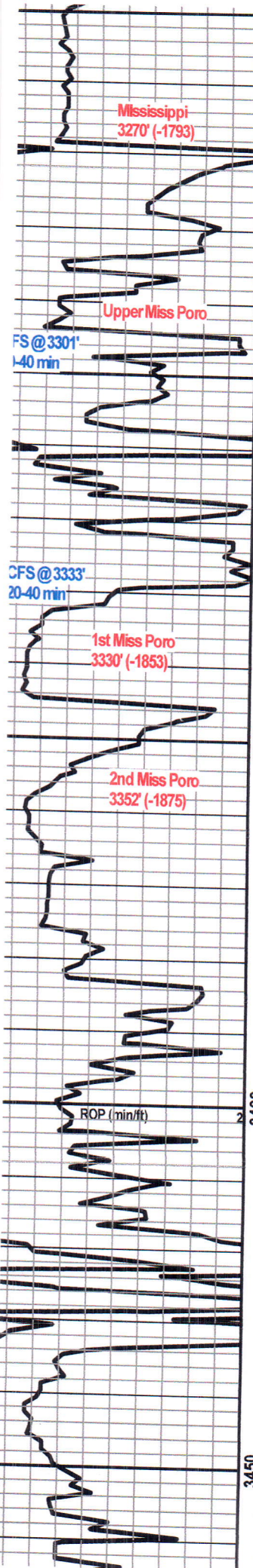
Heebner Sh	2344' (-869)	-10	2336' (-859)	+5	2332' (-854)
Lansing	2500' (-1025)	+1	2496' (-1026)	+7	2497' (-1019)
Dennis	2884' (-1409)	-24	2862' (-1385)	+10	2853' (-1375)
Stark	2911' (-1436)	-5	2911' (-1431)	+1	2908' (-1430)
Hush	2944' (-1469)	-6	2943' (-1463)	0	2941' (-1463)
B/ Kansas City	3003' (-1528)	-13	2995' (-1515)	+3	2990' (-1512)
Marmaton	3024' (-1549)	-22	3003' (-1527)	+1	3004' (-1526)
Pawnee	3086' (-1611)	-6	3085' (-1605)	+5	3078' (-1600)
Ft Scott	3108' (-1633)	-3	3111' (-1630)	+3	3105' (-1627)
Cherokee	3128' (-1653)	-2	3130' (-1651)	+3	3126' (-1648)
Mississippi	3270' (-1795)	-8	3270' (-1787)	-1	3266' (-1788)
1st Mississippi Poro	3328' (-1853)	0	3330' (-1853)	+4	3327' (-1849)
2nd Mississippi Poro	3346' (-1871)	+4	3352' (-1875)	+3	3350' (-1872)

Surveys

587: 7/8 degree
1055: 1 degree
1523: 1 degree
2024: 3/4 degree
2527: 3/4 degree
3024: 1 1/2 degree
3485: 1 degree

Daily Status

10/30/2022 Move in & Rig up.
11/2/2022 Spud. Run 298' of 10 3/4" surface. Plug down @ 8:30PM.
11/3/2022 Drill out @ 11:30AM. Drilling Ahead.
11/4/2022 Drilling Ahead. Midnight Depth: 1105'. Noon Depth: 2140'. Displace @ 1PM. Drill ahead @ 3:20PM.



SH: vc, amberto to gm to gry, pyr, silty, sli sndy, occ chrty LS, dil yllw flor, NS.

LS: cm to buff, med xln, dns, wthrd, sli chiky, sil incl, ool foss, gd interxn & vug por, sli SFO, scat lt stn, pr mlky cut, 10% gm/yllw flor, mod stmg odor

LS: off wht to cm, med xln, hghly wthrd, chiky, sli chrty, ool foss, sli dolo, grt interxn por, no SFO, sptd lt stn, scat dull gm flor, ft odor

LS: AA, w lam lt bm dolo LS, ool foss, sil incl, gry interxn & vug por, vry sli SFO, scat brght flor, ft to mod odor

LS: wht to cm, fn xln, dns, chrty, wthrd, mstly prvis por, occ fr interxn por, <5% brght yllw flor, vry sli SFO, fr odor

LS: AA w <5% brght yllw flor, vry sli SFO, fr odor

Dolo: cm to lt bm to wht mott, wthrd, suc, sndy txt, chrty, trc foss, sec frac, pyr, grt interxn & vug por, grt SFO & SGB, hvy live stn, 40-50% brght yllw flor, fst stmg fish cut w hvy brght res mg, vry stmg rich odor.

LS: cm, fn xln, dns, chrty, prvis por, NS.

DOLO: cm, wthrd, suc, sndy txt, pyr, chrty, sil incl, grt interxn por, mod live stn, fr SFO, sli SGB, 20% brght yllw flor, fst stmg cut w hvy res mg, stmg rich odor

DOLO: AA, w <5% brght yllw flor, sli SFO, lt stn, fr odor.

DOLO: AA w scat brght flor, no SFO, lt stn, ft odor

LS: bm to lt bm, fn xln, dns, lam frsh wht cm cht, foss, xln incl, frac, sli chiky, sli wthrd w occ fr interxn por, scat flor, no odor.

LS: cm to lt bm, fn xln, dns, chrty, dolo IP, foss, pyr, fr interxn por, NS.

LS: cm to tan, fn to med xln, dns, chrty, foss, pyr, sec frac, fr interxn por, NS.

LS: off wht to lt bm, fn xln, dns, wthrd, chiky, chrty, pyr, fr vis por, NS.

