



KANSAS CORPORATION COMMISSION 1070668
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1070668

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

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

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 09, 2012

Tom Denning
TDI, Inc.
1310 BISON RD
HAYS, KS 67601-9696

Re: ACO1
API 15-051-26171-00-00
Wetta 1
SW/4 Sec.15-15S-18W
Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tom Denning

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 5282

Cell 785-324-1041

Date	8/28/11	Sec.	15	Twp.	15	Range	18	County	Ellis	State	KS	On Location		Finish	9:30 AM
------	---------	------	----	------	----	-------	----	--------	-------	-------	----	-------------	--	--------	---------

Lease	Watta	Well No.	1	Location	Hays Mack, IN, E into
-------	-------	----------	---	----------	-----------------------

Contractor	Southwind Drilling Rig #1	Owner	To Quality Oilwell Cementing, Inc.
------------	---------------------------	-------	------------------------------------

Type Job	PTA	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
----------	-----	--	--

Hole Size	7 7/8"	T.D.	3700'	Charge To	TOT, Inc.
-----------	--------	------	-------	-----------	-----------

Csg.		Depth		Street	
------	--	-------	--	--------	--

Tbg. Size		Depth		City		State	
-----------	--	-------	--	------	--	-------	--

Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
------	--	-------	--	--	--	--

Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	225 ex 60/40 4% gel
---------------------	--	------------	--	-----------------------	---------------------

Meas Line		Displace		k# Flocele	
-----------	--	----------	--	------------	--

EQUIPMENT

Pumptrk	9	No.	Cementer	Paul	Common	135
---------	---	-----	----------	------	--------	-----

Bulktrk	3	No.	Driver	Matt	Poz. Mix	80
---------	---	-----	--------	------	----------	----

Bulktrk	PU	No.	Driver	Brian	Gel.	8
---------	----	-----	--------	-------	------	---

JOB SERVICES & REMARKS

Remarks:		Calcium	
----------	--	---------	--

Rat Hole	30 sx	Hulls	
----------	-------	-------	--

Mouse Hole	15 sx	Salt	
------------	-------	------	--

Centralizers		Flowseal	50 #
--------------	--	----------	------

Baskets		Kol-Seal	
---------	--	----------	--

D/V or Port Collar		Mud CLR 48	
--------------------	--	------------	--

3620' - 25 sx		CFL-117 or CD110 CAF 38	
---------------	--	-------------------------	--

1210' - 25 sx		Sand	
---------------	--	------	--

530' - 80 sx		Handling	233
--------------	--	----------	-----

250' - 40 sx		Mileage	
--------------	--	---------	--

40' - 10 sx		FLOAT EQUIPMENT	
-------------	--	------------------------	--

		Guide Shoe	
--	--	------------	--

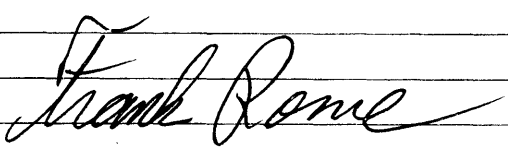
		Centralizer	
--	--	-------------	--

		Baskets	8 5/8"
--	--	---------	--------

		AFU Inserts	
--	--	-------------	--

		Float Shoe	Dry Hole Plug
--	--	------------	---------------

		Latch Down	
--	--	------------	--

Thank You!!


Pumptrk Charge plug
 Mileage 11

Tax
 Discount
 Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5329

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-22-11	15	15	18	Ellis	KS		8:00 p.m.
Lease <i>Wetta</i>	Well No. <i>1</i>		Location <i>Hays made 1/2w Ellito</i>				
Contractor <i>Southwind #1</i>				Owner			
Type Job <i>Surface</i>				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size <i>12 1/4</i>	T.D. <i>224</i>		Charge To <i>TAI</i>				
Csg. <i>8 5/8</i>	Depth <i>222</i>		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg. <i>15'</i>	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <i>133C</i>		Cement Amount Ordered <i>150 com 3% @ 206/1</i>				
EQUIPMENT							
Pumptrk <i>9</i>	No.	Cement Helper <i>Greg</i>	Common <i>150</i>				
Bulktrk	No.	Driver <i>Paul</i>	Poz. Mix				
Bulktrk <i>10</i>	No.	Driver <i>Diana S</i>	Gel. <i>3</i>				
JOB SERVICES & REMARKS			Calcium <i>5</i>				
Remarks:			Hulls				
Rat Hole			Salt				
Mouse Hole			Flowseal				
Centralizers			Kol-Seal				
Baskets			Mud CLR 48				
D/V or Port Collar			CFL-117 or CD110 CAF 38				
<i>8 5/8 in bottom Est Circulation</i>			Sand				
<i>Min 150 SIC & Displace</i>			Handling <i>158</i>				
<i>Cement</i>			Mileage				
FLOAT EQUIPMENT							
			Guide Shoe				
			Centralizer				
			Baskets				
			AFU Inserts <i>Swage</i>				
			Float Shoe				
			Latch Down				
			Pumptrk Charge <i>Surface</i>				
			Mileage <i>11</i>				
			Tax				
			Discount				
			Total Charge				
X Signature <i>Frank Rame</i>							

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 10, 2012

Tom Denning
TDI, Inc.
1310 BISON RD
HAYS, KS 67601-9696

Re: ACO-1
API 15-051-26171-00-00
Wetta 1
SW/4 Sec.15-15S-18W
Ellis County, Kansas

Dear Tom Denning:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/22/2011 and the ACO-1 was received on January 10, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department