



KANSAS CORPORATION COMMISSION 1089550  
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: \_\_\_\_\_



1089550

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
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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
_____ 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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# 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. 484

Date	4-1-12	Sec.	1	Twp.	15	Range	19	County	Ellis	State	Kansas	On Location		Finish	9:00am
Lease	Fred Haas	Well No.	2		Location Antenna 1E 1S 1W 1/4										
Contractor	Martin Drilling Rig 1b							Owner							
Type Job	D.V. Tap							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	7 7/8		T.D.		3691		Charge To								
Csg.	5 1/2 14lb		Depth		3600		Central Operating								
Tbg. Size			Depth				Street								
Tool	D.V. #58		Depth		1302		City				State				
Cement Left in Csg.			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line			Displace		31 3/4 (36)		Cement Amount Ordered				230x Q-MDC 1/2				

### EQUIPMENT

Pumptrk	5	No.	Cementer	Steve	Common	130
Bulktrk	10	No.	Driver	Blair	Poz. Mix	
Bulktrk		No.	Driver	Coody	Gel.	

### JOB SERVICES & REMARKS

Remarks:		Calcium
Rat Hole	30sx	Hulls
Mouse Hole	20sx	Salt
Centralizers		Flowseal 57#
Baskets		Kol-Seal
D/V or Port Collar	#58 @ 1302	Mud CLR 48
Open DV Tool & Break Circulation		CFL-117 or CD110 CAF 38
30sx Rat Hole		Sand
20sx Mouse Hole		Handling 130
		Mileage

### FLOAT EQUIPMENT

Mix 180sx Q-MIX		Guide Shoe
Land plug @ 1600 psi	1	Centralizer
Close DV tool		Baskets
		AJU-Inserts
		Float Shoe
		Latch Down

Cement did Circulate

Start to prod long string (Top stage)

Signature: P. Orman

Pumptrk Charge	11	Tax	
Mileage	11	Discount	



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 483

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-1-12	1	15	19	Ellis	Kansas		8:00AM
Lease <i>Fred Haas</i>	Well No. <i>2</i>		Location <i>Antcaino 1E 15 1/2W N10</i>				
Contractor <i>Martin Drilling Rig 16</i>	Owner			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.			
Type Job <i>D.V. Bottom</i>	Hole Size <i>7 7/8</i>			T.D. <i>3691</i>	Charge To <i>Central Operating</i>		
Csg. <i>5 1/2 146</i>	Depth <i>3690</i>			Street			
Tbg. Size	Depth			City State			
Tool <i>D.V. #58</i>	Depth <i>1302</i>			The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg. <i>38.30</i>	Shoe Joint <i>38.30</i>			Cement Amount Ordered <i>125 Common 10% Salt</i>			
Meas Line	Displace <i>89 1/2 Bl</i>			<i>2 Labal 1/2 lb Flo-Seal per sk 500 Gal</i>			
EQUIPMENT							
Pumptrk <i>5</i>	No.	Cementers <i>Stew</i>	Common <i>Mud Clear - 48 125 -</i>				
Bulktrk <i>14</i>	No.	Driver <i>Blod</i>	Poz. Mix				
Bulktrk	No.	Driver <i>Brian</i>	Gel. <i>3</i>				
JOB SERVICES & REMARKS				Calcium			
Remarks:				Hulls			
Rat Hole				Salt <i>11</i>			
Mouse Hole				Flowseal <i>31#</i>			
Centralizers <i>1 4 7 10 13 57</i>				Kol-Seal			
Baskets <i>1 57</i>				Mud CLR 48 <i>500 gal</i>			
D/V or Port Collar <i>#58 @ 1302</i>				CFL-117 or CD110 CAF 38			
<i>Land plug @ 1200 psi</i>				Sand			
<i>Flood Hold</i>				Handling <i>139</i>			
				Mileage			
				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer <i>6</i>			
				Baskets <i>2</i>			
				AFU Inserts			
				Float Shoe <i>1</i>			
				Latch Down			
<i>Thank you</i>				<i>D.V. Tool w/ latch down plug</i>			
<i>QLO</i>				Pumptrk Charge <i>prod key string</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Bottom Stage</span>			
				Mileage <i>11</i>			
				Tax			
				Discount			



# 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. 305

Date	3-26-12	Sec.	1	Twp.	15	Range	19	County	Ellis	State	KS	On Location		Finish	10:45p.m.	
Lease	Fred Haag			Well No.	2		Location Antonio E 2200 13 1/2 W Vinto									
Contractor	Murphy #16			Owner				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.								
Type Job	Surface			Charge To				Central Operating								
Hole Size	12 1/4			T.D.				220								
Csg.	8 5/8			Depth				218								
Tbg. Size				Depth				Street								
Tool				Depth				City State								
Cement Left in Csg.	15'			Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line				Displace				13 BC Cement Amount Ordered 150 com 3/20/12 2/20/12								
<b>EQUIPMENT</b>																
Pumptrk	15	No.	Cement Helper	Craig		Common 150										
Bulktrk		No.	Driver	Doug		Poz. Mix										
Bulktrk	8	No.	Driver	Levy		Gel. 3										
<b>JOB SERVICES &amp; REMARKS</b>																
Remarks:	Hulls															
Rat Hole	Salt															
Mouse Hole	Flowseal															
Centralizers	Koi Seal															
Baskets	Mud CLR 48															
D/V or Port Collar	CFL-117 or CD110 CAF 38															
8 5/8 on bottom - Est Circulation.																
MIX 150 SIK + D 3 illiac																
Cement Circulated																
<b>FLOAT EQUIPMENT</b>																
Guide Shoe																
Centralizer																
Baskets																
AFU inserts																
Float shoe																
Latch Down																
Pumptrk Charge Surface																
Mileage //																
Tax																
Discount																

x 1 0 0



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Central Operating Inc  
 1600 Broadway ste 1050  
 Denver CO 80202  
 ATTN: Ed Glassman

**1 15s 19w Ellis**  
**#2 Fredd Haas**  
 Job Ticket: 46049 **DST#: 1**  
 Test Start: 2012.03.30 @ 03:44:00

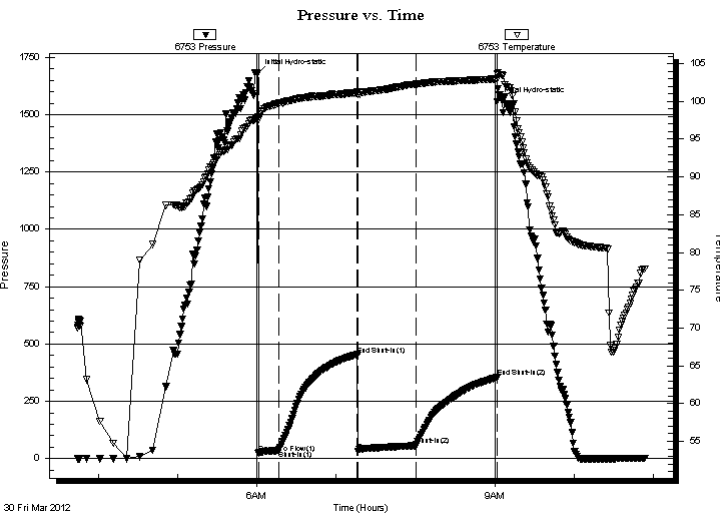
## GENERAL INFORMATION:

Formation: **Toronto-LKC "C"**  
 Deviated: No Whipstock: 2106.00 ft (KB)  
 Time Tool Opened: 06:01:00  
 Time Test Ended: 10:53:30  
 Interval: **3331.00 ft (KB) To 3420.00 ft (KB) (TVD)**  
 Total Depth: 3420.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole (Initial)  
 Tester: Jim Svaty  
 Unit No: 59  
 Reference Elevations: 2106.00 ft (KB)  
 2101.00 ft (CF)  
 KB to GR/CF: 5.00 ft

## Serial #: 6753 Outside

Press @ Run Depth: 56.59 psig @ 3332.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2012.03.30 End Date: 2012.03.30 Last Calib.: 2012.03.30  
 Start Time: 03:44:05 End Time: 10:53:29 Time On Btm: 2012.03.30 @ 06:00:30  
 Time Off Btm: 2012.03.30 @ 09:02:00

TEST COMMENT: 15-IFP- BOB in 8min  
 60-ISIP- 1/2 Blow Died in 5min  
 45-FFP- BOB in 1min  
 60-FSIP- 3/4 in Blow Died in 6min



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1677.82	98.03	Initial Hydro-static
1	22.36	97.66	Open To Flow (1)
16	35.61	99.68	Shut-In(1)
76	451.19	101.22	End Shut-In(1)
76	32.35	100.90	Open To Flow (2)
120	56.59	102.28	Shut-In(2)
181	353.40	102.98	End Shut-In(2)
182	1556.26	103.61	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
102.00	GOCM 10%g 30%o 60%m	1.17
0.00	640 GIP	0.00

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Central Operating Inc

**1 15s 19w Ellis**

1600 Broadway ste 1050  
Denver CO 80202

**#2 Fredd Haas**

Job Ticket: 46049

**DST#: 1**

ATTN: Ed Glassman

Test Start: 2012.03.30 @ 03:44:00

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.58 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3500.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
102.00	GOCM 10%g 30%o 60%m	1.167
0.00	640 GIP	0.000

Total Length: 102.00 ft

Total Volume: 1.167 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

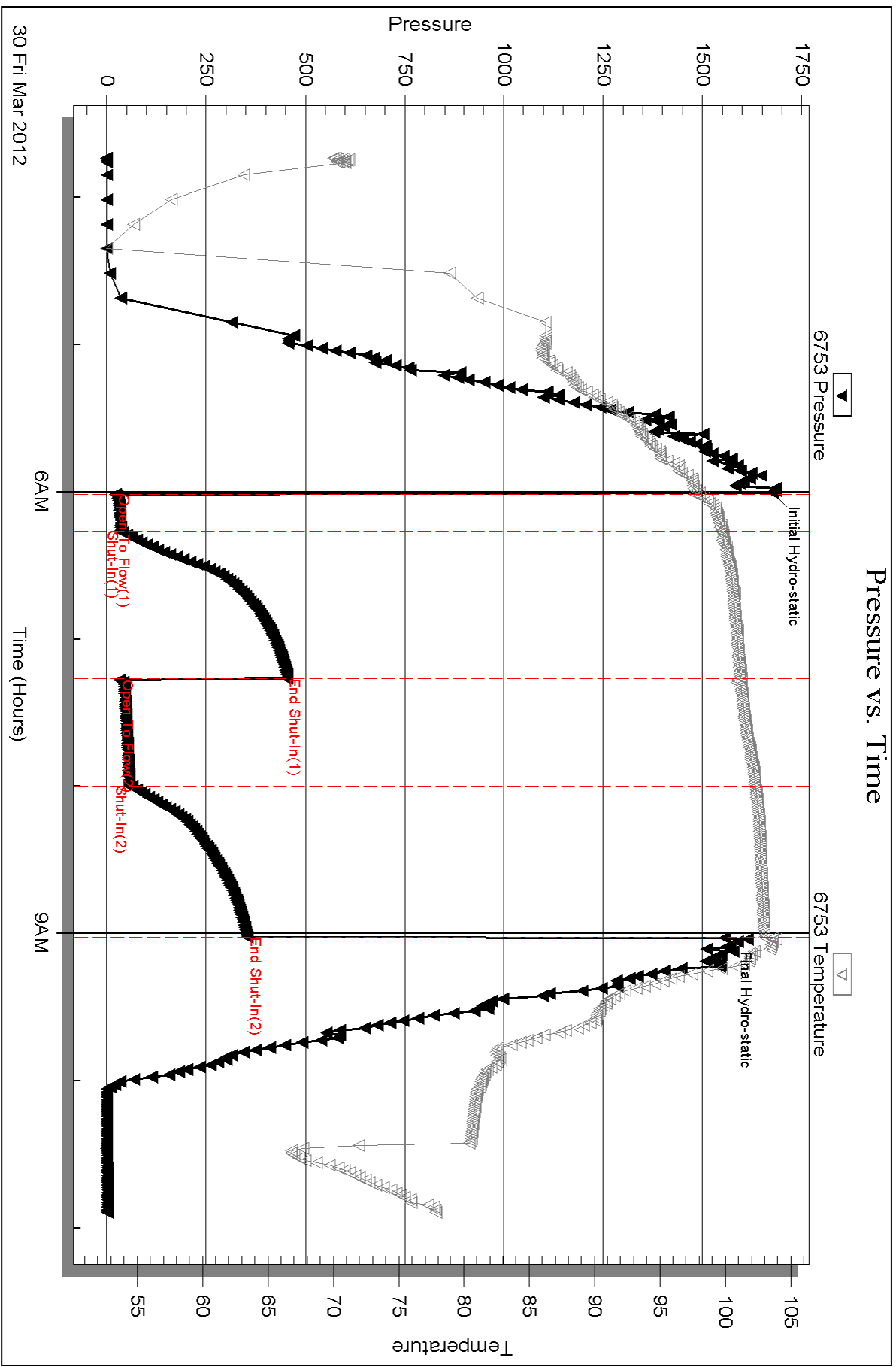
Serial #:

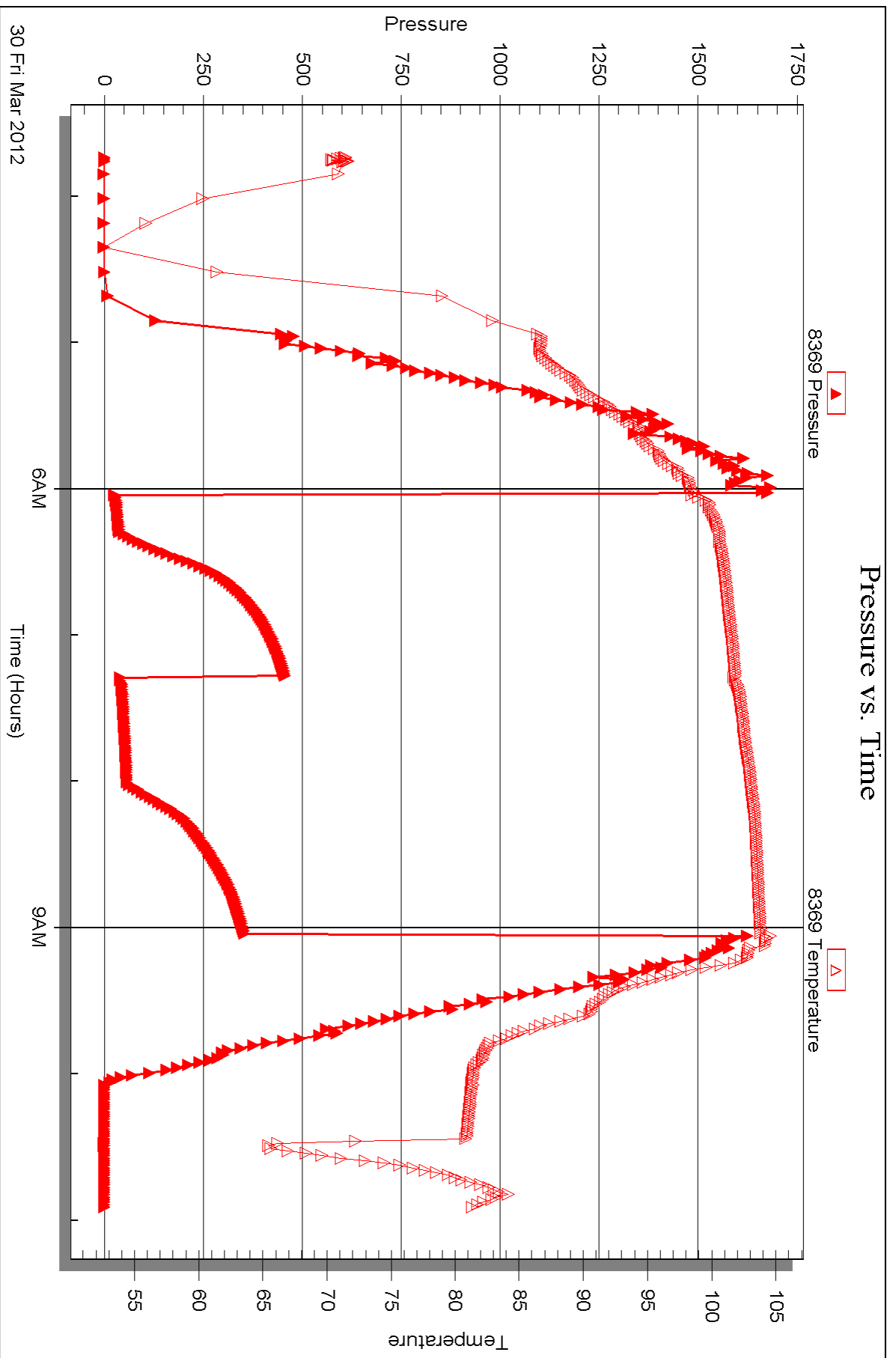
Laboratory Name:

Laboratory Location:

Recovery Comments:











**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Central Operating Inc  
 1600 Broadway ste 1050  
 Denver CO 80202  
 ATTN: Ed Glassman

**1 15s 19w Ellis**  
**#2 Fredd Haas**  
 Job Ticket: 46050 **DST#: 2**  
 Test Start: 2012.03.30 @ 23:23:00

## GENERAL INFORMATION:

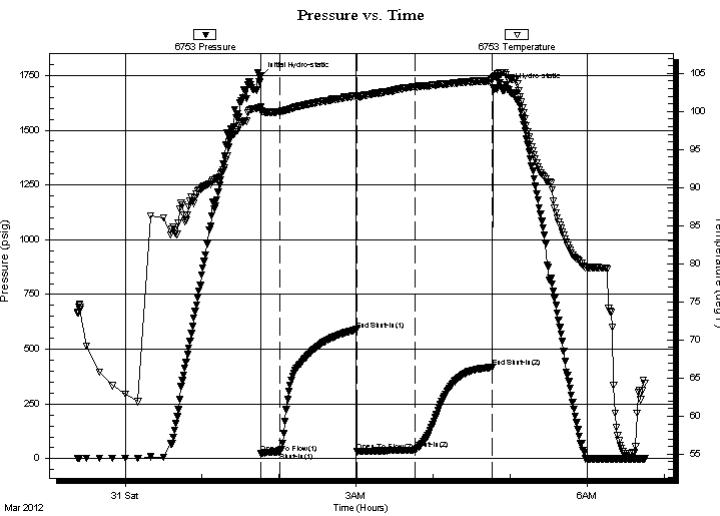
Formation: **LKC "HI J & K"**  
 Deviated: No Whipstock: 2106.00 ft (KB)  
 Time Tool Opened: 01:46:00  
 Time Test Ended: 06:44:30  
 Interval: **3494.00 ft (KB) To 3600.00 ft (KB) (TVD)**  
 Total Depth: 3600.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole (Reset)  
 Tester: Jim Svaty  
 Unit No: 59  
 Reference Elevations: 2106.00 ft (KB)  
 2101.00 ft (CF)  
 KB to GR/CF: 5.00 ft

## Serial #: 6753

**Outside**

Press @ Run Depth: 41.18 psig @ 3495.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2012.03.30 End Date: 2012.03.31 Last Calib.: 2012.03.31  
 Start Time: 23:23:05 End Time: 06:44:29 Time On Btm: 2012.03.31 @ 01:45:30  
 Time Off Btm: 2012.03.31 @ 04:46:30

TEST COMMENT: 15-IFP- 2 1/2in Blow  
 60-ISIP- No Blow  
 45-FFP- Surface Blow in 2min  
 60-FSIP- No Blow



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1746.84	100.55	Initial Hydro-static
1	22.45	100.06	Open To Flow (1)
15	31.52	99.98	Shut-In(1)
75	589.02	102.11	End Shut-In(1)
75	32.37	101.66	Open To Flow (2)
121	41.18	103.18	Shut-In(2)
181	416.58	104.05	End Shut-In(2)
181	1695.97	104.46	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
60.00	Mud 100%	0.58

\* Recovery from multiple tests

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)







**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Central Operating Inc

**1 15s 19w Ellis**

1600 Broadway ste 1050  
Denver CO 80202

**#2 Fredd Haas**

Job Ticket: 46050

**DST#: 2**

ATTN: Ed Glassman

Test Start: 2012.03.30 @ 23:23:00

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.56 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	Mud 100%	0.577

Total Length: 60.00 ft      Total Volume: 0.577 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

