

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1092731

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

### WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15					
Name:	Spot Description:					
Address 1:	SecTwpS. R 🗌 East 🗌 West					
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from _ East / _ West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □SE □SW					
CONTRACTOR: License #	GPS Location: Lat:, Long:					
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
New Well Re-Entry Workover	Field Name:					
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:					
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:					
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?					
Cathodic Other (Core, Expl., etc.):						
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set:Feet					
Operator:	If Alternate II completion, cement circulated from:					
Well Name:	feet depth to:w/sx cmt.					
Original Comp. Date: Original Total Depth:						
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan					
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)					
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls					
☐ Commingled     Permit #:       ☐ Dual Completion     Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
ENHR Permit #:	·					
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R					
Recompletion Date Recompletion Date	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							
Geologist Report Received							
UIC Distribution							
ALT I II Approved by: Date:							

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
<b>INSTRUCTIONS:</b> Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital ele	ectronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an			mple
Samples Sent to Geological Survey			es No		Nam	e		Тор		Datum
Cores Taken Yes Electric Log Run Yes										
List All E. Logs Run:										
				RECORD	☐ Ne					
		Repo	rt all strings set-c	conductor, su	rface, inte	ermediate, producti	on, etc.			
Purpose of String	Size Hole Drilled			Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and Percent Additives			
Perforate Protect Casing	Jop Zollow									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1	<i>)</i>
Shots Per Foot PERFORATION RECORD - Bridge Plug Specify Footage of Each Interval Per						Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth				
opposity i solage of Each mortal i one								,		
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed Production, SWD or ENHR.  Producing Metho Flowing			nod:	g 🗌	Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio		Gravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIVIIVILAVAL	
(If vented, Sub			Other (Specify)		(Submit )	ACO-5) (Subi	mit ACO-4)			

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 Thomas E. Wright, Commissioner Sam Brownback, Governor

September 05, 2012

LEROY HOLT Russell Oil, Inc. PO BOX 8050 EDMOND, OK 73083

Re: ACO1 API 15-167-23800-00-00 Betty Radke A 1-31 SW/4 Sec.31-15S-14W Russell 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, LEROY HOLT

## 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. 960

lam whole doj art for meSec.4	Twp.	Range	a most	County	State State	On Location	neds:Finish ei doj			
Date 5/7-12	eyons d exact 8	Di ere to nonese.	Ku	ement area of	Lauses (1880 18	A SHE INCHEST WHE D	230mg			
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Type Job			To Quality Oi You are here	Iwell Cementing, Inc. by requested to rent of	cementing equipment	and furnish				
Hole Size	DESIGNED ASSOCIATED VALOUE SELECTION OF SECURE FROM SERVICE SERVICE FROM THE SECURE FROM THE S				d helper to assist own	er or contractor to do	work as listed.			
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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. 015

Cell 705-324-1041									
Sec.	Twp. Range	(	County	State	On Location	Finish			
Date 5 8014			18	13-7		8,150n			
Lease Betty Radkey	Vell No/4 - 1 - 3 /	Location	on 20/1/	sorger 15	1000	97			
Contractor Southwin	we Righ	2019	Owner	1W	NYE MI	w Parker Stends			
Type Job Dug			To Quality O You are here	ilwell Cementing, Inc.	cementing equipmen	and furnish			
Hole Size	cementer an	d helper to assist owr	ner or contractor to de	work as listed.					
Csg.	Depth		Charge Kussell Ow						
Tbg. Size	Depth			Street					
Tool	Depth	17,12,01	City						
Cement Left in Csg.	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line	Displace		Cement Amount Ordered / 65 % 41% g el						
EQUIPM	IENT		1/4 Flow						
Pumptrk / 5 No. Cementer Helper	La	) L	Common	NOT THE RESERVE		North Action			
Bulktrk No. Driver Driver	Levi	/	Poz. Mix						
Bulktrk No. Driver Driver	Col	4	Gel.	The Style Switch.		A second of			
JOB SERVICES	& REMARKS		Calcium			1 P 16 - 1 P 1 P 1			
Remarks:			Hulls	and restaugati		TOWARD CO			
Rat Hole			Salt						
Mouse Hole			Flowseal						
Centralizers			Kol-Seal						
Baskets	Mud CLR 48								
D/V or Port Collar	BUARD CONTRACTOR		CFL-117 or CD110 CAF 38						
77/	11100		Sand						
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			Mileage						
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