



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102715
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1102715

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Edison Operating Company LLC
Well Name	Bayer 1-20
Doc ID	1102715

All Electric Logs Run

Dual Induction
Compensated Density
Micro Log
Sonic



PAGE	CUST NO	INVOICE DATE
1 of 1	1007020	08/17/2012
INVOICE NUMBER		
1718 - 90981110		

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 I 1223 NORTH ROCK ROAD BLDG I-100
 L WICHITA
 L KS US 67206
 T
 O ATTN: DAVID WITHROW

J LEASE NAME Bayer 1-20
 O LOCATION
 B COUNTY Rice
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40500434	20920		Net - 30 days	09/16/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/16/2012 to 08/16/2012</i>				
0040500434				
171806862A Cement-New Well Casing/Pi 08/16/2012 Cement 5 1/2" Longstring				
AA2 Cement	110.00	EA	11.90	1,308.91
60/40 POZ	50.00	EA	8.40	419.97
C-41P	26.00	EA	2.80	72.80
Salt	505.00	EA	0.35	176.74
C-44	104.00	EA	3.60	374.89
FLA-322	52.00	EA	5.25	272.98
Gilsonite	550.00	EA	0.47	257.93
Super Flush II	500.00	EA	1.07	535.46
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	279.98	279.98
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	251.98	251.98
"Turbolizer, 5 1/2" (Blue)"	9.00	EA	76.99	692.95
"Unit Mileage Chg (PU, cars one way)"	70.00	MI	2.97	208.24
Heavy Equipment Mileage	140.00	MI	4.90	685.95
"Proppant & Bulk Del. Chgs., per ton mil	515.00	EA	1.12	576.76
Depth Charge; 3001-4000'	1.00	EA	1,511.90	1,511.90
Blending & Mixing Service Charge	160.00	BAG	0.98	156.79
Plug Container Util. Chg.	1.00	EA	174.99	174.99
"Service Supervisor, first 8 hrs on loc.	1.00	EA	122.49	122.49

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	8,081.71
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	8,081.71
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

Quality Well Service, Inc.

324 Simpson St
Pratt, KS 67124

Invoice

Date	Invoice #
8/17/2012	C-584

Bill To
Edison Operating
1223 N Rock Rd
Wichita, KS 67206

P.O. No.	Terms	Lease Name
		Bayer #1-20

Description	Qty	Rate	Amount
Common Gel	275	13.50	3,712.50T
Calcium Flo-Seal	5	20.50	102.50T
8 5/8 Wooden Plug	10	53.00	530.00T
Handling	68.75	2.00	137.50T
.08 * sacks * miles	1	85.00	85.00T
SFC 0-500'	290	2.10	609.00
LMV	1	0.08	440.00
Pump Truck Mileage	5,500	600.00	600.00
Discount	20	2.00	40.00
Discount	20	8.00	160.00
Discount Expires after 30 days from the date of the invoice	685.13	-1.00	-685.13T
	277.35	-1.00	-277.35
		0.00	0.00
Bayer #1-20			
Rice Co.			
Thank You for your business!			
Subtotal			\$5,454.02
Sales Tax (7.3%)			\$283.41
Total			\$5,737.43

QUALITY WELL SERVICE, INC.

5623

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	8-10-12	Sec.	AD	Twp.	20	Range	10	County	Rice	State	KS	On Location		Finish	7:30-8:00pm	
Lease	Boyer	Well No.		1-20		Location	Ellinwood 10E 3 1/2 S E10									
Contractor	Mallord												Owner	To Quality Well Service, 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	Edison operating		
Hole Size	12 1/4												T.D.	386		
Csg.	8 5/8												Depth	385		
Tbg. Size													Depth			
Tool													Depth			
Cement Left in Csg.	20 ft												Shoe Joint			
Meas Line													Displace	2329 bbl		
EQUIPMENT																
Pumptrk	No.	B												Common	275	
Bulktrk	No.	5												Poz. Mix		
Bulktrk	No.													Gel.	5	
Pickup	No.													Calcium	10	
JOB SERVICES & REMARKS																
Rat Hole	Salt															
Mouse Hole	Flowseal 68.75															
Centralizers	Kol-Seal															
Baskets	Mud CLR 48															
D/W or Port Collar	CFL-117 or CD110 CAF 38															
	Ran 9 JTS at 8 5/8 casing and landing Sand															
	Handling 290															
	Mileage 20															
	FLOAT EQUIPMENT															
	EST Circulation with mud pump !!															
	Guide Shoe															
	Hooked up and mixed 275sx - shut															
	down and released plug - Dis. 23 1/4 hbl															
	Baskets															
	at H2O - shut in @ 300 psi															
	AFU Inserts															
	Float Shoe															
	Cement D.O.B circulate to surface !!															
	Latch Down															
	8 5/8 Wooden Plug															
	Pumptrk Charge Surface.															
	Mileage 20															
	Tax															
	Discount															
	Total Charge															
X	Signature															

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 27, 2012

David Withrow
Edison Operating Company LLC
9427 E. Cross Creek
WICHITA, KS 67206

Re: ACO1
API 15-159-22696-00-00
Bayer 1-20
NW/4 Sec.20-20S-10W
Rice 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,
David Withrow