



KANSAS CORPORATION COMMISSION 1105201  
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: \_\_\_\_\_



1105201

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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# QUALITY WELL SERVICE, INC.

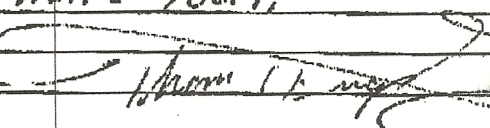
5722

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	10-3-12	Sec.	13	Twp.	10	Range	20	County	Rock	State	KS	On Location		Finish	9:45-10:15p
Lease	Sutter		Well No.	B #5		Location					Zurich, KS 3W 35 1/4W Sinto				
Contractor	Sheilds #2				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		Raney Oil								
Hole Size	12 1/4		T.D.		229		Street								
Csg.	8 5/8		Depth		229		City								
Tbg. Size			Depth				State								
Tool			Depth				The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.	150+		Shoe Joint				Cement Amount Ordered								
Meas Line			Displace		135		165 sr com 3% cc 2% gel								
<b>EQUIPMENT</b>															
Pumptrk	No.	8		Cady		Common					165				
Bulktrk	No.	10		Neste		Poz. Mix									
Bulktrk	No.					Gel.					3				
Pickup	No.					Calcium					6				
<b>JOB SERVICES &amp; REMARKS</b>															
Rat Hole						Hulls									
Mouse Hole						Salt									
Centralizers						Flowseal									
Baskets						Kol-Seal									
D/V or Port Collar						Mud CLR 48									
Ran 5' Jt's of 8 5/8 casing and landing Jt					CFL-117 or CD110 CAF 38										
					Sand										
					Handling					174					
					Mileage					38					
Est Circulation with mud pump					<b>FLOAT EQUIPMENT</b>										
					Guide Shoe										
Hooked up and mixed 165 sr - shut down released plug - disp 135 bbl of H2O - shut in @ 300 psi					Centralizer										
					Baskets										
					AFU Inserts										
					Float Shoe										
					Latch Down										
					<b>8 5/8 wood Plug</b>										
Cement Did Circulate !!					Pumptrk Charge					Surface					
					Mileage					38					
Thank You!!															
Signature: 															

Tax  
Discount  
Total Charge

**JOB LOG**

**SWIFT Services, Inc.**

DATE: 12-11-12 PAGE NO. 1

CUSTOMER: Raney Oil Co WELL NO.: B05 LEASE: Sator JOB TYPE: Longstring TICKET NO.: 22863

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1445							on loc / w/ FE
								RTD 3830'
								5 1/2" X 14" X 3832' X 38'
								Cent 1, 3, 5, 7, 9, 11, 13, 51
								Back 2, 52
								P.C. 52 @ 1650'
	1615							Start FE
	1745							Break Circ.
	1830	2.5	7/5					Plug RH + MH 30/15 sks EA-2
	1840	5	0				200	start 500 gal Mudflush
		5	12/0				200	start 20 bbl KCL flush
		5	20/0				200	start 140 sks EA-2
	1852		34					End Cement
								Wash P/L
								Drop L.D. Plug
	1900	6	0				200	start Displacement
	1910	5	60				250	Catch Cement
	1915		92.5				700 / 1300	Land Plug
								Release Pressure
								Float Held

Thank you

Nick, David E. & Flint

# QUALITY WELL SERVICE, INC.

5731

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	10-17-12	Sec.	13	Twp.	10	Range	20	County	Rooks	State	KS	On Location		Finish	10:30-1:30
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Lease	Sutor "B"	Well No.	5	Location	Plainville, KS 25 1 1/2 W. Sinto										
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Contractor	Professional Pulling Serv	Owner	To Quality Well Service, Inc.												
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Type Job	Port Collar	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.													
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Hole Size		T.D.													
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Csg.	5 1/2	Depth	Charge To Roney Oil												
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Tbg. Size	2 7/8	Depth	Street												
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Tool	Port Collar	Depth	City State												
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Cement Left in Csg.		Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.												
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Meas Line		Displace	7 1/2 bbl Cement Amount Ordered 300 sk 60/40 4% gel												
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### EQUIPMENT

Pumptrk	No. 8		Cody Common 180												
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Bulktrk	No. 7		m.k.s. Poz. Mix 120												
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Bulktrk	No.		Gel. 10												
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Pickup	No.		Calcium												
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### JOB SERVICES & REMARKS

			Hulls												
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Rat Hole			Salt												
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Mouse Hole			Flowseal												
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Centralizers			Kol-Seal												
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Baskets			Mud CLR 48												
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D/V or Port Collar			CFL-117 or CD110 CAF 38												
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			Sand												
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			Handling 310												
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			Mileage 38												
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### FLOAT EQUIPMENT

			Guide Shoe												
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			Centralizer												
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			Baskets												
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			AFU Inserts												
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			Float Shoe												
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			Latch Down												
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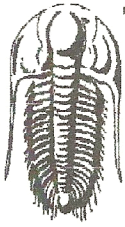
			Cement Did Circulate to Surface!!												
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			Pumptrk Charge Port Collar.												
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			Mileage 38												
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Thank You!!

Signature												Tax	
												Discount	
												Total Charge	



**TRILOBITE  
TESTING, INC**

## DRILL STEM TEST REPORT

Raney Oil CO., LLC

13-10-20, Rooks, KS

3425 Tam O'shanter  
Lawrence KS 66047

Sutor #B-5

Job Ticket: 43594

DST#: 1

ATTN: Duane Stecklein

Test Start: 2012.10.09 @ 04:30:00

### GENERAL INFORMATION:

Formation: KC "H-K"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:52:00

Time Test Ended: 11:21:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Brett Dickinson

Unit No: 59

Interval: 3571.00 ft (KB) To 3646.00 ft (KB) (TVD)

Total Depth: 3646.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2213.00 ft (KB)

2208.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8319

Outside

Press@RunDepth: 90.39 psig @ 3572.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.10.09

End Date:

2012.10.09

Last Calib.: 2012.10.09

Start Time: 04:30:00

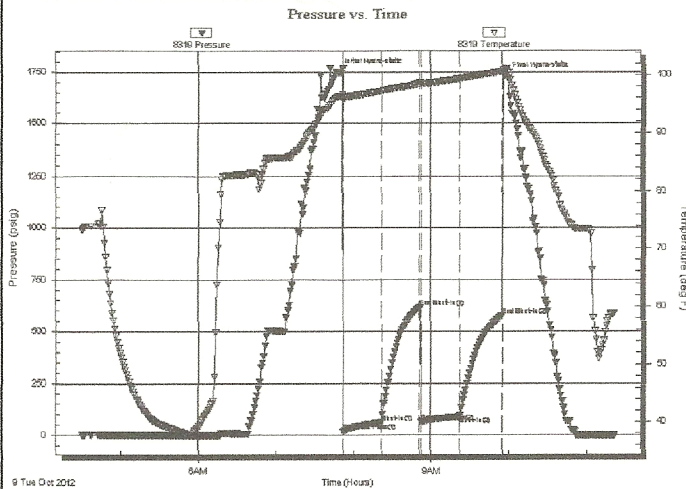
End Time:

11:21:30

Time On Btm: 2012.10.09 @ 07:48:30

Time Off Btm: 2012.10.09 @ 09:57:30

TEST COMMENT: IF-7in blow  
ISI-No blow  
FF-2.25in blow  
FSI-No blow



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1747.26	96.22	Initial Hydro-static
4	19.03	95.64	Open To Flow (1)
33	62.24	97.25	Shut-In(1)
63	614.66	98.63	End Shut-In(1)
64	66.48	98.53	Open To Flow (2)
94	90.39	99.39	Shut-In(2)
126	575.17	100.68	End Shut-In(2)
129	1730.19	101.19	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
60.00	VSOMCW 5%O 40%M 55%W	0.42
60.00	VSOWCM 5%O 5%W 90%M	0.42
20.00	VSOCM 5%O 95%M	0.14

### Gas Rates

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