



KANSAS CORPORATION COMMISSION 1108502
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: _____



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	ESP Development, Inc.
Well Name	Schmeidler 1
Doc ID	1108502

Tops

Name	Top	Datum
Anhydrite	870	+951
Topeka	2719	-898
Heebner	2939	-1118
Toronto	2957	-1136
Lansing-K.C.	2990	-1169
Base-K.C	3237	-1416
Arbuckle	not found	
L.T.D.	3299	-1478

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6353

Cell 785-324-1041

Date	12-20-12	Sec.	01	Twp.	12	Range	15	County	Russell	State	KS	On Location	1:00 AM	Finish	4:00 AM
Lease								Well No.		Owner					
Schmeidler								4		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.					
Contractor								Type Job		Charge To					
Kelsey Pkg 1								Surface		ESP					
Hole Size								T.D.		Street					
1 1/2										City					
Csg.								Depth		State					
5 7/8								222		The above was done to satisfaction and supervision of owner agent or contractor.					
Tbg. Size								Depth		Cement Amount Ordered					
										150 3/4 3000 3000					
Tool								Depth		Cement Left in Csg.					
										20 ft					
Cement Left in Csg.								Shoe Joint		Meas Line					
20 ft								20 ft		Displace					
								17.34 1000		EQUIPMENT					
Pumptrk								No.		Common					
5								1		Poz. Mix					
Bulktrk								No.		Gel.					
1								1		Calcium					
Bulktrk								No.		Hulls					
134								1		Salt					
JOB SERVICES & REMARKS										Flowseal					
Remarks:										Kol-Seal					
Rat Hole										Mud CLR 48					
Mouse Hole										CFL-117 or CD110 CAF 38					
Centralizers										Sand					
Baskets										Handling					
D/V or Port Collar										Mileage					
Cement did Circulate										FLOAT EQUIPMENT					
										Guide Shoe					
										Centralizer					
										Baskets					
										AFU Inserts					
										Float Shoe					
										Latch Down					
										Pumptrk Charge					
										Mileage					
										Tax					
										Discount					
Signature										Total Charge					
Doris Budig															

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 8832

Cell 785-324-1041

Date	12-29-12	Sec.	21	Twp.	12	Range	15	County	Russell	State	KS	On Location		Finish	5:00 Am
Lease	Schmeidler			Well No.	1			Location Graham 1E 7N to Decker Rd 1/2 mile							
Contractor	Royal #1			To Quality Oilwell Cementing, Inc.											
Type Job	Retrac Plug			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.	3299			Charge To	ESP						
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	230 60/40 4 1/2 lb 1 1/2 # 70						
Meas Line				Displace											
EQUIPMENT								Common							
Pumptrk	9	No.	Cementer				Poz. Mix								
			Helper												
Bulktrk		No.	Driver				Gel.								
			Driver												
Bulktrk	1	No.	Driver				Calcium								
			Driver	Heath											
JOB SERVICES & REMARKS								Hulls							
Remarks:							Salt								
Rat Hole	305K						Flowseal								
Mouse Hole	155K						Kol-Seal								
Centralizers							Mud CLR 48								
Baskets							CFL-117 or CD110 CAF 38								
D/V or Port Collar							Sand								
1st	905 255K						Handling								
2nd	437 1005K						Mileage								
3rd	270 405K						FLOAT EQUIPMENT								
4th	40 105K						Guide Shoe								
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
								Total Charge							
Signature								Kerry Buehler							