



KANSAS CORPORATION COMMISSION 1119124
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: _____



1119124

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 Well Service, Inc.

**324 Simpson St.
Pratt, KS 67124**

Invoice

Date	Invoice #
10/3/2012	C-656

Bill To
Continental Operating P.O. Box 52 Hays, KS 67601

P.O. No.	Terms	Lease Name
		Russ #6

Description	Qty	Rate	Amount
Common	90	15.50	1,395.00T
Poz	60	9.50	570.00T
Gel	5	20.50	102.50T
Calcium	5	53.00	265.00T
Friction Reducer	75	8.50	637.50T
Cement Defoamer	50	6.50	325.00T
4 1/2 Rubber Plug	1	57.00	57.00T
Liner	1	900.00	900.00T
Handling	160	2.10	336.00
.08 * sacks * miles	5,250	0.08	420.00
LMV	35	2.00	70.00
Pump Truck Mileage	35	8.00	280.00
Discount	425.2	-1.00	-425.20T
Discount	110.6	-1.00	-110.60
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Russ #6 Rooks Co.			
Subtotal			\$4,822.20
Sales Tax (6.3%)			\$241.09
Total			\$5,063.29

QUALITY WELL SERVICE, INC.

5704

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	10-2-12	Sec.	31	Twp.	8	Range	17	County	Rooks	State	KS	On Location		Finish	6:30 - 7:00pm	
Lease	Russ	Well No.	6			Location Plainville us 7N 2 1/2 E S. into										
Contractor	TO TOOLS							Owner								
Type Job	Liner							To Quality Well Service, Inc.								
Hole Size	5 1/2			T.D.			3374									
Csg.	4 1/2			Depth			3350									
Tbg. Size				Depth			Charge To Continental									
Tool				Depth			Street									
Cement Left in Csg.				Shoe Joint			City State									
Meas Line				Displace			53.2 bbl									
EQUIPMENT							Cement Amount Ordered 150sx 60/40 4%gel 3%CC									
Pumptrk	No.	8		Cody		3/40 + 1% FR										
Bulktrk	No.	5		miller		Common 90										
Bulktrk	No.					Poz. Mix 60										
Pickup	No.					Gel. 5										
JOB SERVICES & REMARKS							Calcium 5									
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
Ran 4 1/2 liner down to 3350							OFL-117 or CD110 CAF 98 Friction Reducer 75*									
with float shoe on end - hooked							Sand Deaermer 50**									
up and est circulation - mixed							Handling 140									
150sx shut down and washed							Mileage 35									
pump and lines clean - hooked up							FLOAT EQUIPMENT									
and disp 53.2 bbl of H2O - lifting							Guide Shoe									
pressure @ 1500 psi - plug landed							Centralizer									
@ 2000 psi - released and float							Baskets									
held							AFU Inserts									
							Float Shoe									
							Latch Down									
Cement Did Circulate!							4 1/2 rubber plug									
							Pumptrk Charge Liner									
							Mileage 35									
Thank You,							Tax									
Kory Pfeiler							Discount									
X Signature							Total Charge									