

## Kansas Corporation Commission Oil & Gas Conservation Division

### 1119697

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 #	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 #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?  Yes No
Gas GSW GSW Temp. Abd.  CM (Coal Bed Methane)	If yes, show depth set: Feet
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
ENHR Permit #:	
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

#### **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 I II Approved by: Date:

Side Two



Operator Name:				Lease N	lame:			Well #:		
Sec Twp	S. R	East	] West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rat line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures st, along with	s, whether s final chart(s	hut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional		Yes	☐ No		Log	g Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор		Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop)	d Electronically	☐ Yes ☐ Yes ☐ Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	New	Used	on, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In	asing	Weig Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent additives
		<u> </u> 	DDITIONAL	CEMENTIN	IG / SQUE	EZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of 0	Cement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify	ON RECORD - Footage of Each	Bridge Plug n Interval Peri	s Set/Type forated			cture, Shot, Ceme mount and Kind of N	nt Squeeze Record Material Used)	d 	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
							Yes N	0		
Date of First, Resumed	Production, SWD or EN	IHR. Pr	oducing Meth	nod:	g 🗌 G	as Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	BI	ols.	Gas-Oil Ratio		Gravity
DISPOSITI	ON OF GAS:		N	METHOD OF	COMPLET	TION:		PRODUCTIO	ON INTER	VAL:
Vented Solo	Used on Lease		n Hole	Perf.	Dually (		nmingled mit ACO-4)			
(11 verneu, 3u	10./	Othe	r (Specify)				I —			

## DRILL LOG

Operator License# 34843 API 15-121-29427-00-00 Qin's Investment, LLC Operator Lease Name Qin Address Well# 3 Contractor JTC Oil, Inc. Spud Date 1/26/13 Cement 2/1/13 Contractor License\_\_\_32834 Location\_\_\_\_\_ of\_\_\_\_ T.D. 740 T.D. of Pipe 718 \_\_\_\_\_ feet from \_\_\_\_\_ Surf. Pipe Size\_7\_Depth 28.4 \_\_\_\_\_ feet from \_\_\_\_\_ Kind of Well\_\_\_prod.

County Miami

Thickness	Strata	From	То	Thickness	Strata	From	То
3	soil	0	3	12	shale	251	263
6	clay	3	9	3	red bed	263	266
7	lime	9	16	39	shale	266	305
8	coal	16	24	5	lime	305	310
36	lime	24	60	1	oil lime	310-	311 little
24	shale	60	84	1	oil lime	311-	312 ok
22	lime	84	106	2	oil sand	312-	314vgood
86	shale	106	192	2	oil sand	314-	316vgood
25	lime	192	217	2	oil sand	316-	318 oil
28	shale	217	245	2	oil lime	318-	320 ok
6	lime	245	251	2	oil lime	320-	322 little

11	lime	322-333
7	black shale	333-340
 23	lime	340-363
4	coal	363-367
14	lime	367-381
150	shale	381-531
2	lime	531-533
12	sand	533-545
11	lime	545-556
2	coal	556-558
18	shale	558-576
8	black shale	576-584
10	black shale	576-584 584-594
10	lime	584-594
10 12	lime shale	584-594 594-606
10 12 2	lime shale oil lime	584-594 594-606 606-608
10 12 2 2	shale oil lime oil lime	584-594 594-606 606-608 608-610
10 12 2 2 5	shale oil lime oil lime coal	584-594 594-606 606-608 608-610 610-615
10 12 2 2 5	shale oil lime oil lime coal black shale	584-594 594-606 606-608 608-610 610-615 615-621
10 12 2 2 5 6	shale oil lime oil lime coal black shale lime	584-594 594-606 606-608 608-610 610-615 615-621 621-632
10 12 2 2 5 6 11	shale oil lime coal black shale lime shale	584-594 594-606 606-608 608-610 610-615 615-621 621-632 632-650

2	oil sand	660-662 little
2	oil sand	662-664 little
<del></del>		
 2	oil sand	664-666 good
2	oil sand	666-668vgood
2	oil sand	668-670 ok
2	oil sand	670-672 broken
 to decrease of the second second	Shale	672-740



TICKET NUI	MBER_		38777	
LOCATION	12++	an	9	
FOREMAN	AI	01	Nader	-

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

## FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	WEL	L NAME & NUMBER	SECTION	TOWNSHIP	RANGE.	COUNTY
2-1.13	<u> </u>	Due	1580-3				Mi
CUSTOMER		Trivi	DS Q J				CANE NO DE
DIN I	nvest no	2115		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS			3/6	Ala Mad	Sutety	Meet
				368	ArINO	1161	
CITY		STATE	ZIP CODE	675	M:K Hag	MH	
				510	Set Inc.	57	
JOB TYPE_// O	ng string	HOLE SIZE	HOLE DEPTH	フィロ	CASING SIZE & V	VEIGHT d	8
CASING DEPTH	718	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGH	Π	SLURRY VOL	WATER gal/s	<b>L</b>	CEMENT LEFT IN	CASING YE	<u> </u>
DISPLACEMENT	<u> 4.1</u>	DISPLACEMEN	NT PSI 800 MIX PSI d	00	RATE 4 50	m	
	eld Me.	oting.	Established	vate 1	Mixed +	pumper	1 100#
5P1 1	ollowe	dby	110 56 50	150 CPA	vent plu	5 200	sel.
"Lilc	nlated	center	it. Flushed	pump.	Pump	ed pl	45
tore	75:05	ГD.	Well held	800 P.	5I 5	et tl	04/
	7						
	Non	101					
						, De	E
					11 1	1000	A)
					Aland		
ACCOUNT CODE	QUANITY	or UNITS	DESCRIPTION of	SERVICES or PR		UNIT PRICE	TOTAL
5401	1		PUMP CHARGE		368		103000
5406		^	MILEAGE		368		
5402	7/1	8	C45:01 fost	GEP	368		
5407	V	win	120 mil	05	510		175-20
55026	i j	1/)	80 Vac		675		135.20
		- 14	1 00 00 00			f	
1124	1/12		50150 ( Care	nt			1204.50
1113B	28	5#	501				59.85
4402	00	2	2'2 plac				28 00
1100			2 2 195				2000
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				1/4) 1			
		-	1695	311 #	197		
			<b>├</b>	16	#=		
			0.411)	In CC	z ( ×	SALES TAX	97.57
Ravin 3737			1/1//	7	11/	ESTIMATED	
			N.X.i	JNav	11/	TOTAL	2729.92
AUTHORIZTION	i		TITLE	11/	V	DATE	

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.