



KANSAS CORPORATION COMMISSION 1120367
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 <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">Name</td> <td style="width:15%; border: none;">Top</td> <td style="width:15%; border: none;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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: <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> _____

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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Quality Well Service, Inc.

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

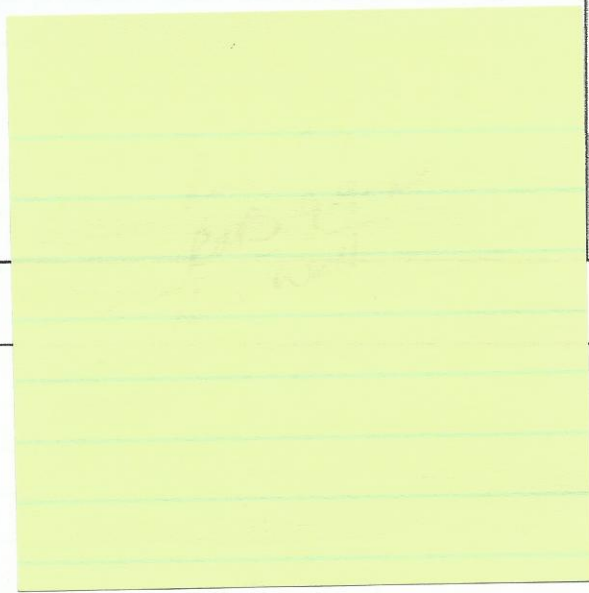
Invoice

Date	Invoice #
9/5/2012	C-609

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

P.O. No.	Terms	Lease Name
		Russ #7

Description	Qty	Rate	Amount
Common	120	13.50	1,620.00T
Poz	80	8.50	680.00T
Gel	7	20.50	143.50T
Cement Defoamer	50	6.50	325.00T
Friction Reducer	100	8.50	850.00T
4 1/2 Rubber Plug	1	57.00	57.00T
Liner	1	900.00	900.00T
Handling	207	2.10	434.70
.08 * sacks * miles	7,000	0.08	560.00
LMV	35	2.00	70.00
Pump Truck Mileage	35	8.00	280.00
Discount	457.55	-1.00	-457.55T
Discount	134.47	-1.00	-134.47
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Russ #7			
Rooks Co.			
Thank You for your business!			



Subtotal	\$5,328.18
Sales Tax (6.3%)	\$259.43
Total	\$5,587.61

QUALITY WELL SERVICE, INC.

5578

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	9-4-12	Sec.	3	Twp.	8	Range	17	County	Rooks	State	KS	On Location		Finish	7:45-3:19
Lease	Russ	Well No.	7	Location Plainville KS 7N 29 1/4 E S 10											
Contractor	CO Tools	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	Liner	Hole Size										T.D.			
Csg.	4 1/2	Depth										FS @ 3344			
Tbg. Size		Depth										Charge To			
Tool		Depth										Street			
Cement Left in Csg.		Shoe Joint										City			
Meas Line		Displace										53.16			
EQUIPMENT												State			
Pumptrk	No.											Common 120			
Bulktrk	No.											Poz. Mix 80			
Bulktrk	No.											Gel. 7			
Pickup	No.											Calcium			
JOB SERVICES & REMARKS												Hulls			
Rat Hole												Salt			
Mouse Hole												Flowseal			
Centralizers												Kol-Seal			
Baskets												Mud CLR 48			
D/V or Port Collar												CFL-117 or CD110 CAF 38			
Ran 4 1/2 liner down to 3344 and loaded hole - est circulation - None - None												Sand			
Hooked up and mixed 200sx and knocked loose released plug and washed pump and lines clear - Disp 53.16 bbl. of H2O with 1300 psi lifting pressure plug landed @ 2000 psi released and float held - float held												Handling 207			
Cement did not Circulate												Mileage 35			
Thank You												FLOAT EQUIPMENT			
												Guide Shoe			
												Centralizer			
												Baskets			
												AFU Inserts			
												Float Shoe			
												Latch Down			
												4 1/2 Rubber Plug			
												Pumptrk Charge Liner			
												Mileage 35			
												Tax			
												Discount			
X Signature Russ												Total Charge			

Quality Well Service, Inc.

Invoice

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

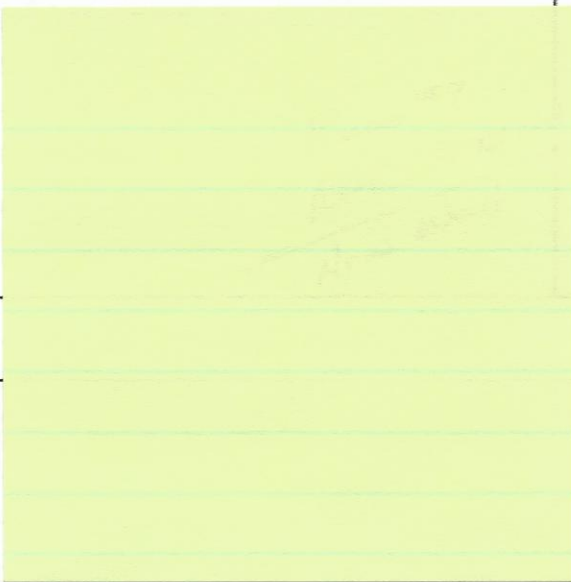
Date	Invoice #
9/10/2012	C-617

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

P.O. No.	Terms	Lease Name
		Russ #7

Description	Qty	Rate	Amount
Common	60	15.50	930.00T
Poz	40	9.50	380.00T
Gel	5	20.50	102.50T
Calcium	4	53.00	212.00T
Handling	109	2.10	228.90T
Squeeze	1	1,000.00	1,000.00T
.08 * sacks * miles	3,500	0.08	280.00T
LMV	35	2.00	70.00T
Pump Truck Mileage	35	8.00	280.00T
Discount	348.34	-1.00	-348.34T
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Russ #7 Rooks Co.			

Thank You for your business!



Subtotal	\$3,135.06
Sales Tax (6.3%)	\$197.51
Total	\$3,332.57

QUALITY WELL SERVICE, INC.

5581

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	Sec.	Twp.	Range	County	State	On Location	Finish
1-2-02	31	4	17	Hooks	KS		1/25/02

Lease	Well No.	Location
Russ	7	Pratt, KS 67124

Contractor	Owner
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	T.D.
Squeeze	

Hole Size	Depth	Charge To
4 1/2	3300	Commercial Operating

Csg.	Depth	Street
2 3/8	3184	

Tbg. Size	Depth	City	State
2 3/8	3184		

Tool	Depth	City	State

Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.

Meas Line	Displace	Cement Amount Ordered
	123T 1.9C	100x 60/40 686 gel 396cc

EQUIPMENT

Pumptrk No.	Common
Bulktrk No.	Poz. Mix
Bulktrk No.	Gel.
Pickup No.	Calcium
	60
	40
	5
	4

JOB SERVICES & REMARKS

Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
	CFL-117 or CD110 CAF 38

Ran 2 3/8 tubing down to 3330' and checked tools to 1200psi - pulled up to 3311' and est Circulation and Spotted Sand - Shut down for 30 min - pulled up to 3184' and est rate @ 2 1/2 bbl @ 900psi - mixed 100x and disp 13 1/4 bbl of H2O - Shut down and released - Dried up - pull 1076 and pressured up to 500 psi - Shut in

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Cement Did Circulate to Surface!

Pumptrk Charge	Squeeze
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Mileage	35
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	Tax
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	Discount
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X Signature	Total Charge
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