



KANSAS CORPORATION COMMISSION 1122120  
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      Date Reached TD      Completion Date or  
Recompletion Date           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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**Quality Well Service, Inc.**

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

**Invoice**

Date	Invoice #
11/1/2012	C-687

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

P.O. No.	Terms	Lease Name
		Russ #2

Description	Qty	Rate	Amount
Common	40	15.50	620.00T
Poz	20	9.50	190.00T
Gel	2	20.50	41.00T
Plug	1	950.00	950.00T
Handling	62	2.10	130.20T
.08 * sacks * miles	1,800	0.08	144.00T
LMV	30	2.00	60.00T
Pump Truck Mileage	30	8.00	240.00T
Discount	237.52	-1.00	-237.52T
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Russ #2 Rooks Co.			
<b>Subtotal</b>			\$2,137.68
<b>Sales Tax (6.3%)</b>			\$134.67
<b>Total</b>			\$2,272.35

Thank You for your business!

# QUALITY WELL SERVICE, INC.

5742

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	10-31-12	Sec.	31	Twp.	8	Range	17	County	Rooks	State	KS	On Location		Finish	9:20-9:30am								
Lease	Russ	Well No.	#2		Location Plainville US 6W 2E S140																		
Contractor	CO TOOLS				Owner																		
Type Job	PTA				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.																		
Hole Size					T.D.																		
Csg.	5 1/2				Depth																		
Tbg. Size	2 7/8				Depth																		
Tool					Depth																		
Cement Left in Csg.					Shoe Joint																		
Meas Line					Displace																		
EQUIPMENT												Charge To				Continental							
Pumptrk	No.	8		Cody		Common											40						
Bulktrk	No.	10		M.48		Poz. Mix											20						
Bulktrk	No.					Gel.											2						
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											
Run 2 7/8 tubing down to 240'												Sand											
and logged cement - hooked up and												Handling				62							
mixed 50/50 to circulate cement to												Mileage				30							
surface - come out of hole and												FLOAT EQUIPMENT											
top off 5 1/2 casing with 10 cc.												Guide Shoe											
												Centralizer											
												Baskets											
												AFU Inserts											
												Float Shoe											
												Latch Down											
												Pumptrk Charge				PTA							
												Mileage				30							
												Tax											
												Discount											
X Signature												Ralph Brummet				Total Charge							

**Quality Well Service, Inc.**

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

**Invoice**

Date	Invoice #
11/1/2012	C-686

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

P.O. No.	Terms	Lease Name
		Russ #2

Description	Qty	Rate	Amount
Common	260	15.50	4,030.00T
Poz	170	9.50	1,615.00T
Gel	15	20.50	307.50T
Calcium	15	53.00	795.00T
Hulls	5	45.00	225.00T
Plug	1	950.00	950.00T
Handling	460	2.10	966.00T
.08 * sacks * miles	12,900	0.08	1,032.00T
LMV	30	2.00	60.00T
Pump Truck Mileage	30	8.00	240.00T
Discount	1,533.08	-1.00	-1,533.08T
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Russ #2			
Rooks Co.			

Thank You for your business!	<b>Subtotal</b>	\$8,687.42
	<b>Sales Tax (6.3%)</b>	\$547.31
	<b>Total</b>	\$9,234.73

# QUALITY WELL SERVICE, INC.

5741

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 <i>10-30-12</i>	Sec. <i>31</i>	Twp. <i>8</i>	Range <i>17</i>	County <i>Rooks</i>	State <i>KS</i>	On Location	Finish <i>12:30 - 1:40 pm</i>
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Lease <i>Russ</i>	Well No. <i>#2</i>	Location <i>Plainville KS 6N 2E 6into</i>
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Contractor <i>CO TOOLS</i>	Owner
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Type Job <i>PTA</i>	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.
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Hole Size	T.D.	Charge To <i>Continental</i>
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Csg. <i>5 1/2</i>	Depth <i>1640</i>	Street
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Tbg. Size <i>2 7/8</i>	Depth	City
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Tool	Depth	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	Cement Amount Ordered <i>430 sy 60/40 4% gel</i>
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EQUIPMENT		
Pumptrk No. <i>8</i>	<i>Cody</i>	<i>3% CC</i>
Bulktrk No. <i>2</i>	<i>Nicole</i>	Common <i>260</i>
Bulktrk No.		Poz. Mix <i>170</i>
Pickup No.		Gel. <i>15</i>
		Calcium <i>15</i>

JOB SERVICES & REMARKS	
Rat Hole	Hulls <i>500#</i>
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
<i>Hook up to 5 1/2 casing and mixed 150 sy with 500# hulls - shut down for 1 hr - Ran 2 7/8 tubing down to 1640' and mixed 200 sy - shut down for 1 hr pulled 15 HS and mixed 80 sy - shut down - come out of hole and return tomorrow</i>	CFL-117 or CD110 CAF 38
	Sand
	Handling <i>460</i>
	Mileage <i>30</i>

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	<i>500# hulls</i>

	Pumptrk Charge <i>PTA</i>
	Mileage <i>30</i>

	Tax
	Discount
	Total Charge

X Signature *Ralph B...*

Thank You!!