



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1123993

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: _____

1123993

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Quality Well Service, Inc.

324 Simpson St.
Pratt, KS 67124

Invoice

Date	Invoice #
12/3/2012	C-722

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

P.O. No.	Terms	Lease Name
		Casey #3

Description	Qty	Rate	Amount
Common	150	15.50	2,325.00T
Poz	100	9.50	950.00T
Gel	9	20.50	184.50T
Friction Reducer	100	8.50	850.00T
Cement Defoamer	50	6.50	325.00T
4 1/2 Rubber Plug	1	57.00	57.00T
Liner	1	900.00	900.00T
Handling	259	2.10	543.90
.08 * sacks * miles	8,000	0.08	640.00
LMV	32	2.00	64.00
Pump Truck Mileage	32	8.00	256.00
Discount	559.15	-1.00	-559.15T
Discount	150.39	-1.00	-150.39
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Casey #3 Rooks Co.			
Thank You for your business!			

Subtotal \$6,385.86

Sales Tax (6.3%) \$317.04

Total \$6,702.90

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5757

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 <u>11-30-12</u>	Sec.	Twp.	Range	County <u>Rooks</u>	State <u>KS</u>	On Location	Finish <u>10:30-11:00</u>
Lease <u>Cosey</u>	Well No. <u>3</u>		Location <u>Zurich, US 1W 1/2 S Einto</u>				
Contractor <u>CO Tools</u>				Owner			
Type Job <u>Liner</u>	Hole Size			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.			
Csg. <u>4 1/2</u>	Depth			Charge To <u>Continental operating</u>			
Tbg. Size	Depth			Street			
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 <u>59661</u>			Cement Amount Ordered <u>250 sy 60/40 4% gel</u>			
EQUIPMENT				<u>3 1/4 100 10% FR</u>			
Pumptrk No. <u>8</u>	<u>Cody</u>			Common <u>150</u>			
Bulktrk No. <u>9</u>	<u>M. H.</u>			Poz. Mix <u>100</u>			
Bulktrk No.				Gel. <u>9</u>			
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 <u>Friction Reducer</u>			
<u>Ran 4 1/2 liner down to 3728</u>				<u>Sand</u>			
<u>Hooked up - could not get to circ</u>				<u>Handling 2.59</u>			
<u>so perforated @ 3725 and hooked up</u>				<u>Mileage 32</u>			
<u>got circulation - moved 250 sy shut</u>				FLOAT EQUIPMENT			
<u>down washed pump and lines clean</u>				Guide Shoe			
<u>Disp 59 bbl of H2O - shut in @ 2575</u>				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
<u>Cement Did not Circulate !!</u>				Latch Down			
				<u>4 1/2 rubber plug</u>			
				Pumptrk Charge <u>Liner</u>			
<u>Thank You !!</u>				Mileage <u>32</u>			
				Tax			
				Discount			
X Signature <u>Kory Pfeiffer</u>				Total Charge			