



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1134377
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1134377

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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 OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 6777

Date	4-23-13	Sec.	3	Twp.	10	Range	21	County	Lincoln	State	KS	On Location		Finish	2:30 PM
Location								Palco 25 4 1/2 mi Sinto							

Lease	Tribble		Well No.	12		Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed								
Contractor	Duke #2					Charge To	Citation 8:1 w/ces								
Type Job	Rotary Plug		Hole Size	7 7/8		T.D.	3985								
Csg.			Depth			Street									
Tbg. Size			Depth			City			State						
Tool			Depth			The above was done to satisfaction and supervision of owner agent or contractor									
Cement Left in Csg.			Shoe Joint			Cement Amount Ordered	255 60/40 40/40 1/2" #10								
Meas Line			Displace												

EQUIPMENT

Pumptrk	9	No.	Cementer	Craig	Helper		Common
Bulktrk		No.	Driver	Coody	Driver		Poz. Mix
Bulktrk	10	No.	Driver	Clayton	Driver		Gel.
			Driver		Driver		Calcium

JOB SERVICES & REMARKS

Remarks:		Hulls
Rat Hole	30SK	Salt
Mouse Hole	15SK	Flowseal
Centralizers		Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
1st	3904	50SK
2nd	1835	50SK
3rd	1010	100SK
4th	40'	10SK
		Sand
		Handling
		Mileage

FLOAT EQUIPMENT

		Guide Shoe
		Centralizer
		Baskets
		8 5/8 wooden Plug
		AFU Inserts
		Float Shoe
		Latch Down
		Pumptrk Charge
		Mileage
		Tax

1791

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 8740

Date	4-18-13	Sec.	3	Twp.	10	Range	21	County	Graham	State	KS	On Location		Finish	SILSAR
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Location *100 S 10 RD Y 4 1/2 W Sinter*

Lease *tribe* Well No. *19* Owner

Contractor *Duke 2* To Quality Oilwell Cementing, 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 *Surface* Charge To *Citation*

Hole Size *12 1/4* T.D. *1786* Street

Csg. *5 7/8* Depth City State

Tbg. Size Depth The above was done to satisfaction and supervision of owner agent or contractor.

Tool Depth Cement Amount Ordered *650 3 9/16 2 9/16 oel*

Cement Left in Csg. *69ft* Shoe Joint *65ft* Cement Amount Ordered

Meas Line Displace *109.5 BBL*

EQUIPMENT

Pumptrk *5* No. Cementer Helper *mit* Common Poz. Mix

Bulktrk *13* No. Driver *Brett* Gel.

Bulktrk *8* No. Driver *Billy Kuhnig W* Calcium

JOB SERVICES & REMARKS

pu Hulls

Remarks: Salt

Rat Hole Flowseal

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Cement did Handling

Circulate Mileage

FLOAT EQUIPMENT

25 sks to pit Guide Shoe

Centralizer *12 5 3/8*

Baskets *1 5 7/8*

AFU Inserts

Float Shoe

Latch Down

Baffle plate 1721 5 3/8

Rubber plug

Pumptrk Charge

Mileage

Tax

Discount

Total Charge

X Signature *[Signature]*

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 24, 2013

Liana Ramirez
Citation Oil & Gas Corp.
14077 Cutten Rd
PO BOX 690688
HOUSTON, TX 77269-0688

Re: ACO1
API 15-065-23906-00-00
Trible 12
NE/4 Sec.03-10S-21W
Graham County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Liana Ramirez