



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1140066
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
-----------------------------------	-----------------	---

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: _____



1140066

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
--	---

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: <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 <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

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

July 30, 2013

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

Re: ACO1
API 15-051-26542-00-00
Slimmer 9
SW/4 Sec.19-11S-16W
Ellis 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

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6949

Cell 785-324-1041

Date	6-11-13	Sec.	19	Twp.	11	Range	16	County	Emery	State	KS	On Location	4:15 PM	Finish	5:45 PM
Lease								Well No.		Location					
Slimmer								9		Cordell AR + River Road 2E					
Contractor								Owner		To Quality Oilwell Cementing, Inc.					
Type Job										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.		Charge To					
Csg.								Depth		Street					
Tbg. Size								Depth		City					
Tool								Depth		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					
EQUIPMENT										Common					
Pumptrk								No.		Cementer					
Bulktrk								No.		Helper					
Bulktrk								No.		Driver					
JOB SERVICES & REMARKS										Poz. Mix					
Remarks:										Gel.					
Rat Hole										Calcium					
Mouse Hole										Hulls					
Centralizers										Salt					
Baskets										Flowseal					
D/V or Port Collar										Kol-Seal					
Cement did circulate										Mud CLR 48					
										CFL-117 or CD110 CAF 38					
										Sand					
										Handling					
										Mileage					
										FLOAT EQUIPMENT					
										Guide Shoe					
										Centralizer					
										Baskets					
										AFU Inserts					
		Float Shoe													
		Latch Down													
		Pumptrk Charge													
		Mileage													
Signature										Tax					
										Discount					
										Total Charge					

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 8929

Cell 785-324-1041

Date	6-16-19	Sec.	11	Twp.	16	Range	16	County	Ellis	State	KS	On Location		Finish	12:30 pm
Location												Coddell and River Rd - 2E			
Lease	Slimmer		Well No.		9		Owner		S Einto						
Contractor	Duke 10								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	Pipe 36								Charge To						
Hole Size	7 7/8		T.D.		3518				Street						
Csg.	5 1/2		Depth		3518				Citation of gas						
Tbg. Size			Depth		3518.00				City State						
Tool			Depth						The above was done to satisfaction and supervision of owner agent or contractor.						
Cement Left in Csg.	84.43		Shoe Joint		84.43				Cement Amount Ordered 245 10% Salt						
Meas Line			Displace		81.2 BBL				2% gel 24 flow						
EQUIPMENT												Common			
Pumptrk	No.	Cementer								Poz. Mix					
		Helper													
Bulktrk	No.	Driver								Gel.					
		Driver													
Bulktrk	No.	Driver								Calcium					
		Driver													
JOB SERVICES & REMARKS												Hulls			
Remarks:												Salt			
Rat Hole 30 5/8												Flowseal			
Mouse Hole 15 5/8												Kol-Seal			
Centralizers 1, 2, 3, 7, 9, 11, 13, 15, 17, 19, 21												Mud CLR 48 500 gals			
Baskets 3, 11												CFL-117 or CD110 CAF 38			
D/V or Port Collar												Sand			
Dropped Ball Circulate												Handling			
45min plug Rat and mouse												Mileage			
hole made 200 5/8 down												5/2			
hole physical 81.5 BBL												FLOAT EQUIPMENT			
Left pressure at 900												Guide Shoe			
psi. Loaded plug at 500 psi.												Centralizer 2 Turbos 14			
Flow to hold Rigger down												Baskets 2			
												AFU Inserts 2			
												Float Shoe 1			
												Latch Down 1			
												Stop Ring 2			
												Pumptrk Charge			
												Mileage			
												Tax			
												Discount			
X Signature <i>Gannon</i>												Total Charge			