



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1149436
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: _____



1149436

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: <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> _____
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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: _____ _____
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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

August 19, 2013

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

Re: ACO1
API 15-051-26543-00-00
Slimmer 10
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
Cell 785-324-1041

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

No. 8782

Date	6-21-13	Sec.	19	Twp.	11	Range	16	County	EMM	State	KS	On Location	3:00 PM	Finish	9:30 PM
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Location Crook + River Road Det JE 1/4 S E 1/4

Lease	<u>Slimper</u>	Well No.	<u>10</u>	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	<u>Duck #10</u>			Charge To	<u>Circulation</u>
Type Job	<u>Surface</u>			Street	
Hole Size	<u>12 1/4</u>	T.D.	<u>1097 ft</u>	City	
Csg.	<u>8 5/8</u>	Depth	<u>1095 ft</u>	State	
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered	<u>500 cc 3% cc 2 1/2 gal</u>
Cement Left in Csg.	<u>69.56 ft</u>	Shoe Joint	<u>69.56 ft</u>		
Meas Line		Displace	<u>65 1/4 bbl</u>		

EQUIPMENT

Pumptrk	<u>5</u>	No.	<u>3</u>	Cementer		Common
				Helper		Poz. Mix
Bulktrk	<u>19</u>	No.	<u>13</u>	Driver		Gel.
				Driver		Calcium
Bulktrk	<u>PU</u>	No.	<u>Mars</u>	Driver		
				Driver		

JOB SERVICES & REMARKS

Remarks:		Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	
Centralizers	<u>1, 2, 3, 4, 7, 10, 13, 16, 19, 21, 24</u>	Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	
		Mileage	

Cement did circulate

FLOAT EQUIPMENT

		Guide Shoe	
		Centralizer	<u>12</u>
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		<u>Battle Plug</u>	
		<u>Rubber Plug</u>	
		Pumptrk Charge	
		Mileage	

X Signature		Tax	
		Discount	
		Total Charge	

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. 7401

Date	Sec.	Twp.	Range	County	State	On Location	Finish
6-26-13	19	11	16	Ellis	KS		5:00am

Location *Cadel & River Rd., 2E, 1/2 S*

Lease <i>Slimmer</i>	Well No. <i>10</i>	Owner
Contractor <i>Duke Rig 10</i>		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 <i>longstring</i>		
Hole Size <i>7 7/8</i>	T.D. <i>3510</i>	Charge To <i>Citation Oil & Gas</i>
Csg. <i>5 1/2</i>	Depth <i>3509.75 Ft</i>	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 <i>84.60 ft</i>	Cement Amount Ordered <i>235 com 10% salt 2% gel</i>
Meas Line	Displace <i>81.5 bbl</i>	<i>1/4 # Flow</i>

EQUIPMENT

Pumptrk <i>5</i>	No.	Cementer Helper <i>Brett</i>	Common
Bulktrk <i>1</i>	No.	Driver Driver <i>Billy</i>	Poz. Mix
Bulktrk <i>PU</i>	No.	Driver Driver <i>Travis</i>	Gel.
			Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole <i>30sx</i>	Salt
Mouse Hole <i>15sx</i>	Flowseal
Centralizers <i>1, 2, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21</i>	Kol-Seal
Baskets <i>4, 11</i>	Mud CLR 48 <i>500 gal.</i>
D/V or Port Collar	CFL-117 or CD110 CAF 38
<i>Dropped ball brake circuit on, plugged Rat hole with 30sx and Mouse hole with 15sx</i>	Sand
<i>Hooked to 5 1/2 pumped 600 gal mud CLR 48 with 10 bbl fw behind it. Mixed 190sx com 10% salt 2% gel 1/4 # flow shut down washed</i>	Handling
<i>dump and lines Released plug and displaced with 8 1/2 bbl fw plug landed and held</i>	Mileage

FLOAT EQUIPMENT

<i>lift pressure at 1000 psi</i>	Guide Shoe
<i>plug landed at 1600 psi</i>	Centralizer <i>14 Turbos</i>
	Baskets <i>2 with limit clamps</i>
	AFU Inserts
	Float Shoe
	Latch Down <i>1 with plug</i>
	Pumptrk Charge
	Mileage

X Signature *E. Glassman*

Tax
Discount
Total Charge