



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154911
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: _____



1154911

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> _____ <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 12, 2013

David D. Montague
Knighton Oil Company, Inc.
1700 N WATERFRONT PKY
BLDG 100 STE A
WICHITA, KS 67206

Re: ACO1
API 15-185-23824-00-00
Stimatze 9 swd
SW/4 Sec.15-25S-14W
Stafford 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,
David D. Montague

QUALITY WELL SERVICE, INC.

5933

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	Sec.	Twp.	Range	County	State	On Location	Finish	
8-8-13	15	25	14	STAFFORD	Ks	6:30 P.M.	12:00 A.M.	
Lease	STIMATZE		Well No.	49 SWO				Location
Duke Delg #2			Dillwyn Bldg Twp 3 to 50th Rd					
Contractor			Owner					
Type Job			To Quality Well Service, Inc.					
Hole Size			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Csg.			Depth		Charge To			
Tbg. Size			Depth		Street			
Tool			Depth		City			
Cement Left in Csg.			Shoe Joint		State			
Meas Line			Displace		The above was done to satisfaction and supervision of owner agent or contractor.			
EQUIPMENT			Cement Amount Ordered		100% Salt 5 1/2 Koseal			
Pumptrk	No.	3		Common				
Bulktrk	No.	4		Poz. Mix				
Bulktrk	No.			Gel. 5				
Pickup	No.	TD00		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 103 #1's 14" CSG set @ 4336			Sand					
1 # = 42 Float shoe LD BOFFIE			Handling					
CSG on Bottom Hook up to CSG			Mileage					
Break circ w/ rig			5 1/2 FLOAT EQUIPMENT					
Pump 3 Bbls H2O			Guide Shoe					
Pump 12 Bbls M20 Flush			Centralizer					
Pump 3 Bbls H2O			Baskets					
Plug P-M holes SDSX			AFU Inserts					
Mix! Pump 250 se Pro C 15" gal 1.45 ft 3			Float Shoe					
SHOT down wash up trk - CLEAR LINES			Latch Down					
RELEASE LD PLUG								
Disp 1247 Bbls total			LMI 20					
1000' circ H2O < 103			Pumptrk Charge					
Plug down @ 11:30 1000'			Mileage					
PS 1500' RELEASE HELD								
THANKS TOMO MIKE CIAD								
Signature			Tax					
			Discount					
			Total Charge					

QUALITY WELL SERVICE, INC.

5931

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OFFICE
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Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-2-13	15	25	14	STAFFORD	Ks	6:30 P.M	1:00 P.M
Lease STIMATZE SWD		Well No. #9		Location PRATT, STAFFORD Co-1.75 2 N 6 W 1 N			
Contractor DUKE Dalg #2				Owner E into			
Type Job SURFACE				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 12 1/4	T.D. 265		Charge To Knighton Oil Co. Inc.				
Csg. 8 5/8 23'	Depth 265 264		Street				
Tbg. Size	Depth		City State				
Tool	Depth		City State				
Cement Left in Csg. 20	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace 156 Bbl		Cement Amount Ordered 275cc 60/40 Poz				
EQUIPMENT				2 1/2 GEL 3 1/2 CC 1/4" CF. 200cc Comm			
Pumptrk No. 8	DEREK		Common 165 1" W. 1/4"				
Bulktrk No. 4	MKE		Poz. Mix 110				
Bulktrk No.			Gel. 5				
Pickup No.	TODD		Calcium 9				
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal 68.75			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Run 6 #1's 8 5/8 23' Csg				Sand			
Set 2 264				Handling 739			
Hook up to csg; Break circ w/alg				Mileage 20			
MIX = Poz 275cc 60/40 Poz				FLOAT EQUIPMENT			
2 1/2 GEL 3 1/2 CC 1/4" CF. 14.7" gal				Guide Shoe			
SHUT DOWN Release 8 5/8 WOODEN Plug				Centralizer			
Dis 156 Bbl total				Baskets			
Close Valve Csg 9:30 P.M				AFU Inserts			
CMT. Didnt Circ				Float Shoe			
TAG 45' Run 40' 1" in Csg 100cc				Latch Down			
WOC line Run 20' 1" in Csg 100cc				1 EA WOODEN Plug			
CMT to 522hr				LMV 20			
Thank Todd MKE: DEREK				Pumptrk Charge SURFACE			
X Signature Wm Vasquez				Mileage 20			
PLEASE CALL AGAIN				Tax			
				Discount			
				Total Charge			