



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1157059  
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: \_\_\_\_\_

1157059

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

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

Form	ACO1 - Well Completion
Operator	Quail Oil & Gas, LC
Well Name	RRR 1-14
Doc ID	1157059

Tops

Name	Top	Datum
Heebner	4242	-2352
Douglas SH	4368	-2478
Lansing	4447	-2557
Pawnee	5092	-3202
Cherokee	5148	-3258
Morrow	5274	-3374
Mississippi	5389	-3499
Viola	6494	-4604

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer	Quail Oil + Gas LC	Lease No.	Date	
Lease	RRR	Well #	7-29-13	
Field Order #	Station	Casing	Depth	County
8674	Pratt	5 1/2		Clark
Type Job	Formation	Legal Description		
CNW	L.S.	14-33-21		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Yield	CMT RATE	PRESS	ISIP	
5 1/2				CMT AA-2 clb M			5 Min.	
Depth	Depth	From	To	Pre Pad	Max		10 Min.	
5552.81							15 Min.	
Volume	Volume	From	To	Pad	Min		Annulus Pressure	
128.83							Total Load	
Max Press	Max Press	From	To	Frac	Avg			
1000								
Well Connection	Annulus Vol.	From	To		HHP Used			
P.C.								
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			
5509.16				127.81				

Customer Representative	Station Manager	Treater
DAN PROFFERSON	Kevin Godinley	MIKE MARTIN

Service Units	27463	7099	1918
Driver Names	Young	P	H Y E

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:00 AM					ON LOCATION / SARTON MEETING
6:45					RUN CASING, PACKER SHOE, 8 TUBUS, 1 BASKET
6:45					TUBUS 3, 4, 5, 6, 7, 8, 9, 10 BASKET ON 12
7:50					CIRCULATE 50 JOINTS IN
8:20					RUN CASING
9:30					CASING ON BOTTOM, HOOPERING / BREAK CIRC W R
9:45					PST TO 1300 PST PACKER SET
					Circulate 1 hr
10:55	200		3	5	PUMP 3 BBL H <sub>2</sub> O
10:66	200		12	5	PUMP 12 BBL MUD FLUSH
10:59	200		3	5	PUMP 3 BBL H <sub>2</sub> O
11:00	200		34	5	MIX 135 SAG AA-2
11:10					Release Plug
11:13	100				START DISC WITH 2% KCL H <sub>2</sub> O
11:33	300		110	3	Slow rate
	600		130		<del>Run</del> Shut Down Shut in well
					Circ. then Job
					Plug Bar + Mouse bit
					Job complete
					Thank you
					MIKE MARTIN















Customer: **Qual Oil + Gas LC** Lease: **RRR** Well #: **1-14** Date: **7-29-13**

Field Order #: **8674** Station: **part** Casing: **5 1/2** Depth: **CLARK** County: **CLARK** State: **MS**

Type Job: **CNW** L.S. Formation: **CLARK** Legal Description: **14-33-21**

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	5 1/2	Shots/Ft		Pre Pad	Max	5 Min.	ISIP
Depth	5522.5	From	To	Pad	Min	10 Min.	
Volume	128.83	From	To	Frac	Avg	15 Min.	
Max Press	1000	From	To	HHP Used	Total Load		
Well Connection	1.2	From	To	Flush	Gas Volume		
Packer Depth	5529.16	From	To				

Customer Representative: **Javor Patterson** Station Manager: **Kevin G. Doolittle** Treater: **Mike Martin**

Service Units: **37586** Driver: **Mamm** Young

27463 70959 19918 PH NE

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:00am					ON Location / Safety Meeting
6:45					Run CSN, packer shoe, 8 Tubos, 1 Basket
7:50					(Circulate 50 joints in
8:20					Run casing
9:40					Casing on bottom, hook up to rig / break side in R.
9:45					PST to 1300 psi packer set
					Circulate 1 hr
10:55	200		3	5	Pump 3 1381 H2O
10:56	200		12	5	Pump 12 691 H2O Pump
10:59	200		3	5	Pump 3 691 H2O
11:00	200		34	5	Mix 335 Sgs H2O-2
11:10					Release plug
11:13	100				Smart drill with 2% KCl H2O
11:33	300		110	3	Slow rate
	600		130		<del>Stop</del> Shut down
					Shut in well
					Circ. thru 50g
					plug ball + mouse tail
					Job complete
					Thank you
					Mike Martin

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

November 18, 2013

Daron Patterson  
Quail Oil & Gas, LC  
525 INDUSTRIAL DR.  
PO BOX K  
GARDEN CITY, KS 67846-9643

Re: ACO1  
API 15-025-21562-00-00  
RRR 1-14  
NW/4 Sec.14-33S-21W  
Clark 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,  
Daron Patterson

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

December 02, 2013

Daron Patterson  
Quail Oil & Gas, LC  
525 INDUSTRIAL DR.  
PO BOX K  
GARDEN CITY, KS 67846-9643

Re: ACO-1  
API 15-025-21562-00-00  
RRR 1-14  
NW/4 Sec.14-33S-21W  
Clark County, Kansas

Dear Daron Patterson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 07/13/2013 and the ACO-1 was received on November 18, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department