



KANSAS CORPORATION COMMISSION 1158062  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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) \_\_\_\_\_

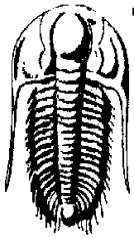
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Archer 21-1
Doc ID	1158062

All Electric Logs Run

Geologists Report
Dual Receiver Cement Bond Log
Compensated Density/Neutron Log
Dual Induction Log
Sonic Log



# TRILOBITE TESTING, INC.

## DRILL STEM TEST REPORT

IA Operating, Inc.  
9915 W. 21st ST. STE B  
Wichita, KS  
ATTN: Terry McLeod

21/8S/26W-Sheridan

Archer #21-1

Job Ticket: 52120

DST#: 4

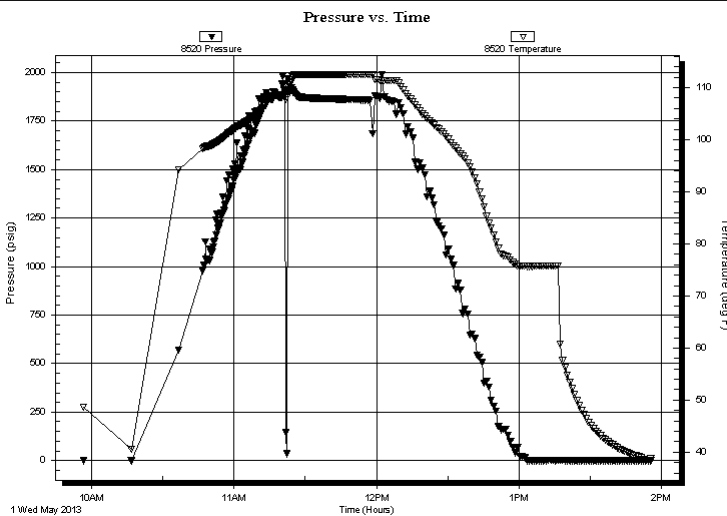
Test Start: 2013.05.01 @ 09:56:45

### GENERAL INFORMATION:

Formation:	LKC "K"				
Deviated:	No	Whipstock:		ft (KB)	Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened:					Tester: Dustin Rash
Time Test Ended:	13:55:45				Unit No: 66
Interval:	3840.00 ft (KB) To	3865.00 ft (KB) (TVD)			Reference Elevations: 2488.00 ft (KB)
Total Depth:	3865.00 ft (KB) (TVD)				2483.00 ft (CF)
Hole Diameter:	7.88 inches	Hole Condition:	Fair		KB to GR/CF: 5.00 ft

<b>Serial #: 8520</b>	<b>Outside</b>				
Press @ Run Depth:	psig @	3842.00 ft (KB)	Capacity:	8000.00 psig	
Start Date:	2013.05.01	End Date:	2013.05.01	Last Calib.:	2013.05.01
Start Time:	09:56:45	End Time:	13:55:45	Time On Btm:	
				Time Off Btm:	

TEST COMMENT: IF-Misrun.



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

### Recovery

Length (ft)	Description	Volume (bbl)

### Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

IA Operating, Inc.

**21/8S/26W-Sheridan**

9915 W. 21st ST. STE B  
Wichita, KS

**Archer #21-1**

Job Ticket: 52120

**DST#: 4**

ATTN: Terry McLeod

Test Start: 2013.05.01 @ 09:56:45

**Mud and Cushion Information**

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 64.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 800.00 ppm

Filter Cake: inches

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl

Total Length:                      ft      Total Volume:                      bbl

Num Fluid Samples: 0                      Num Gas Bombs:      0                      Serial #:

Laboratory Name:                      Laboratory Location:

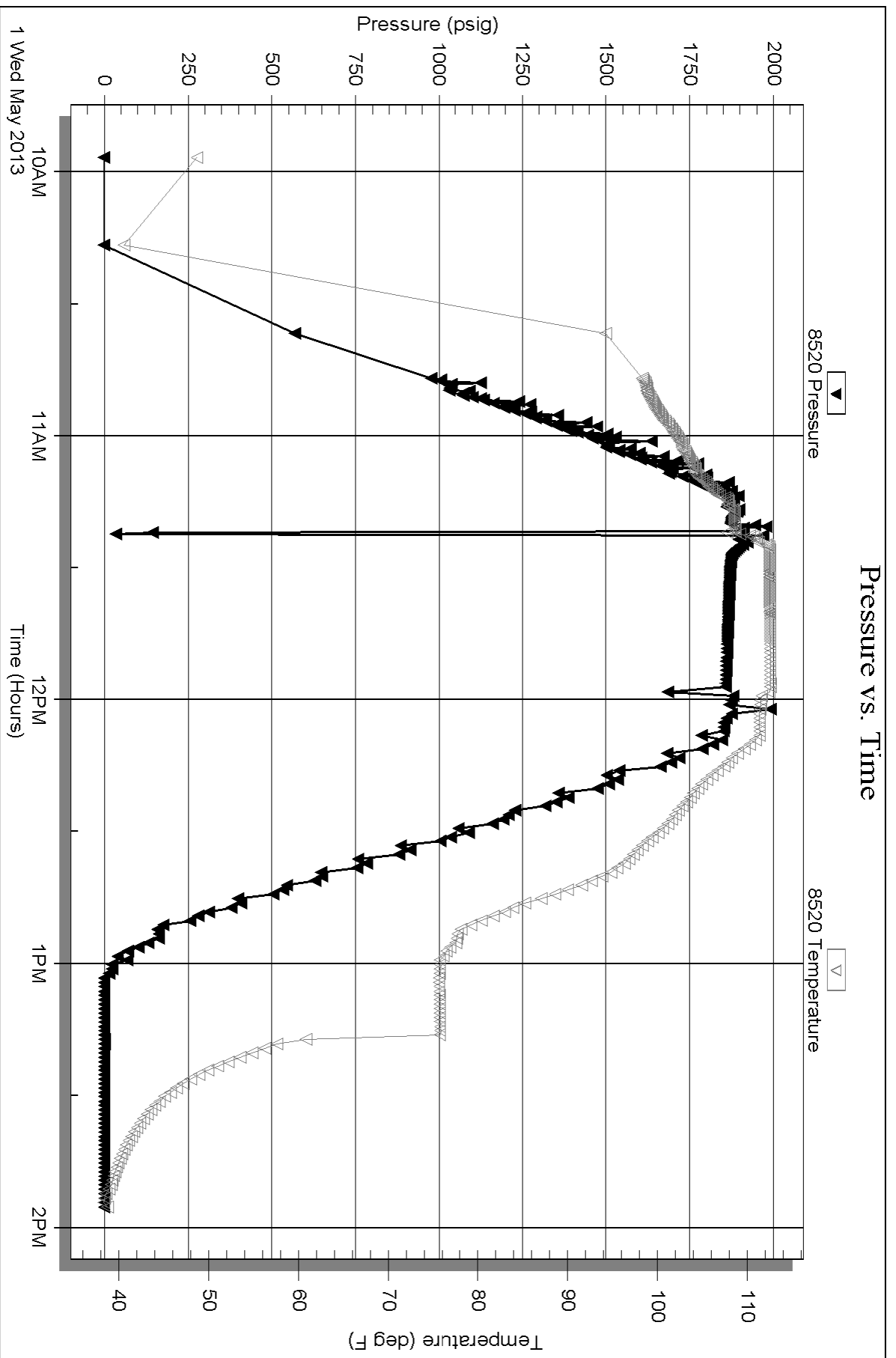
Recovery Comments:

Serial #: 8520

Outside IA Operating, Inc.

Archer #21-1

DST Test Number: 4



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

September 12, 2013

Julie Burrows, Jeff Mowry  
IA Operating, Inc.  
9915 W 21ST ST, STE B  
WICHITA, KS 67205

Re: ACO1  
API 15-179-21328-00-00  
Archer 21-1  
SE/4 Sec.21-08S-26W  
Sheridan 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,  
Julie Burrows, Jeff Mowry

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



Phone: 316-337-6200  
Fax: 316-337-6211  
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Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 18, 2013

Julie Burrows, Jeff Mowry  
IA Operating, Inc.  
9915 W 21ST ST, STE B  
WICHITA, KS 67205

Re: ACO-1  
API 15-179-21328-00-00  
Archer 21-1  
SE/4 Sec.21-08S-26W  
Sheridan County, Kansas

Dear Julie Burrows, Jeff Mowry:

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 04/25/2013 and the ACO-1 was received on September 12, 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



# 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. 6746

Date	4-25-13	Sec.	21	Twp.	8	Range	26	County	Sheridan	State	KS	On Location	6:00pm	Finish	7:15 P.M.
Lease	Archer			Well No.	21-1			Owner	NE to Location						
Contractor	Discroby 1							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	IA Operating Inc						
Hole Size	12 1/4			T.D.	221			Street							
Csg.	8 5/8			Depth	220.72			City	State						
Tbg. Size				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Tool				Depth				Cement Amount Ordered	150 Com 3% CC						
Cement Left in Csg.	20 ft			Shoe Joint	20 ft			Meas Line	Displace 12.3/4 BBL 2% gel						
<b>EQUIPMENT</b>								Common	150						
Pumptrk	5	No.	Cementer	Jmtt			Poz. Mix								
Bulktrk	12	No.	Helper	Brett			Gel.	3							
Bulktrk	pu	No.	Driver	health			Calcium	5							
<b>JOB SERVICES &amp; REMARKS</b>								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 Circulate								Handling	158						
								Mileage							
								<b>FLOAT EQUIPMENT</b>							
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge	Surface						
								Mileage	12						
								Tax							
								Discount							
								Total Charge							
Signature								Cliff Marshall							

# 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. 6625

Date	5-6-13	Sec.	8	Twp.	8	Range	26	County	Sheridan	State	Ks	On Location		Finish	2:45
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Lease Archer Well No. 21-1 Location Studley, Ks - 6W to transformers

Owner 1/4S, 1/2 E to Loc.  
Contractor Chito's well service  
Type Job Port Collar  
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.

Hole Size 5 1/2" T.D. Charge To IA Operating  
Csg. 2" Depth 2098' Street

Tbg. Size 2" Depth 2098' City State  
Tool Port Collar Depth 2098'

Cement Left in Csg. Shoe Joint The above was done to satisfaction and supervision of owner agent or contractor.  
Cement Amount Ordered 400 sx QMDC 1/4# Flo-seal

Meas Line Displace 7 BLS 8 gel on side used 200 sk

**EQUIPMENT**

Pumptrk 5 No. Cementer/Helper Brett	Common 200 QMDC
Bulktrk 13 No. Driver Doug	Poz. Mix
Bulktrk p.u. No. Driver Rick	Gel. 8
	Calcium

**JOB SERVICES & REMARKS**

Remarks: load tubing + pressure to 1000#, open tool, establish a blow, pump 8' sx gel	Salt
Centralizers 200 sx QMDC 1/4# Flo-seal	Flowseal 200#
Baskets + Displaced with 7 BLS of water. Closed tool	Kol-Seal
D/V or Port Collar pressure to 1000#, Run 5 Jts of tubing + Reversed out, washed up + Rigged down.	Mud CLR 48
	CFL-117 or CD110 CAF 38
	Sand
	Handling 400
	Mileage

**FLOAT EQUIPMENT**

Cement did Circulate.	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge port collar  
Mileage 12

Signature [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. 6785

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-2-13	21	8	26	Shoedon	KS		11:30 pm
Lease Archer				Well No. 21-1		Owner	
Contractor Discovery #1				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 Production String				Charge To J.A. Operating			
Hole Size 7/8		T.D. 3925		Street			
Csg. 5/2 15.50*		Depth 3924		City		State	
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Tool Port Collar #44		Depth 2104		Cement Amount Ordered 185 com 10% Salt			
Cement Left in Csg. 20.97		Shoe Joint 20.97		Cement 5% Gilsonite 500 gal mud clear			
Meas Line		Displace 92 3/4 BBL		Common 185			
<b>EQUIPMENT</b>							
Pumptrk	9	No.	Cement Helper	Poz. Mix			
Bulktrk		No.	Driver	Gel.			
Bulktrk	14	No.	Driver	Calcium			
<b>JOB SERVICES &amp; REMARKS</b>							
Remarks:				Hulls			
Rat Hole 30SK				Salt 16			
Mouse Hole 15SK				Flowseal			
Centralizers				Kol-Seal 925#			
Baskets				Mud CLR 48 500 gal			
D/V or Port Collar				CFL-117 or CD110 CAF88			
5/2 set @ 3924. Insert @ 3903.				Sand			
Est. Circulation Pump 500 gal mud clear				Handling 210			
10 BBL spacer cement rather than mouse hole.				Mileage			
Cement 5/2 with 140SK clear lines				<b>FLOAT EQUIPMENT</b>			
Displace Plug Plug land @				Guide Shoe 21 Recip. Scratchers			
2000# Held. Release Pressure				Centralizer 7 Turbolizers			
Dry.				Baskets 2 Baskets Blue			
				AFU inserts Port Collar			
				Float Shoe 1			
				Latch Down 1			
				Pumptrk Charge prod long string			
				Mileage 12			
				Tax			
				Discount			
				Total Charge			
Signature <i>Chas Mayfield</i>							