



KANSAS CORPORATION COMMISSION 1159986
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: _____



1159986

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
---	---

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				

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	American Oil LLC
Well Name	Dorzweiler 1
Doc ID	1159986

Tops

Name	Top	Datum
Top Anhydrite	1505	+719
Topeka	3212	-990
Heebner	3450	-1228
Toronto	3471	-1249
LKC	3491	-1268
BKC	3738	-1517
Marmaton	3785	-1563
Arbuckle	3812	-1590
Regan Sand	3856	-1635

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

Phone 785-483-2025
Cell 785-324-1041

No. 7278

Date	8-3-13	Sec.	35	Twp.	13	Range	20	County	Ellis	State	KS	On Location		Finish	9:30 PM
------	--------	------	----	------	----	-------	----	--------	-------	-------	----	-------------	--	--------	---------

Location: E.H.S. 35 DE 1/5 E 100
Well No. #1
Owner: /

Lease: Doc 2 weller
Contractor: Decorey #1
Type Job Surface
Hole Size 12 1/4
Csg. 9 5/8
Depth 222
Street
City
State

To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish
cement and helper to assist owner or contractor to do work as listed.
Charge American O.I.

The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. 20'
Shoe Joint
Displace 13 bbl

Meas Line
EQUIPMENT
Common

No.	Cement	Helper	15
No.	Driver	Helper	1
No.	Driver	Driver	3

POZ. Mix
Gel
Calcium
Hulls
Sail
Flowseal
Kol-Seal
Mud CLR 48
CFL-117 or CD110 CAF 38
Sand
Handling
Mileage

Remarks:
Rat Hole
Mouse Hole
Centralizers
Baskets
D/V or Port Collar

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Mileage
Pumptrk Charge
Mileage

Total Charge
Discount
Tax

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 1353

Phone 785-483-2025

Cell 785-324-1041

Date	8-7-13
Sec.	35
Twp.	13
Range	20
County	Ellis
State	KS
On Location	
Finish	9:30pm

Well No. 1

Location: Ellis 35 13 20

Lease: Dr. 2010-10-1

Contractor: Dr. 2010-10-1

Type Job: Bottom Stage

Hole Size: 7 7/8

Csg. Size: 5 7/8

Tbg. Size: 5 7/8

Depth: 3919

City: Harrison, O.K.

State: Oklahoma

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.

Charge To: Harrison, O.K.

Common

Equipment

No.	Cement	Helper	Pump	12
No.	Driver	Driver	Bulk	13
No.	Driver	Driver	Bulk	14

Job Services & Remarks

Hulls

Remarks:

Rat Hole

Flow Seal

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

Sand

Handling

Mileage

Guide Shoe

Centralizer

Baskets

AFU Insens

Float Shoe

Latch Down

Pump/Chk Charge

Mileage

Signature	X
Total Charge	
Discount	
Tax	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 1854

Phone 785-483-2025

Cell 785-324-1041

Date: 8/23/35
 Sec: 35
 Twp: 13
 Range: 20
 County: PLS
 State: KS
 On Location: 10.00 a.m.
 Finish: 10.00 a.m.

Lease: Deane for Well No. 1
 Contractor: D. Stovall #41
 Type Job: D.D. 2B
 Hole Size: 2 7/8
 T.D. 3920
 Depth: 512

Csg. Size: 5 1/2
 Tbg. Size: 5 1/2
 Depth: 512
 City: State

Tool: D.T. 1
 Depth: 512
 Cement Left in Csg.: 4

Meas Line: Displace 3682
 Cement Amount Ordered: 275 BULK MIX WATER

The above was done to satisfaction and supervision of owner agent or contractor.

Common Poz. Mix Gel Calcium Hulls

EQUIPMENT
 Cementer No. 15
 Helper No. 15
 Driver No. 13
 Driver No. 13

JOB SERVICES & REMARKS
 Remarks: Rat Hole 305K
 Mouse Hole 155K
 Centralizers
 Baskets
 DV or Port Collar
 Sand
 Handling
 Mileage

Guide Shoe
 Centralizer
 Baskets
 AFU Inserts
 Float Shoe
 Latch Down

Pumptrk Charge
 Mileage
 FLOAT EQUIPMENT

Tax
 Discount
 Total Charge

Signature X