



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1160064  
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: \_\_\_\_\_



1160064

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
--	---

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

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 26, 2013

Brady Pfeiffer  
C. H. Todd, Inc.  
1000 N TYLER STE 100  
WICHITA, KS 67212-3276

Re: ACO1  
API 15-187-21235-00-00  
CHT Hume Bros 3-34  
NW/4 Sec.34-29S-41W  
Stanton 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,  
Brady Pfeiffer

# Quality Well Service, Inc.

324 Simpson St.  
Pratt, KS 67124

# Invoice

Date	Invoice #
8/7/2013	C-896

Bill To
C.H. Todd, Inc. 100 South Main, Suite 415 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		Cht Hume Bros #3-34

Description	Qty	Rate	Amount
MDC	425	18.00	7,650.00T
Common	150	15.50	2,325.00T
Calcium	20	53.00	1,060.00T
Gel	11	20.50	225.50T
Flo-Seal	143.75	2.00	287.50T
8 5/8 Centralizer	3	90.00	270.00T
8 5/8 Basket	1	280.00	280.00T
8 5/8 AFU Insert	1	255.00	255.00T
8 5/8 Rubber Plug	1	140.00	140.00T
SFC 1501-3000'	1	950.00	950.00
Additional Hours	3	250.00	750.00
Handling	606	2.10	1,272.60
.08 * sacks * miles	18,000	0.08	1,440.00
LMV	70	3.00	210.00
Pump Truck Mileage	70	8.00	560.00
Discount	2,498.6	-1.00	-2,498.60T
Discount	1,036.52	-1.00	-1,036.52
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Cht. Hume Bros #3-34 Stanton Co.			

134,393

Thank You for your business!	Well <u>Mune Bros. 3-34</u>	<b>Subtotal</b>	\$14,140.48
	Detail <u>Cement Surface</u>	<b>Sales Tax (7.15%)</b>	\$714.60
	<u>Casing</u>	<b>Total</b>	\$14,855.08

Date 8/16/13  
Apr. By SPV



CHARGE TO: CH Todd  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET No 24904

PAGE 1 OF 2

SERVICE LOCATIONS  
 1. New City KS WELL/PROJECT NO. 3-34 LEASE CHT Bros COUNTY/PARISH Stanton STATE KS CITY Johnson City DATE 11/16/13 OWNER  
 2. TICKET TYPE  SERVICE  SALES CONTRACTOR MURFIN RIG NAME/NO. 21 SHIPPED VIA TR DELIVERED TO Johnson City ORDER NO.  
 3. WELL TYPE oil WELL CATEGORY Development JOB PURPOSE cement log string WELL PERMIT NO. WELL LOCATION 34-29-31  
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
1575		1							6.00	960.00
1579		1		MILEAGE	160	mi			2000.00	2000.00
402		1		Pump Charge	1	ea	4 ea		70.00	280.00
403		1		Centralizer	52	in	1 ea		285.00	285.00
408		1		Cement + Bitbit	52	in	1 ea		330.00	3300.00
415		1		DIV Tool	52	in	1 ea		400.00	400.00
417		1		Insect Float collar w/ auto fill	52	in	1 ea		200.00	200.00
419		7		DIV latch clamp plug & baffle	52	in	7 ea		200.00	200.00
580		1		Rotative band rental	52	in			200.00	200.00
		1		Additional hoses	5	ea			200.00	1000.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 11/16/13 TIME SIGNED: 2:40  A.M.  P.M.

SWIFT OPERATOR: [Signature] APPROVAL: [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  WE UNDERSTOOD AND MET YOUR NEEDS?  OUR SERVICE WAS PERFORMED WITHOUT DELAY?  WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO  CUSTOMER DID NOT WISH TO RESPOND

AGREE  UN-DECIDED  DIS-AGREE

PAGE TOTAL: 1 835.00 2 1507.28  
 subtotal 23,487.28  
 Stanton TAX 7.15% 1036.39  
 TOTAL 24,533.67

Thank You!



CUSTOMER: CH Todd WELL NO.: 3-34 LEASE: CHT Hame Bros comm/long string JOB TYPE: TICKET NO. 24904

CHART NO. TIME RATE (BPM) VOLUME (BBL) (GAL) PUMPS T C TUBING CASING

DESCRIPTION OF OPERATION AND MATERIALS

180sk EA-2 w/ 1/4" floode

350sk SMD w/ 1/4" floode

150' to 52" x 15.5" casing 5477'

Shaft 42 1/4" DV #46 3534'

Car + 90, 100, 110, 120 Basket 89

On loc TRK 114

Start 52" x 15.5" casing in well

Dropball

lose circulation - mix new mud

well circulating

Pump 500 gal mud/mud

Pump 20 bbl KCL/mud

Mix EA-2 comm 150sk @ 15.3ppg

Drop 1st stage latch down plug

Wash pump 3 times

Drop plug

Switch to drilling mud

Switch to H<sub>2</sub>O

lift pressure

Land plug

Release pressure to truck - dried up

Drop bomb

Wash tank

open DV tool - circulate 3hr

Plug RH - MH 20sk - 20sk

Pump 20 bbl KCL/mud

Mix SMD at 300sk @ 11.2

Iron weight to 14

Iron weight to 15

Drop 2nd stage plug

Displace plug

Land plug

NO count to surface

Release pressure to truck - dried up

Wash tank

Drop of 1st stage

2100

2000

1925

1920

1915

1910

1615

1550

1540

1513

1450

1425

1410

0730

0725

0415

2350

12 AUG