



KANSAS CORPORATION COMMISSION 1164550
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: _____



1164550

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
_____ 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
-----------------------------------	-----------	---------	-------------	---------------	---------

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

QUALITY WELL SERVICE, INC.

5962

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

OFFICE
 Home's Cell 620-727-3410
 Office / Fax 620-672-3663

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

Date	10-12-13	Sec.	3	Twp.	21	Range	4	County	McPHERSON	State	Ks	On Location	7:00 PM	Finish	10:00
Lease	Mary Fitz Tract			Well No.	1-3			Location	Tulman Ks 1 E to 9th AVE			IN CHICKENWOOD			
Contractor	Southwind Drilling "4"				Owner	1/2 E Ninto									
Type Job	133/8 48" Ord.				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	17 1/2		T.D.	97											
Csg.	133/8 48"		Depth	101											
Tbg. Size			Depth	4											
Tool			Depth												
Cement Left in Csg.			Shoe Joint	15'		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace	12.5 BBL		Cement Amount Ordered 100% Common									
EQUIPMENT													2 1/2 66L 3/4 CC 1/4" CF		
Pumptrk	No.	3		BRADY		Common 100									
Bulktrk	No.	7		CHAD		Poz. Mix									
Bulktrk	No.					Gel. 2									
Pickup	No.			TODD		Calcium 4									
JOB SERVICES & REMARKS													Hulls		
Rat Hole													Salt		
Mouse Hole													Flowseal 25		
Centralizers													Kol-Seal		
Baskets													Mud CLR 48		
D/V or Port Collar													CFL-117 or CD110 CAF 38		
Run 2 1/2 133/8 48' csg													Sand		
set @ 96													Handling 106		
Hood up to csg & break circ w/air													Mileage 50		
FLOAT EQUIPMENT															
Mix & Pump 100% Common													Guide Shoe		
2 1/2 66L 3/4 CC 1/4" CT. 15" 1/2													Centralizer		
Disco 12.5 BBL total													Baskets		
Close valves on csg 150'													AFU Inserts		
Plug down @ 9:45													Float Shoe		
Good circ then JO3													Latch Down		
Circ CMT TO RT													LMV 50		
Thank you Brady CHAD													Pumptrk Charge Cond		
PLEASE CALL AGAIN													Mileage 50		
Signature <i>William Anderson</i>													Tax		
													Discount		
													Total Charge		

QUALITY WELL SERVICE, INC.

5963

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office
Heath's Cell 620-727-3410
Office / Fax 620-672-3663

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

Date	10-13-13	Sec.	3	Twp.	21	Range	4	County	McPherson	State	KS	On Location	3:45 PM	Finish	11:30 AM
Lease	MARY ENTZ TRACT	Well No.	1-3	Location		JANOKI 1 E to 9th AVE IN CHEYENNE SD									
Contractor	Southwind Oils #4							Owner 1/2 E N 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.	681												
Csg.	8 5/8 23'	Depth	680												
Tbg. Size								Charge To LAHENMARK OIL LLC							
Tool								Street							
Cement Left in Csg.								Depth							
Meas Line								City State							
Cement Left in Csg.		Shoe Joint		41.96											
Meas Line		Displace		40.23 Bbl											
The above was done to satisfaction and supervision of owner agent or contractor.															
Cement Amount Ordered		350 & Common													

EQUIPMENT

Pumptrk	No.	3	BRADY	Common	320'	USED 275SX
Bulktrk	No.	7	CHAO	Poz. Mix		
Bulktrk	No.			Gel.	7	
Pickup	No.		TOOO	Calcium	12	

JOB SERVICES & REMARKS

Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal 150"
Baskets 11/4 29' 1-	Kol-Seal
D/V or Port Collar	Mud CLR 48
Rn 16 H's 8 5/8 23' Csg	CFL-117 or CD110 CAF 38
Set 2 60' 670'	Sand
	Handling 369
	Mileage 50

FLOAT EQUIPMENT

Hook up to csg	Guide Shoe
Pump H2O AHEAD	Centralizer
Mix & Pump 150 & Common	Baskets 1 EA
2 1/2 GAL 3% CL 1/2" CF 15 1/4 GAL	AFU Inserts 1 EA BATTLE
SHUT DOWN Release WOODEN PLUG	Float Shoe 1 EA WOODEN PLUG
Disp 40.2 Bbl total	Latch Down
Plug down	
Mix & pump 125 & Common	
2 1/2 GAL 3% CL 1/2" CF 15 1/4 GAL	LMV 50
CMT to Surface	Pumptrk Charge SURFACE
WAT IS MIN CMT STAYING IN PLACE	Mileage 50

JOB Complete	Tax
Thanks TOOO BRADY CHAO	Discount
Signature	Total Charge