



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1166217
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: _____

1166217

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

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Lease Name: Mannschreck	Spud Date: 6-25-2013	Surface Pipe Size: 7"	Depth: 40'	T.D.:1034
Operator: Quest Development	Well # 16	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_34	clay			
34_146	shale			
146_189	lime			
189_206	shale			
206_258	lime			
258_352	shale			
352_412	lime			
412_451	shale			
451_581	lime			
581_728	shale			
728_740	lime			
740_751	shale			
751_781	lime			
781_867	shale			
867_874	lime			
874_924	shale			
924_929	lime			
929_959	shale			
959_960	1st cap			
960_965	shale			
965_966	2nd cap			
966_970	good oil sand			
970_975	broken sand some oil			
975_1034	shale			
	1034 TD			



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 42971 X
LOCATION Eureka KS
FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6-25-13	6605	Manuschrek #16				Coffey																
CUSTOMER Quest Development			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>John S</td> <td></td> <td></td> </tr> <tr> <td>61</td> <td>Chris M</td> <td></td> <td></td> </tr> <tr> <td>92</td> <td>Alan G</td> <td>McCoey Trucking</td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	John S			61	Chris M			92	Alan G	McCoey Trucking	
TRUCK #	DRIVER	TRUCK #					DRIVER															
520	John S																					
61	Chris M																					
92	Alan G	McCoey Trucking																				
MAILING ADDRESS P.O. Box 413																						
CITY Iola	STATE KS	ZIP CODE 66749																				

JOB TYPE 4/5 ⁰ HOLE SIZE 5 1/8" HOLE DEPTH 1034' CASING SIZE & WEIGHT _____
CASING DEPTH 1026' 6.L. DRILL PIPE _____ TUBING 2 3/8" OTHER _____
SLURRY WEIGHT 13.8 # SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
DISPLACEMENT 6 Bbl DISPLACEMENT PSI 400 MIX PSI 800 Bump Plug RATE Displace @ 1 BPM

REMARKS: Rig up to 2 3/8" Tubing, Break circulation + mixed 300# gel flush, bring gel to surface w/ pit H2O. Mixed 125 SKS owc cement w/ 1/2# Phenoseal/sk @ 13.8 #/gal. Shut down wash out pump + lines. Stuff two plugs + displace w/ 6 Bbl H2O. Final pumping pressure of 400 psi, bumped plugs to 800 psi. Plugs + float held. Good circulation @ all times. 6-7 Bbl slurry to pit. Let + well shut in w/ 0 psi. Job complete.

"Thanks Shannon + crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1126	125 SKS	owc Cement	19.75	2468.75
1107A	62 #	Phenoseal @ 1/2 #/sk	1.35	83.70
1118 B	300 #	gel flush	.22	66.00
5407A	6.5 Tons	Ton mileage bulk Truck	1.41	458.25
5502C	4 Hrs	80 Bbl Vac Truck #92 McCoy Trucking	90.00	360.00
1123	3000 gal	city H2O	17.30/1000	51.90
4402	2	2 3/8 Rubber plugs	29.50	59.00
			Sub Total	4842.60
			SALES TAX 6.3%	111.95
			ESTIMATED TOTAL	5014.55

Ravin 3737

AUTHORIZATION [Signature] TITLE Account DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.