



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174582
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
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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: _____

1174582

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Thomas, John R. dba Vamco Operations
Well Name	MGT A-1 1
Doc ID	1174582

All Electric Logs Run

DIL
CNL/CDL
MICRO
SONIC

Form	ACO1 - Well Completion
Operator	Thomas, John R. dba Vamco Operations
Well Name	MGT A-1 1
Doc ID	1174582

Tops

Name	Top	Datum
Anhydrite	776	+1126
Heebner	3178	-1276
Douglas	3217	-1315
Brown Lime	3300	-1398
Lansing/Kansas City	3311	-1409
Base/Kansas City	3524	-1622
Arbuckle	3579	-1677
Rotary Total Depth	3650	-1748
Log Total Depth	3649	-1747



Company _____ Lease & Well No. _____
 Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
 Date _____ Sec. _____ Twp. _____ Range _____ County _____ State _____
 Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor _____ Drill Collar Length _____ ft I.D. _____ in.
 Mud Type _____ Viscosity _____ Weight Pipe Length _____ ft I.D. _____ in.
 Weight _____ Water Loss _____ cc. Drill Pipe Length _____ ft I.D. _____ in.
 Chlorides _____ P.P.M. Test Tool Length _____ ft Tool Size _____ in.
 Jars: Make _____ Serial Number _____ Anchor Length _____ ft. Size _____ in.
 Did Well Flow? _____ Reversed Out _____ Surface Choke Size _____ in. Bottom Choke Size _____ in.
 Main Hole Size _____ in. Tool Joint Size _____ in.

Blow: _____

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Remarks _____

Time Set Packer(s) _____ Time Started off Bottom _____ Maximum Temperature _____
 Initial Hydrostatic Pressure.....(A) _____ P.S.I.
 Initial Flow Period.....Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
 Initial Closed In Period.....Minutes _____ (D) _____ P.S.I.
 Final Flow Period.....Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.



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 Final Closed In Period.....Minutes _____ (G) _____ P.S.I.
 Final Hydrostatic Pressure.....(H) _____ P.S.I.

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. 7759

Date	8-29-13	Sec.	8	Twp.	21	Range	13	County	Stafford	State	Ks	On Location		Finish	6:30 AM	
Lease	MGT A-1			Well No.	#1			Owner	I W, 1/2 S, W/4							
Contractor	Southwind			#2	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															
Hole Size	7 7/8"			T.D.	3650'			Charge To	Uamco operations							
Csg.	New 5 1/2" 15 1/2"			Depth	3649'			Street	Great Bend, Ks - S to C.L., 15							
Tbg. Size				Depth				City	State							
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.	16.75'			Shoe Joint	16.75'			Cement Amount Ordered	170 x Common 10% Salt							
Meas Line				Displace	86 1/4 BLS			5% Gilsomite - 500 gal mud Clear 48								
EQUIPMENT								Common								
Pumptrk	16	No.	Cementer		Billy		Poz. Mix									
Bulktrk	14	No.	Driver		Lonnie M.		Gel.									
Bulktrk	p.u.	No.	Driver		Rick		Calcium									
JOB SERVICES & REMARKS								Hulls								
Remarks:								Salt 16								
Rat Hole								Flowseal								
Mouse Hole								Kol-Seal 850#								
Centralizers	1, 2, 4, 6, 8, 11			3589'			Mud CLR 48 500 gal									
Baskets	3						CFL-117 or CD110 CAF 38									
D/V or Port Collar	pipe on bottom, break							Sand								
Circulation, pump 500 gal mud								Handling 194								
Clear 48, pump 10 BLS of water,								Mileage								
plug Rathole w/ 30 sx, plug manihole								FLOAT EQUIPMENT								
with 15 sx. Hook to 5 1/2" casing								Guide Shoe								
+ mix 125 sx cement. Shut down								Centralizer 6								
wash pump + lines. Released plug								Baskets 1								
+ displaced with 86 1/4 BLS of								AFU Inserts								
water. Released + held.								Float Shoe 1								
Lift pressure 800 #								Latch Down 1								
Land plug to 1800 #								1 - Rotating head Assy								
Landel plug @ 83 BLS								Pumptrk Charge prod long string								
Signature: William Anderson								Mileage 910								
								Tax								
								Discount								
								Total Charge								

324 Simpson St
Pratt, KS 67124

Invoice #	8/26/2013
	C-914

Bill To

Vamco Operations
265 Ave K
Chase, KS 67524

Mr 870-13
WSP# 4447

P.O. No.	Terms	Lease Name
		MGT A #1

Description	Qty	Rate	Amount
Common	159	15.50	2,464.50T
Poz	106	9.50	1,007.00T
Gel	5	20.50	102.50T
Calcium	9	53.00	477.00T
Flo-Seal	66.25	2.00	132.50T
8 5/8 Wooden Plug	1	85.00	85.00T
SFC 0-500'	1	600.00	600.00
Handling	279	2.10	585.90
.08 * sacks * miles	2,790	0.08	223.20
LMV	10	3.00	30.00
Pump Truck Mileage	10	8.00	80.00
Discount	640.28	-1.00	-640.28T
Discount	227.87	-1.00	-227.87
Discount Expires after 30 days from the date of the invoice		0.00	0.00
MGT A #1			
Stafford Co.			

Thank You for your business!

Subtotal	\$4,919.45
Sales Tax (7.15%)	\$259.42
Total	\$5,178.87

Date	8-21-13	Sec.	8	Twp.	21	Range	13	County	STAFFORD	State	KS	On Location	7:45 PM	Finish	12:00 AM
Lease	MGT	Well No.	A#1	Location	Barton-Stafford Co line 2510										

Contractor	Southwind Pig #2																
Type Job	Surfaces																
Hole Size	12 1/4"	T.D.	264'	Depth	263'	Charge To	Vanco Operations									City	State
Tbg. Size	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth		
Tool	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth	Depth		
Cement Left in Csg.	Shoe Joint	15	The above was done to satisfaction and supervision of owner agent or contractor.														
Meas Line	Displace	15.6	Cement Amount Ordered	2655 60/40 Port													

EQUIPMENT		No.	Remarks
Pumptrk	8	Mike	
Bulktrk	4	CHAD	
Bulktrk	5		
Pickup	9	TOOD	

JOB SERVICES & REMARKS		Quantity	Unit	Remarks
Rat Hole				
Mouse Hole				
Centralizers				
Baskets				
D/V or Port Collar				
Mud CLR 48				
CFL-117 or CD110 CAF 38				
Sand				
Handling				
Mileage				

FLOAT EQUIPMENT		Quantity	Unit	Remarks
Guide Shoe				
Centralizer				
Baskets				
AFU Inserts				
Float Shoe				
Latch Down				
LEA 8 5/8 Woodcon Plug				
LMV 10				
Pumptrk Charge Surfaces				
Mileage				
Tax				
Discount				
Total Charge				



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

P.O.#:
 Due Date: 9/28/2013
 Division: Russell

Invoice

Contact:
 VAMCO OPERATIONS
 Address/Job Location:
 VAMCO OPERATIONS
 265 AVENUE K
 CHASE KANSAS 67524

Mr. Bill B
LC# 88446

Reference:
 MGT A-1 # 1

Description of Work:
 PROD LONG STRING

Services / Items Included:

Quantity	Price	Taxable	Item	Quantity	Price	Taxable
170	\$ 1,020.55	No	Labor			
850	\$ 1,425.00	Yes	Common-Class A			
500	\$ 413.53	Yes	Gilsonite			
500	\$ 433.65	Yes	Mud Clear			
194	\$ 388.94	Yes	Bulk Truck Mail-Material Service Charge			
6	\$ 384.47	Yes	5 1/2" Turbolizer			
1	\$ 342.00	Yes	5 1/2" Basket			
1	\$ 250.35	Yes	Auto Fill Float Shoe, 5 1/2"			
16	\$ 249.64	Yes	Latch Down Plug & Baffle, 5 1/2"			
10	\$ 111.54	No	Salt (Fine)			
			Pump Truck Mileage-Job to Nearest Camp			

Invoice Terms:

Net 30

Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice:

SubTotal:	\$ 7,975.17
SubTotal for Taxable Items:	\$ 5,358.34
SubTotal for Non-Taxable Items:	\$ 1,420.55
Total:	\$ 6,778.89
Tax:	\$ 383.12
Amount Due:	\$ 7,162.01
Balance Due:	\$ 7,162.01

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%) This does not include any applicable taxes unless it is listed. ©2008-2013 Straker Investments, LLC. All rights reserved.

Home Office P.O. Box 22, Masson, MO

Finish	On Location	State	County	Range	Twp.	Sec.	Date
6:30 AM		Ks	Stafford	13	21	8	8-29-13

Lease MGT A-1 #1 Well No. #1
 Contractor Southwind #2
 Type Job Production
 Hole Size 7 7/8" T.D. 3650'
 Csg. New 5 1/2" 15 3/4" 36 1/4"

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 Lamco operations

City State
 Depth
 Tbg. Size
 Tool Depth
 Cement Left in Csg. 16.75'
 Shoe Joint 16.75'
 Displace 86 1/4 BLS

Common 170
 Poz. Mix
 Gel.
 Calcium
 Hulls
 Salt 16
 Flowseal
 Kol-Seal 850#
 Mud CLR 48 500 gal
 CFL-117 or CD110 CAF 38

Remarks:
 Rat Hole
 Mouse Hole
 Centralizers 1, 2, 4, 6, 8, 11
 Baskets 3
 35871
 DV or Port Collar
 Pipe on bottom, break
 Circulation, pump 500 gal mud
 Clear 48 pump 10 BLS of water.
 Plug Redude w/ 30 5x / plug manhole
 w/ 10 15 5x. Hook to 5 1/2" casing
 + mix 125 5x cement. Shut down
 wash pump + lines. Released plug
 + Displaced with 86 1/4 BLS of
 water. Released + held.
 Float Shoe
 Latch Down

Equipment
 Cementer Billy
 Helper
 Driver Lonnie
 Driver Rick
 Bulktrk p.u.
 Bulktrk 14
 Bulktrk 16

Job Services & Remarks
 Sand 194
 Handling 194
 Mileage
 FLOAT EQUIPMENT

Guide Shoe
 Centralizer 6
 Baskets 1
 AFU Inserts
 Float Shoe
 Latch Down
 1 - Rotating head Assy
 Land plug to 1800 #
 Lift pressure 800 #
 Land plug @ 83 BLS

Mileage Charge
 Mileage
 Pumptrk Charge
 Tax
 Discount
 Total Charge

Signature
 X
 8/10/13