



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179001
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: _____



1179001

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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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. 4906

Date	5-12-11	Sec.	20	Twp.	16	Range	13	County	Barton	State	Ks	On Location	Finish
Lease	MJR	Well No.	#3		Location Susan K, Ks - 1W, 1/2 N, E1/4								
Contractor	Discovery #2												
Type Job	Production												
Hole Size	7 7/8"		T.D.	3600'									
Csg.	5 1/2"		Depth	3596.96'									
Tbg. Size			Depth										
Tool Joint	Port Collar		Depth	893'									
Cement Left in Csg.			Shoe Joint	20.83									
Meas Line			Displace	85 BLS									
Owner													
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 C G oil													
Street													
City State													
The above was done to satisfaction and supervision of owner agent or contractor.													
Cement Amount Ordered 200 Common 10% Salt													

EQUIPMENT			
Pumptrk	1	No. Cementer Helper	Cisco
Bulktrk	3	No. Driver	Cory
Bulktrk	pu	No. Driver	Rick
500 gal Mud Clear 48			
Common 200			
Poz. Mix			
Gel.			
Calcium			

JOB SERVICES & REMARKS	
Remarks:	Hulls
Rat Hole 305x	Salt 17
Mouse Hole 155x	Flowseal
Centralizers 64 - 1, 4, 8	Kol-Seal
Baskets 65	Mud CLR 48 500 gal
D/V or Port Collar J4 #65 - 893'	CFL-117 or CD110 CAF 38
pipe on bottom, break Circulation	Sand
Pump 500 gal mud clear 48	Handling 217
plug Retract w/ 305x Plug	Mileage
in base hole w/ 155x, Hook to	FLOAT EQUIPMENT
Casing + mix Cement, Shut down	Guide Shoe
Released plug + Displaced with	Centralizer 4
85 BLS of freshwater. Released	Baskets 1
Float held.	AFU Inserts
Land dug to 1200 #	Float Shoe
Lift pressure 700 #	Latch Down 1
	1- Port Collar
	Pumptrk Charge prod long string
	Mileage 22
	Tax
	Discount
	Total Charge
Signature <i>Ron Schmidt</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. 4652

Date 5-19-11	Sec.	Twp.	Range	County Barton	State KS	On Location	Finish 11:00AM
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Lease **MJR** Well No. ~~413~~ **#3** Location **Susank 1w 1/2 N E into**

Contractor Express	Owner
Type Job Port collar	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.
Hole Size 7 7/8	T.D.
Csg. 5 1/2	Depth 892'
Tbg. Size 2"	Depth
Tool	Depth
Cement Left in Csg.	Shoe Joint
Meas Line	Displace 3 1/2
	Charge To CG 0.1
	Street
	City
	State
	The above was done to satisfaction and supervision of owner agent or contractor.
	Cement Amount Ordered 250 QMDC 2 1/2 b 100#

EQUIPMENT		
Pumptrk 5 No.	Cementer Brandon	used 145#
	Helper	Common 145
Bulktrk 10 No.	Driver Craig	Poz. Mix
	Driver	Gel.
Bulktrk 10 No.	Driver Matt	Calcium
	Driver	

JOB SERVICES & REMARKS		
Remarks:		Hulls
Rat Hole		Salt
Mouse Hole		Flowseal 60#
Centralizers		Kol-Seal
Baskets		Mud CLR 48
DV or Port Collar		CFL-117 or CD110 CAF 38
Est. line and mix 145#		Sand
Cement dia circs close tool		Handling 250
and run jobs and wash clean		Mileage

FLOAT EQUIPMENT		
Guide Shoe		
Centralizer		
Baskets		
AFU Inserts		
Float Shoe		
Latch Down		

Quality Oilwell Cementing

Pumptrk Charge Port Collar	Tax
Mileage 121	Discount
Total Charge	

Signature: Kerry W. Piesker

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Mark Sievers, Commissioner

Sam Brownback, Governor

January 21, 2014

Ron Schmidtberger
C G Oil, Inc.
2550 AIRBASE RD
PO BOX 207
VICTORIA, KS 67671

Re: ACO-1
API 15-009-21721-00-01
MJR #3
SW/4 Sec.20-16S-13W
Barton County, Kansas

Dear Ron Schmidtberger:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/11/2011 and the ACO-1 was received on January 14, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department