



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183493
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: _____

1183493

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: _____ _____
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Form	ACO1 - Well Completion
Operator	Scheck, Timothy dba Scheck Oil Operation
Well Name	Sam Ainsworth 14
Doc ID	1183493

All Electric Logs Run

Dual Induction
Comp Neutron
Comp Density
Microresistivity

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Home Office P.O. Box 32 Russell, KS 67665

No. 7585

Phone 785-483-2025
Cell 785-324-1041

Date	12-21-13	Sec.	25	Twp.	18	Range	8	County	Rice	State	Ks	On Location		Finish	8:45 AM		
Lease	Sam Ainsworth							Well No.	14	Owner	E. J. Into						
Contractor	Maverick #102							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							Charge To	Scheck oil								
Hole Size	7 7/8"		T.D.	3275'				Street									
Csg.	5 1/2" 17# New		Depth	3275'				City	State								
Tbg. Size			Depth					The above was done to satisfaction and supervision of owner agent or contractor.									
Tool			Depth					Cement Amount Ordered	350 sx QMDC 1/4# Flowseal								
Cement Left in Csg.	17'		Shoe Joint	17'				Meas Line	Displace 75 1/2 BLS 150 sx Com 10% Salt 5% Gilsomite - 500 gal mud Clear 48								
EQUIPMENT							Common	150									
Pumptrk	16	No.	Cementor	Billy		Rick	Poz. Mix	350 QMDC									
Bulktrk	19	No.	Driver	David			Gel.										
Bulktrk	1	No.	Driver	Heath			Calcium										
JOB SERVICES & REMARKS							Hulls										
Remarks:	pipe on bottom, break Circulation							Salt	13								
Rat Hole	pump 500 gal mud Clear 48							Flowseal	124 #								
Mouse Hole	pump 10 BLS water spacer							Kol-Seal	750								
Centralizers	Plug Rathole w/ 305x							Mud CLR 48	500 gal								
Baskets								CFL-117 or CD110 CAF 38									
D/V or Port Collar	Hook to Casing + mix 320 QMDC 1/4# Flowseal, tailed in by 150 sx Common 10% Salt 5% Gilsomite							Sand									
	Shut down wash pump + lines. Released plug + Displaced with 75 1/2 BLS of water.							Handling	520								
	Lift pressure 2400 #							Mileage									
	Land plug to 2800 #							FLOAT EQUIPMENT									
	Baskets - 1, 14, 51, 60							Guide Shoe									
	turbo's - 3, 5, 7, 9, 11							Centralizer	5 turbo's								
	Cement did Circulate							Baskets	4								
	Rick H							AFU Inserts									
	Signature							Float Shoe									
								Latch Down	1								
								Pumptrk Charge	prod Long String								
								Mileage	52								
								Tax									
								Discount									
								Total Charge									

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7033

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-11-13	25	18	8	Rice	KS		10:30 AM
Location				4+14 Hwy 45 to Ave E 2 3/4 E Sinto			

Lease	Sam Ainsworth	Well No. #	14	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.
Contractor	Marrick #102			Charge To	Scheck Oil
Type Job	Surface	T.D.	381'	Street	
Hole Size	12 1/4	Depth	381'	City	State
Csg.	4 5/8	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size		Depth		Cement Amount Ordered	180 com 3% cc 2% gel
Tool		Depth			
Cement Left in Csg.	25'	Shoe Joint			

Meas Line Displace 23 bbl

EQUIPMENT				Common
Pumptrk	5	No. Cementer	Lonnie W	180
		Helper		Poz. Mix
Bulktrk	12	No. Driver	Chad	Gel. 3
		Driver		Calcium 7
Bulktrk	PU	No. Driver	Brett	
		Driver		

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38

Handling 190

Mileage

Cement

Circulated!!

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

Pumptrk Charge	Surface
Mileage	52

X Signature	Tax
	Discount
	Total Charge

[Handwritten Signature]