



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1191947  
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: \_\_\_\_\_

1191947

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: <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> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	Lucky 7 1
Doc ID	1191947

All Electric Logs Run

Dual Compensated Porosity
Dual Induction
Microresistivity
Borehole Compensated Sonic

# QUALITY WELL SERVICE, INC.

5990

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

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

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

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-8-13	7	16	10	Ellsworth	Ks	12:00	7:30 pm
Lease	Lucky 7		Well No.	1		Location 4 Hwy + Wilson Rd. 8.8 mi. N E into	
Contractor <u>Minnescah Drilling</u>				Owner			
Type Job <u>Surface</u>				To Quality Well Service, Inc.			
Hole Size <u>12 1/4</u>				T.D.			
Csg. <u>8 7/8</u>				Depth <u>734</u>			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
<b>EQUIPMENT</b>				The above was done to satisfaction and supervision of owner agent or contractor.			
				Cement Amount Ordered <u>3255x Common 2% Gel</u>			
Pumptrk <u>6</u> No. <u>Duck</u>				Common <u>310</u>			
Bulktrk <u>7</u> No. <u>make</u>				Poz. Mix			
Bulktrk No.				Gel. <u>6</u>			
Pickup No. <u>Duck</u>				Calcium <u>12</u>			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
				Salt			
Rat Hole				Flowseal <u>81</u>			
Mouse Hole				Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
<u>Bon 17 ds 8 7/8 csg.</u>				Handling <u>343</u>			
				Mileage <u>25</u>			
<u>Established circulation with Nut Pump</u>				<b>FLOAT EQUIPMENT</b>			
<u>Mixed and pumped 310 5x Common</u>				Guide Shoe			
<u>2% Gel 3% cc 1/4 C.F. mixed Plug</u>				Centralizer			
<u>Displaced with 44 2 blt 4 3/8 loaded</u>				Baskets			
<u>Plug @ 500 psi shut in 500psi</u>				AFU Inserts			
				Float Shoe			
				Latch Down			
<u>Cement did circulate to surface</u>				<u>8 5/8 Baffle Plate</u>			
				<u>8 5/8 Wooden Plug</u>			
				Pumptrk Charge <u>Surface</u>			
				Mileage <u>25</u>			
				Tax			
				Discount			
X Signature <u>Am. Brady</u>				Total Charge			

# QUALITY WELL SERVICE, INC.

5936

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

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

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

Date	3-14-13	Sec.	7	Twp.	13	Range	10	County	Ellsworth	State	Ks	On Location	12:45 AM	Finish	5:15 AM
Lease	Locky 7	Well No.	#1			Location 156 & Wilson BKTOP 88 N E into									
Contractor	Nimneskah Dalg.							Owner							
Type Job	longstring							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	7 7/8		T.D.		3533			Charge To L B Exploration Inc							
Csg.	5 1/2		Depth					Street							
Tbg. Size			Depth					City State							
Tool			Depth					The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.			Shoe Joint		42.13			Cement Amount Ordered 50 x 60/40							
Meas Line			Displace		35.0			150 x Pro C 12% salt 5 1/2 x Gelsonite							
<b>EQUIPMENT</b>															
Pumptrk	No.	8		MIKE		Common		30							
Bulktrk	No.	4		CHAO		Poz. Mix		20							
Bulktrk	No.					Gel.									
Pickup	No.			TODD		Calcium									
<b>JOB SERVICES &amp; REMARKS</b>															
Rat Hole	37 x		Salt		16										
Mouse Hole	22 x		Flowseal												
Centralizers	1-2-3-4-5-6-7-8-9-10											Kol-Seal 750"			
Baskets												Mud CLR 48 500 gal			
D/V or Port Collar												CFL-117 or CD110 CAF 38			
Ron 32 H's	5 1/2 14" CGS											Sand			
set 2	3437											Handling 216			
1 H = 42.13	Elast SHOE = LO Baffle											Mileage 25			
csg on bottom	hook up to csg											5 1/2 <b>FLOAT EQUIPMENT</b>			
BREAK CIRC	w/ rig 1 hr											Guide Shoe			
Pump 3 Bbls	H2O											Centralizer w/ tabs 1 EA			
Pump 12 Bbls	prod flush											Baskets			
Pump 3 Bbls	H2O											AFU Inserts			
Plug R.M	Holes											Float Shoe 1 EA			
Mix Pump	150 x Pro C											Latch Down 1 EA			
shut down	RELEASE PLUG														
wash up	tik i CLEAR Lines											LMV 25			
Disp 35.0	Bbl total											Pumptrk Charge Longstring			
plug down	2 4.45 1500"											Mileage 25			
RELEASE = HELD															
Thank TODD	MIKE CHAO											Tax			
Signature												Discount			
												Total Charge			