



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1192576
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: _____

1192576

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</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. 7732

Date	2-22-14	Sec.	24	Twp.	14	Range	15	County	Russell	State	KS	On Location		Finish	8:15pm
Location <i>Balta & Plymouth Rd Law. Survey</i>															

Lease	<i>Fickman</i>	Well No.	1	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	<i>Royl #1</i>				Charge To	<i>GLM</i>
Type Job	<i>Surface</i>				Street	
Hole Size	<i>12 1/4</i>	T.D.	<i>432</i>			
Csg.	<i>8 5/8</i>	Depth	<i>431</i>			
Tbg. Size		Depth		City	State	
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.	<i>20'</i>	Shoe Joint		Cement Amount Ordered	<i>20000 3/CC 2/CFZ</i>	
Meas Line		Displace	<i>26 BC</i>			

EQUIPMENT

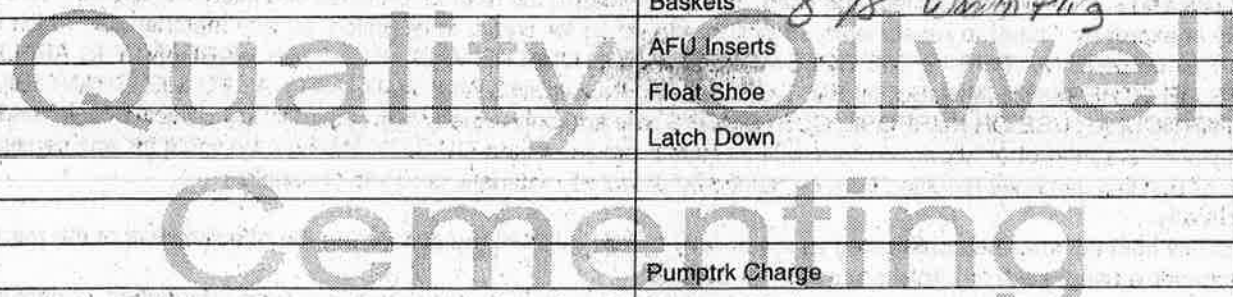
Pumptrk	18	No.	Cementer		Common
			Helper		Poz. Mix
Bulktrk		No.	Driver		Gel.
			Driver		Calcium
Bulktrk	3	No.	Driver		
			Driver		

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	
		Sand	
		Handling	
		Mileage	

FLOAT EQUIPMENT

		Guide Shoe	
		Centralizer	
		Baskets	<i>8 5/8 Wash Plug</i>
		AFU Inserts	
		Float Shoe	
		Latch Down	



		Pumptrk Charge	
		Mileage	
		Tax	
		Discount	
		Total Charge	

X Signature *Wong Budig*

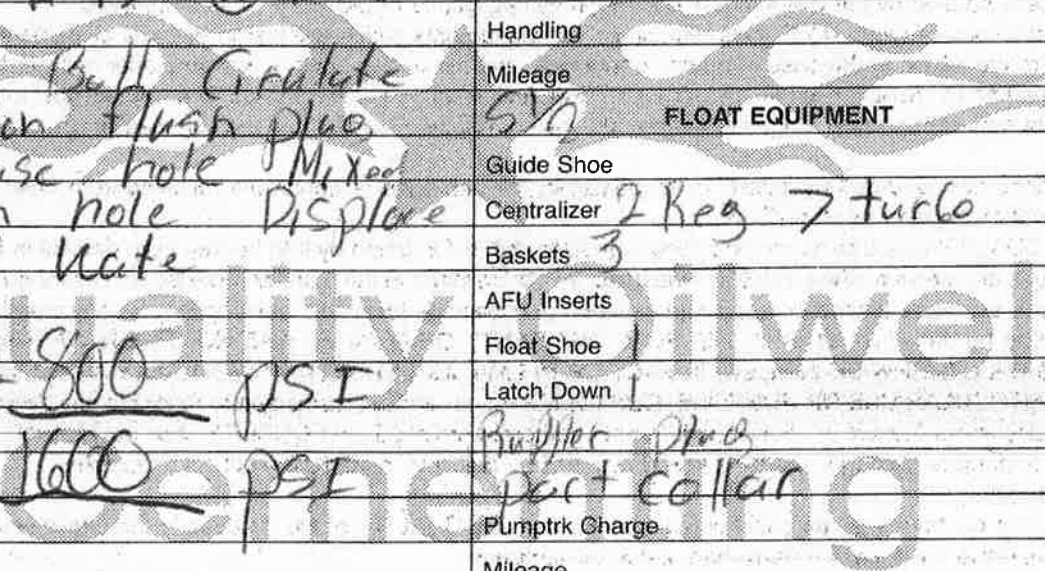
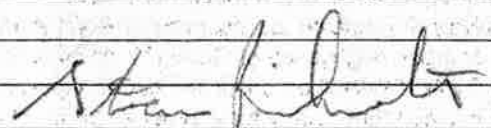
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 469

Date	2-27-14	Sec.	24	Twp.	14	Range	15	County	Russell	State	KS	On Location		Finish	6:30 PM
Lease	Eichman		Well No.		#4		Location		Balter Sto plymouth RO						
Contractor	Royal		I		Owner		M W Sinto								
Type Job	pipe job		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	5 7/8		T.D.		3315		Charge To		GLM						
Csg.	5/8		Depth		3308		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.	32.4		Shoe Joint		32.4		Cement Amount Ordered		200 Com 10% Set						
Meas Line	15.5		Displace		78 BBL		5% Gillisone								
EQUIPMENT													Common		
Pumptrk	5	No.	Cementer	mt		Poz. Mix									
Bulktrk	3	No.	Driver	Lonne		Gel.									
Bulktrk	pa	No.	Driver	Dove		Calcium									
JOB SERVICES & REMARKS													Hulls		
Remarks:													Salt		
Rat Hole 30 5/8													Flowseal		
Mouse Hole 15 5/8													Kol-Seal		
Centralizers + 12 3 5 7 9 11 41 57													Mud CLR 48 5009		
Baskets 16 foot #42 #48													GFL-117 or CD110 CAF 38		
Port Collar #42 @ 152C													Sand		
Dropped Ball Circulate													Handling		
1 hour then flush pipe													Mileage		
But mouse hole mixed													FLOAT EQUIPMENT		
165 down hole Displace													Guide Shoe		
78 BBL of water													Centralizer 2 Keg 7 turbo		
L.A. 800 PSI													Baskets 3		
Land 1600 PSI													AFU Inserts		
L.A. 800 PSI													Float Shoe 1		
Land 1600 PSI													Latch Down 1		
Butter pipe													Pumptrk Charge		
Port collar													Mileage		
													Tax		
													Discount		
X Signature													Total Charge		

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. 469

Date	2-27-14	Sec.	24	Twp.	19	Range	15	County	Russell	State	KS	On Location		Finish	6:30 pm
Lease													Location		

Lease Eichman													Well No. #4		Owner M W Sinto	
Contractor Royal													I		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 pipe job															Charge To GLM	
Hole Size 7 7/8													T.D. 3315		Street GLM	
Csg. 5/8													Depth 3308		City _____ State _____	
Tbg. Size _____													Depth _____		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool _____													Depth _____		Cement Amount Ordered 200 Com 10% Set	
Cement Left in Csg. 32.41													Shoe Joint 32.41		Cement 5% Gillisone	
Meas Line 15.5													Displace 780 BBL			

EQUIPMENT

Pumptrk	5	No.	Cementer	Matt	Common
			Helper		Poz. Mix
Bulktrk	3	No.	Driver	Lorraine	Gel.
			Driver		Calcium
Bulktrk	pa	No.	Driver	Dave	Hulls
			Driver		Salt

JOB SERVICES & REMARKS

Remarks:		
Rat Hole	30 5/8	Flowseal
Mouse Hole	15 5/8	Kol-Seal
Centralizers	+ 12, 3, 5, 7, 9, 11, 41, 57	Mud CLR 48 5000
Baskets	16 foot #42 #48	CFL-117 or CD110 CAF 38
Port Collar	#42 @ 152C	Sand Handling
Dropped Ball Circulate		Mileage 5 1/2
1 hour Run flush plus		FLOAT EQUIPMENT
3/4 mouse hole Mixed		Guide Shoe
16S down hole Displace		Centralizer 2 Reg 7 turbo
78 BBL of Waste		Baskets 3
Li AT 800 PSI		AFU Inserts
Land 1600 PSI		Float Shoe
		Latch Down 1 Limit Clamp
		Buffer Plug
		port collar
		Pumptrk Charge
		Mileage

Signature Alan Finkler	Tax
	Discount
	Total Charge



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
EICHMAN1DST1

Company G L M Company Lease & Well No. Eichman No. 1
Elevation 1833 KB Formation Arbuckle Effective Pay _____ Ft. Ticket No. A021
Date 2-27-14 Sec. 24 Twp. 14S Range 15W County Russell State Kansas
Test Approved By Brad Hutchinson Diamond Representative Andy Carreira

Formation Test No. 1 Interval Tested from 3,242 ft. to 3,258 ft. Total Depth 3,312 ft.
Packer Depth 3,237 ft. Size 6 3/4 in. Packer Depth 3,258 ft. Size 6 3/4 in.
Packer Depth 3,242 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set 3,258 ft.

Top Recorder Depth (Inside) _____ 3,230 ft. Recorder Number 5585 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) _____ 3,253 ft. Recorder Number 13819 Cap. 5,400 psi.
Below Straddle Recorder Depth _____ 3,260 ft. Recorder Number 8471 Cap. 10,000 psi.

Drilling Contractor Royal Drilling, Inc. - Rig 1 Drill Collar Length _____ ft I.D. _____ in.
Mud Type Chemical Viscosity 60 Weight Pipe Length _____ ft I.D. _____ in.
Weight 9.2 Water Loss 8.0 cc. Drill Pipe Length 3,217 ft I.D. 3 1/2 in.
Chlorides 3,000 P.P.M. Test Tool Length 25 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number Not Run Anchor Length 16' perf. w/54' tail pipe Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Blow increasing. Off bottom of bucket in 12 mins. Intermittent blow back during shut-in.
2nd Open: Blow increasing. Off bottom of bucket in 13 mins. Weak, 1/2 in. blow back during shut-in.

Recovered 480 ft. of gas in pipe
Recovered 95 ft. of gassy oil = 1.351850 bbls. (Grind out: 15%-gas; 85%-oil)
Recovered 50 ft. of oil cut gassy mud = .711500 bbls. (Grind out: 15%-gas; 25%-oil; 60%-mud)
Recovered 145 ft. of TOTAL FLUID = 2.063350 bbls.

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks Tool Sample Grind Out: 95%-oil; 5%-mud (Gravity: 33 @ 60°)
Below Straddle Psi At End: 1116

Time Set Packer(s) 6:36 A.M. Time Started off Bottom 8:36 A.M. Maximum Temperature 97°
Initial Hydrostatic Pressure.....(A) _____ 1552 P.S.I.
Initial Flow Period.....Minutes 30 (B) _____ 7 P.S.I. to (C) _____ 34 P.S.I.
Initial Closed In Period.....Minutes 30 (D) _____ 1080 P.S.I.
Final Flow Period.....Minutes 30 (E) _____ 36 P.S.I. to (F) _____ 58 P.S.I.
Final Closed In Period.....Minutes 30 (G) _____ 1079 P.S.I.
Final Hydrostatic Pressure.....(H) _____ 1542 P.S.I.

DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	GLM CO.	TERRY MORRIS	Job Number	A021
Contact		EICHMAN 1	Representative	ANDY CARREIRA
Well Name		DST 1 ARBUCKLE 3242-3258	Well Operator	GLM CO.
Unique Well ID		SEC 24-14S-15W RUSSELL CNTY, KS	Report Date	2014/02/27
Surface Location			Prepared By	ANDY CARREIRA
Well License Number		GORHAM		
Field		Vertical		
Well Type				

Test Information

Test Type	STRADDLE		
Formation	DST 1 ARBUCKLE 3242-3258		
Well Fluid Type	01 Oil		
Test Purpose	Initial Test		
Start Test Date	2014/02/27	Start Test Time	05:02:00
Final Test Date	2014/02/27	Final Test Time	10:27:00

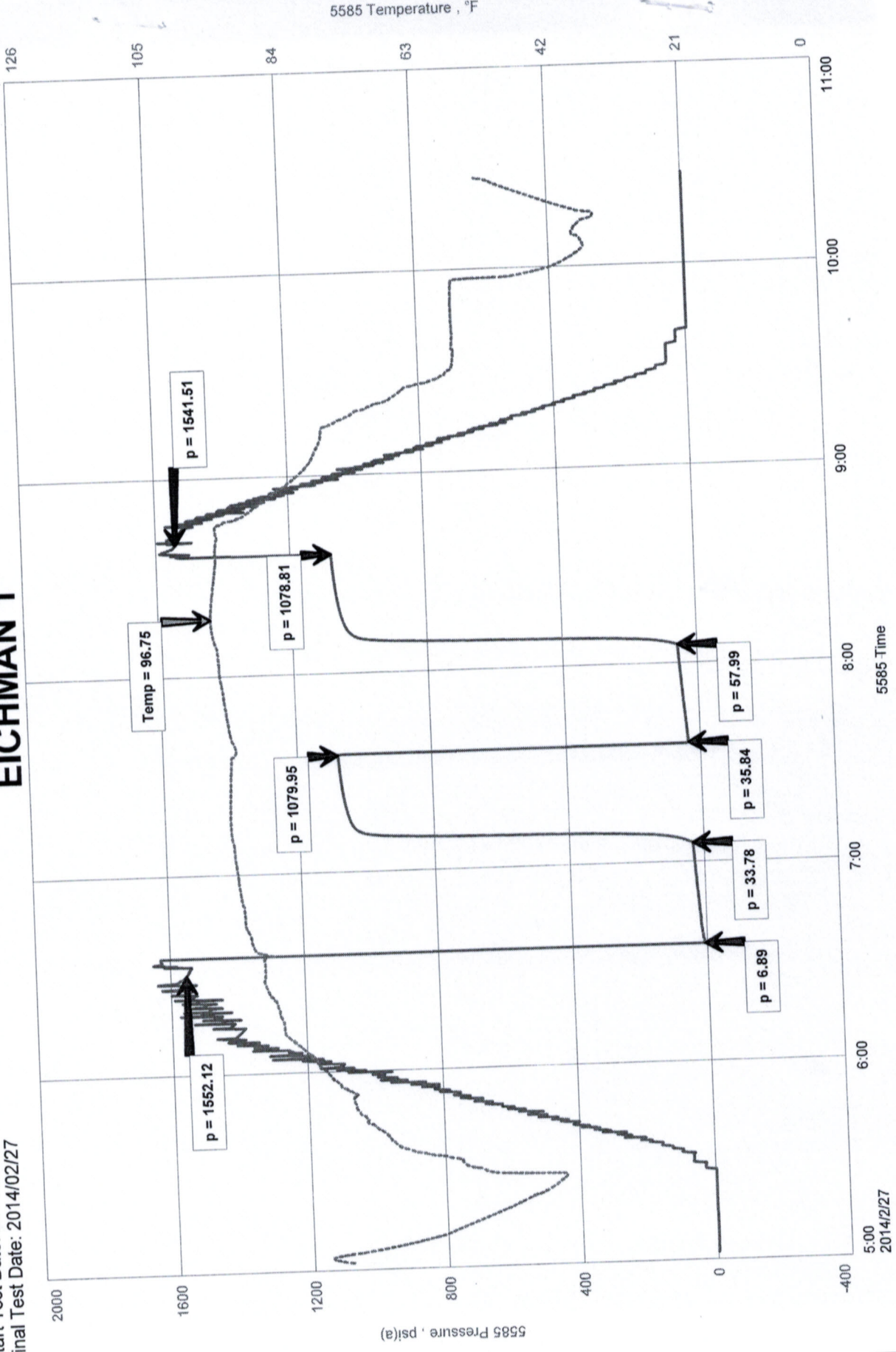
Gauge Name 5585

Test Results

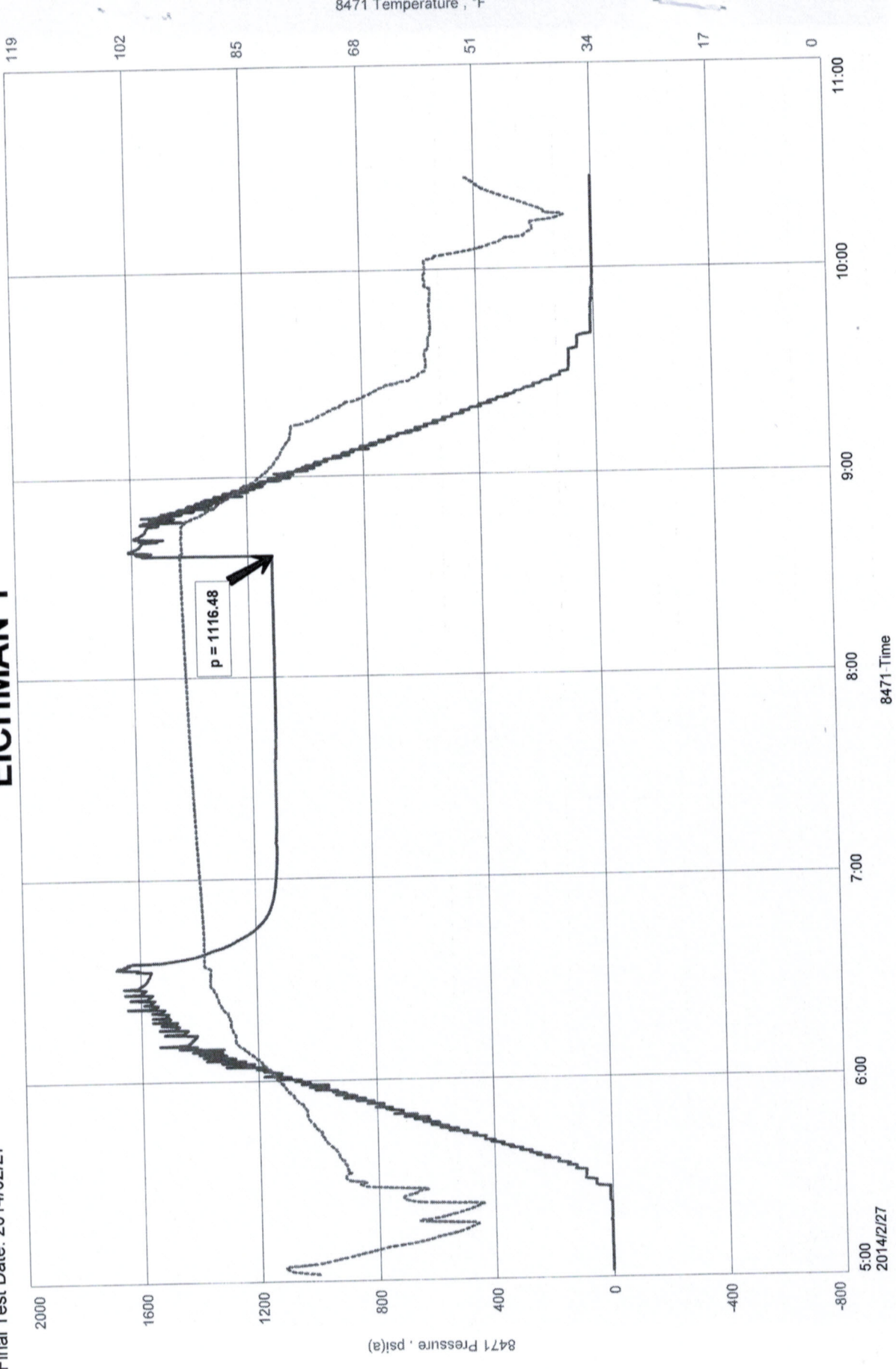
RECOVERY: 480' GIP
 95' GO 15%G,85%O
 50' OCGM 15%G,25%O,60%M
 145' TOTAL FLUID
 GRAVITY: 33 @ 60

TOOL SAMPLE: 95%OIL, 5%MUD

EICHMAN 1



EICHMAN 1



5:00
2014/2/27

8471 Time