



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194048
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: _____

1194048

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

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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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

ENTERED

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 43564

LOCATION Eureka

FOREMAN Steve A. Head

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-2-13	6605	Lehmann #19				Coffey
CUSTOMER						
Quest Development						
MAILING ADDRESS						
P.O. Box 413						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Topeka	Ks		485	Alan m		
			479	CHRIS AA		
			83	Allan Gressman		(McCoy Trucking)

JOB TYPE Logging O HOLE SIZE 5 7/8 HOLE DEPTH 1029' CASING SIZE & WEIGHT _____
 CASING DEPTH 1012' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 5.9 bbls DISPLACEMENT PSI 500* WATER 3 gal/sk RATE _____

REMARKS: Safety meeting: Rig up to 2 3/4 Tubing. Break Circulation w/ Fresh water. Pump 300# Gel Flush. Bought Gel around with pit water. Pump 2 bbls Fresh water. Mix 125 sks OWS Cement w/ 2" Phenosal 25% sk. Shut down. Wash out pump & lines. Stuff 2 plugs. Displace w/ 5.9 bbls Fresh water. Final pumping Pressure 500#. Bump plug 1000* Release Pressure Plug held. Good cement returns to surface. Gbbbs top it. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5491	1	PUMP CHARGE	1085.00	1085.00
5496	50	MILEAGE	42.00	210.00
1126	125 sks	OWS Cement	19.75	2468.75
1157A	250*	Phenosal 25% ps/sks	1.35	337.50
1118B	300*	Gel Flush	.22	66.00
5407A	65 Ton	Tenmileage Bulk Truck	1.41	458.35
5502C	4 bbls	80 bbl Vacuum Truck	90.00	360.00
1123	3000 gallons	CITY water	17.90	51.90
4402	2	2 3/4 Top Rubber Plug	29.50	59.00
			Sub Total	5996.40
			SALES TAX	183.47
			ESTIMATED TOTAL	5879.87

Rev'n 3737

8/6 2008 6.15%

Sub Total 5996.40
 SALES TAX 183.47
 ESTIMATED TOTAL 5879.87

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Lease Name: Lehmann	Spud Date: 10/1/2013	Surface Pipe Size: 7"	Depth: 40'	TD: 1022
Operator: Hal	Well #19	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_15	gravel/clay			
15_121	shale			
121_158	lime			
158_181	shale			
181_230	lime			
230_331	shale			
331_389	lime			
389_429	shale			
429_522	lime			
522_547	back shale or coal			
547_567	black			
567_751	shale			
751_762	lime			
762_854	shale			
854_857	lime			
857_873	shale			
873_881	lime			
881_895	shale			
895_910	lime			
910_957	shale			
957_959	cap			
959_963	oil sand			
963_967	broken oil sand			
967_970	dark sand no oil			
970_1022	shale			
	1022 TD			