

Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1196423

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 #		API No. 15
Name:		Spot Description:
Address 1:		SecTwpS. R 🗌 East 🗌 West
Address 2:		Feet from North / South Line of Section
City: State: Z	Zip:+	Feet from _ East / _ West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		□NE □NW □SE □SW
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
☐ New Well ☐ Re-Entry	Workover	Field Name:
□ Oil □ WSW □ SWD	SIOW	Producing Formation:
Gas D&A ENHR	SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Original 7	Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to E	ENHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to €	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls
_		Dewatering method used:
<u> </u>		Location of fluid disposal if hauled offsite:
ENHR Permit #:		
GSW Permit #:		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS. R East West
Recompletion Date	Recompletion Date	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:

Page Two



Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	on (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es 🗌 No		Nam	9		Тор	L	Datum
Cores Taken Electric Log Run		☐ Y€								
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing t (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives		
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	this well?	?			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, fil	out Page Three	of the ACC	)-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Cemen		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOGITI	ON OF CAC			ACTUOD OF	COMPLE	TION		DDODUGT	)	
Vented Sold	ON OF GAS:  Used on Lease		N Open Hole	NETHOD OF $\Box$ Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	ואו ואו EK'	/AL:
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)			

ENTERED

LOCATION EUROKA

FOREMAN STEUE AARD TREATMENT REPORT

& TREATA	CEMENT
TICKET & 1	22
FIELD TI	
KS 66720	467-8676

-						
CUSTOMER#	# WELL NAME & NUMBER	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13 6605	Tremain #5					CoFFey
Quest Dec	velopment		TRUCK #	DRIVER	TRUCK #	DRIVER
3 ADDRESS	der han selected		485	Alanm		
P.O. Box 41	3		515	Colby		
	STATE ZIP CODE		88	Rudy		
2010	PKS 66749	-				•
JOB TYPE 4/5 O	HOLE SIZE 5 %	HOLE DEPTH 1628	10281	CASING SIZE & WEIGHT	ÆIGHT	
CASING DEPTH /024	DRILL PIPE	TUBING 2 78	So		OTHER	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk		CEMENT LEFT IN CASING	CASING	
CEMENT 6 66 18	DISPLACEMENT 6 65 ISPLACEMENT PSI	MIX PSI		RATE		
KS: Safry m	REMARKS: Safty meeting: Ric up to 24 Jubing Break Circulation Wifest	TO 27 7	ubing	Break Circ	culation	WAREST
Water Mix 20	200 to Gel Flush.	Circula	Je Gel	Circulate Les around wy Pir WaTer.	1 P.T. L.	aler.
125545 06	Mix 125 545 OWC Cement W/ " Phenosea Decish. Shut down washow	Phenoses	1 226/5	A. ShuT	Jown. 6	Vashout
Pumot Lines. 5	STUFF 2 Dlugs Displace w/ le bbs Fresh water Final	Displace	d /w	bus Fres	S. Walter.	Fina
Dino Prossus	Pumping Proseus 200t Sump plue to 1800 to Release Dressure	sola or	70 18	00 x 00	eleuse ;	Dressure
Plue held. C	Good Cement Returns To surface 6661 Tapit.	Twens 70	SUFFERE	6661742	it. S	Shut well
+ 0	Job Campleda Ris dawn	Risdam			9	

## hankyou

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
1045	,	PUMP CHARGE	1085.00	1685.00	
3466	1	MILEAGE ALC Z Ad LOG 1]	1	١	
1124	124 Sks	Our Cement	79.75	24/834	1
1197A	12531		1.35	168.75	1
11188	300 #		.23	86.60	1
5407A	GSTON	Fenmileuse Bulk Truk	1(4)	458.25	
55025	Josephan Tone	80 bb) Vacuum Truck	90.00	360.00	1
4402	7	27 Rubber Play	29.50		1
		1971	1 1	592124	1
Ravin 3737	11	ale 3148 1.73	ESTIMATED TOTAL	4890.74	. \
AUTHORIZTION	Langery	) — me	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.

Sample type soil clay/gravel shale lime lime shale lime shale lime shale lime shale lime shale lime lime shale	Operator: Quest Development	Well #5	Surface Pipe Size: 7" Bit Diameter: 5 7/8"	Deptn: 40	ID. 102/
aken					
1027	Footage taken	Sample type			
1027	0_3	soil			
1027	3 16	clay/gravel			
1027	16_123	shale			
1027	240 338	S a a a a a a a a a a a a a a a a a a a			
1027	338_553	lime			
1027	553_559	shale			
1027	559_564	lime			
1027	564_729	shale			
1027	729_739	lime			
1027	739_757	shale			
1027	757_764	lime			
1027	764_832	shale			
1027	832_837	lime			
1027	83/_859	shale			
1027	909_900	A STATE OF THE STA			
1027	912 916	lime			
1027	916 956	shale			
1027	956_957	1st cap			
1027	957_965	shale			
1027	965_966	2nd cap			
1027	966_971	oil sand			
1027		shale			
		27 TD			
	0				

a.,