



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197900
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: _____

1197900

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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Form	ACO1 - Well Completion
Operator	Quinque Operating Company
Well Name	Great Bend Trust 1
Doc ID	1197900

Tops

Name	Top	Datum
Topeka	3853	
Heebner	4106	
Toronto	4134	
Lansing	4165	
Marmaton	4565	
Pawnee	4666	
Cherokee	4711	
Atoka	4835	
Morrow	4972	
Mississippian	5113	



Cement Report

Customer	Huntington Energy	Lease No.		Date	2/27/14
Lease	Great Bend Trust	Well #	1	Service Receipt	
Casing	4 5/8	Depth	1782.67	County	Wallace
Job Type	Surface	Formation		State	Ks
		Legal Description	7-15-41		

Pipe Data		Perforating Data		Cement Data
Casing size	4 5/8	Tubing Size		Lead 440 SK A-con
Depth	1782.67	Shots/Ft		@ 11.4#
Volume	110.48	From	To	2.95 18.10
Max Press	1500	From	To	Tail in 150 SK P.P.
Well Connection	P.C.	From	To	@ 14.8#
Plug Depth		From	To	1.34 6.33

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00					on loc, spot + R, U, Safety mts
11:43	2000				Test Lines
11:48	190		0	5	Start mixing @ 11.4#
17:42	220		231	5	on Tail @ 14.8# Lost Circ Heavy
17:51	0		36	0	Finished mixing, Drop Plug
17:56	40		0	3	Start Disp
18:34	370		90	.8	Slow Rate
18:54	980		110.5	0	Plug Down, Lost Circ
					Wait for Cement
01:00					Cement on loc
02:00			22	.8	Mix 100 SK down 40' 1"
02:30					Washup Pch
					Job Complete

2/28

Service Units	76939	3722337726	3302114284	1435539925	3611139926
Driver Names	Chinz	T. Marcellus	N. Bowers	H. Esqueda	C. Garcia

Wayne Cook Customer Representative Jerry Bennett Station Manager Chad Chinz Cementer



Cement Report

Customer <i>Huntington Energy</i>		Lease No.		Date <i>03-05-14</i>	
Lease <i>Great Bend Trust</i>		Well # <i>1</i>		Service Receipt <i>1717 04896A</i>	
Casing <i>4 1/2"</i>		Depth <i>5225'</i>		County <i>Wallace</i> State <i>KS</i>	
Job Type <i>242 4 1/2" LS</i>		Formation		Legal Description <i>7-15-41</i>	
Pipe Data			Perforating Data		
Casing size <i>4 1/2"</i>		Tubing Size		Shots/Ft	
Depth <i>5225'</i>		Depth		From To	
Volume <i>81 BBLs</i>		Volume		From To	
Max Press <i>2000 PSI</i>		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth		Packer Depth		From To	
			Lead <i>50 sks</i> <i>AA2 Cement - 5' @ 1000 lbs</i> <i>12 ppg - 25 BBLs</i> <i>15% LW - 10' @ 15'</i> <i>10% Sulf 1/4" @ 1000 lbs</i>		
			Tail in <i>310 sks</i> <i>AA2 Cement 14.8 ppg</i> <i>15% LW - 10' @ 15'</i> <i>10% Sulf 1/4" @ 1000 lbs</i>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0730</i>					<i>Called Det.</i>
<i>0900</i>					<i>On Location</i>
<i>0910</i>					<i>Safety Meeting</i>
					<i>Set up Circ</i>
					<i>Test Lines to Oil Floor</i>
<i>0920</i>			<i>12 BBLs</i>	<i>3</i>	<i>Pump 500 gals Surf fluid</i>
<i>0927</i>	<i>100</i>		<i>25.3</i>	<i>4</i>	<i>Mix Pump Lead Cement</i>
					<i>12 ppg - 25.3 BBLs slurry</i>
<i>938</i>			<i>83.4</i>	<i>3.5</i>	<i>Mix Pump Tail cement</i>
					<i>14.8 ppg @ 31.4 BBLs slurry</i>
<i>1020</i>					<i>Finished mixing cement</i>
					<i>Drop Latch down plug</i>
					<i>Wash up unit & lines to pit</i>
<i>1030</i>	<i>100</i>		<i>80.5</i>	<i>3.5</i>	<i>Displace 80.5 BBLs</i>
					<i>600 psi Wash 15 BBLs</i>
<i>1050</i>	<i>1600</i>				<i>Land Plug</i>
					<i>Released</i>
					<i>Hold Thanks</i>
Service Units	<i>21755</i>	<i>38117-19919</i>	<i>30423-19566</i>		
Driver Names	<i>Roger</i>				

Wayne Cook
Customer Representative

Senny Bonwell
Station Manager

Roger Brown
Cementier