



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201244
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: _____

1201244

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	Schmidt 'B' 11
Doc ID	1201244

Tops

Name	Top	Datum
Top Anhydrite	1233'	+826
Base Anhydrite	1276'	+783
Topeka	3023'	-964
Heebner	3269'	-1210
Toronto	3288'	-1229
LKC	3314'	-1255
BKC	3550'	-1491
Arbuckle	3586'	-1527

Form	ACO1 - Well Completion
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3586' - 3589'	250 gallons 15% Mud Acid	3586'-3589'
4	3579.5' - 3582.5'	200 gallons 15% INS	3579.5' - 3582.5'
4	3387' - 3390'	500 gallons 20% Mud Acid	3586' - 3589'
4	3586' - 3589'	250 gallons 20% Mud Acid	3387' - 3390'
4	3496' - 3500'	250 gallons 20% Mud Acid	3496' - 3500'
4	3475' - 3478'	250 gallons 20% Mud Acid	3449' - 3452'
4	3449' - 3452'	750 gallons 15% NE Acid	3449' - 3452'
4	3361' - 3364'	250 gallons 20% Mud Acid	3361' - 3364'
4	3346' - 3350'	250 gallons 20% Mud Acid	3346' - 3350'
		750 gallons 15% NE Acid	3346' - 3350'

QUALITY OILWELL CEMENTING, INC.

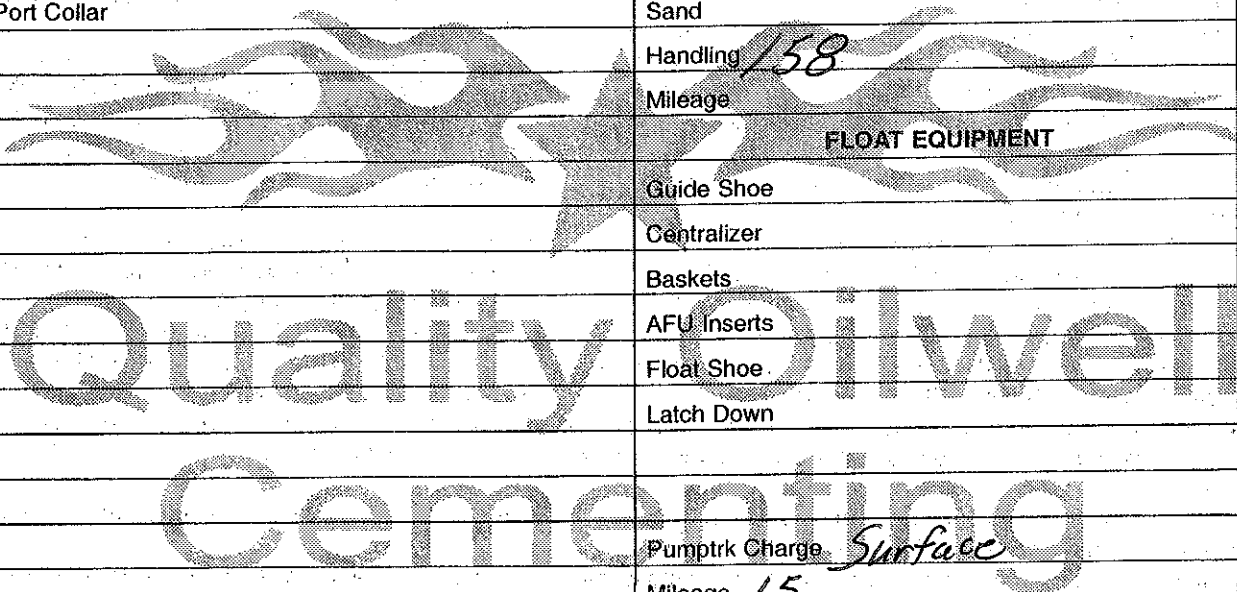
Federal Tax I.D.# 20-2886107

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

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

No. 7146

Date <i>4-7-14</i>	Sec. <i>3</i>	Twp. <i>13</i>	Range <i>17</i>	County <i>Ellis</i>	State <i>KS</i>	On Location	Finish <i>1:30PM</i>
				Location <i>Codell Rd, N to Emmarn Rd, 1/4 W, S n 2 on lease</i>			
Lease <i>Schmidt B</i>		Well No. <i>11</i>		Owner <i>Rd.</i>			
Contractor <i>Discovery # 3</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 <i>Surface</i>		Charge To <i>Downing Nelson</i>					
Hole Size <i>12 1/4</i>		T.D. <i>215</i>		Street			
Csg. <i>8 5/8</i>		Depth <i>215</i>		City			
Tbg. Size		Depth		State			
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.		Shoe Joint <i>20</i>		Cement Amount Ordered <i>150 sx, 3% occ, 2% gel</i>			
Meas Line		Displace <i>12 1/4 bbl</i>					
EQUIPMENT				Common <i>150</i>			
Pumptrk <i>18</i>	No.	Cementer		Poz. Mix			
		Helper <i>Cody</i>		Gel. <i>3</i>			
Bulktrk <i>4</i>	No.	Driver		Calcium <i>5</i>			
		Driver <i>Lannie W.</i>					
Bulktrk <i>PU</i>	No.	Driver					
		Driver <i>Travis</i>					
JOB SERVICES & REMARKS				Hulls			
Remarks: <i>Cement did circulate</i>				Salt			
Rat Hole				Flowseal			
Mouse Hole				Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
				Handling <i>158</i>			
				Mileage			
				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <i>Surface</i>			
				Mileage <i>1.5</i>			
				Tax			
				Discount			
				Total Charge			
X Signature <i>John Embler</i>							



JOB LOG

SWIFT Services, Inc.

DATE 4-12-14 PAGE NO.

CUSTOMER Dwainy Nelson WELL NO. 11 LEASE Schnitz JOB TYPE 5 1/2 two stage TICKET NO. 25-4117

CHART NO.	TIME	RATE (BPM)	VOLUME (BBB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0820							on location
								TD 3700 SJ 21
								TP 3695 Insert 3674
								DV TOP 59 1233
								centralizers 1,3,5,7,9,11,58
								Basket 59 5 1/2 x 14"
	0830							Start Pipe
	1000							Drop Ball Break Circulation Rotate
	1030	5	12	✓	✓	300		Start Mud Flush
		5	20		✓	300		Start KCL Flush
		5	36		✓	200		Start EA-2 150 SKS
	1048							Drop Plug wash out Pump + Lines
	1050	6						Start Displacement
		6	70		✓			Start KCL Flush
	1105		89.6		✓	700 1500		Land Plug Release Dry
	1107							Drop opening Plug
	1110		7/4					Plug RH 30 SKS MH 75 SKS
	1125					1400		Open DV
	1130	5	86		✓	200		Start SMO Benent 155 SKS
	1145							Drop Closing Plug wash out Pump + Lines
		5						Start Displacement
		5	20		✓	300		circulate cement 25 SKS to pit
		5	30		✓	400 1500		Land Plug Release Dry
								wash up Rack Up
	1230							Job Complete Thank You Dush, Brian, Bob

DATE TIME WELL NO. LOG

LOG

OWS

Rate of Penetration Decreases



OPERATOR Douglas Nelson

LEASE Schenck #23 IP IP

ELEVATION 2079 KB RTD 3700

LOCATION 1000' ENL # 1380' FEL

SEC 3 TWP 13s RNG 17W

COUNTY PLUM STATE KANSAS