



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1206503
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: _____

1206503

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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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. 222

Date 5-8-14	Sec.	Twp.	Range	County Rooks	State KS	On Location	Finish 4:30pm
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Location Damar #24 3 1/2 N, Wn 2

Lease Lesage (owwo)	Well No. #6	Owner
Contractor Express		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 liner		Charge To C.W. Oil
Hole Size	T.D.	Street
Csg.	Depth	City State
Tbg. Size	Depth	
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered 100 sx com 2% gel
Meas Line	Displace	

EQUIPMENT

Pumptrk 17	No.	Cementer	Common
		Helper Lonnie	Poz. Mix
Bulktrk 1	No.	Driver	Gel.
		Driver Doug	
Bulktrk P4	No.	Driver	Calcium
		Driver Travis	

JOB SERVICES & REMARKS

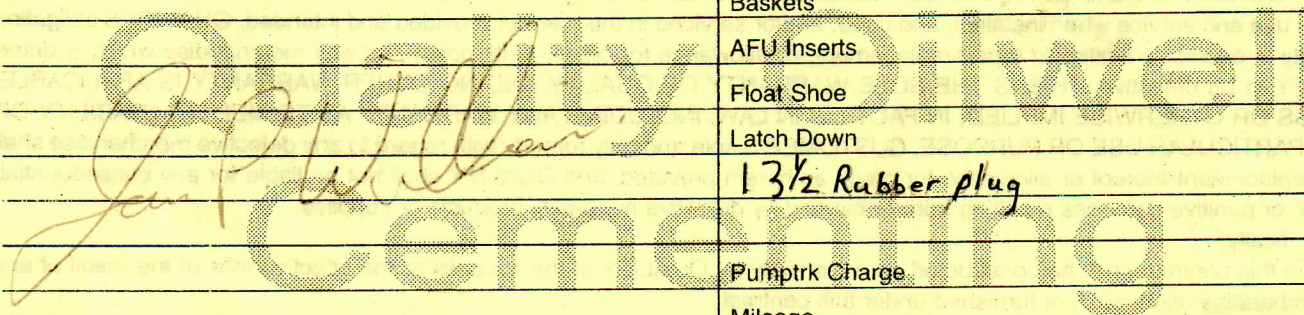
Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
loaded hole mixed 90sx shut down washed pump and lines. Released Plug and displaced	Sand
	Handling
	Mileage

FLOAT EQUIPMENT

Cement circulated to Surface	Guide Shoe
Pat Bedore - KCC District #4 witnessed	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	1 3/2 Rubber plug
	Pumptrk Charge
	Mileage

	Tax
	Discount
	Total Charge

X Signature



CASING MECHANICAL INTEGRITY TEST

DOCKET# D-31,882 (Pending)

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

SE NENE, Sec 18, T 7 S,R 20 E/W

Date injection started _____
API #15- 163-01322-0001

SPS
4305' 4290 Feet from South Section Line
267' 330 Feet from East Section Line

Lease Le Sage Well # 6
County Rooks

Operator: C+W Oil LLC
Name & Address 600 Wheeler Ave.
Fort Smith, AR 72901

Operator License# 9473
Contact Person James Williams
Phone 479-461-6553

KCC
MAY 16 2014
HAYS, KS

Max. Auth. Injection Press 0 (Gravity) Psi; Max Inj. Rate 500 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Tubing
Size	_____	<u>8 5/8</u>	<u>4 1/2</u>	<u>3 1/2</u>	Size <u>2 3/8</u>
Set at	_____	<u>183</u>	<u>3586</u>	<u>1600'</u>	Set at <u>1357</u>
Cement Top	_____	<u>w/1505XS</u>	<u>w/2005X</u>	<u>Surf. w/ 905XS</u>	Type <u>Ceram coat</u>
" Bottom	_____	<u>183</u>	<u>3586</u>	<u>1600</u>	

DV/Perf. _____ TD (and plug back) 1620 ft. depth
Packer type Tension Size 2 3/8 x 3 1/2 Set at 1357
Zone of injection CH 1370 ft. to ft. 1400 Perf. or open hole Perforated

Type MIT: Pressure: 02 Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min 15 Min 30 Min
I
E Pressures: 370# 370# 370# Set up 1 System Pres. during test -
L Set up 2 Annular Pres. during test 370#
D Set up 3 Fluid loss during test - bbls.
D
A
T Tested: Casing or Casing - Tubing Annulus
A

The bottom of the tested zone in shut in with Packer
Test Date 5-13-14 Using ATS Company's Equipment
The operator hereby certifies that the zone between 0 feet and 1357 feet
was the zone tested
James P. Williams Signature Title

The results were Satisfactory Marginal _____ Not Satisfactory _____
State Agent: Pat Bedore Title: PIR II Witness: YES NO _____

PASSED

REMARKS: Question re: AHT cement/upper pipe protection outside 4 1/2"

KCC Origin. Conservation Div.: KDHE/T: 04 Dist. Office
 Computer Update **Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)** N

GPS Lat 39.44938°N GPS Long 099.58534°W (If YES please describe in REMARKS) KCC Form U-7