



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1203490  
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: \_\_\_\_\_

1203490

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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. 7182

Date	3-24-14	Sec.	28	Twp.	16	Range	13	County	Barton	State	Ks	On Location		Finish	11:00 AM
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Lease **JMR** Well No. **1** Location **Susank, Ks - 1/2 E, 5/4 into**

Contractor **Express well Service** Owner **To Quality Oilwell Cementing, Inc.**  
 Type Job **Port Collar** You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size **5 1/2"** T.D. **CG oil**

Csg. **2 7/8"** Depth **893'** Street

Tbg. Size **2 7/8"** Depth **893'** City  State

Tool  Depth **893'** The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg.  Shoe Joint  Cement Amount Ordered **200 60/40 4 1/2 Gel 1/4# Flt**

Meas Line  Displace **4 BLS used 165**

**EQUIPMENT** Common **99**

Pumptrk **16** No.  Cementer **Billy** Poz. Mix **66**

Bulktrk **13** No.  Driver **David** Gel. **6**

Bulktrk **p.u.** No.  Driver **Rick** Calcium

**JOB SERVICES & REMARKS** Hulls

Remarks: **test tool to 800# & held** Salt

Rat Hole **open tool establish a blow** Flowseal **50#**

Mouse Hole **mix 165 or Cement** Kol-Seal

Centralizers **displaced with 4 BLS of** Mud CLR 48

Baskets **water closed tool test tool** CFL-117 or CD110 CAF 38

D/V or Port Collar **to 800# & held. Run 5** Sand

**Jts tubing & wash clean.** Handling **206**

**wash up & Rigged down** Mileage

**FLOAT EQUIPMENT**

Guide Shoe

Centralizer

Baskets

AFU Inserts

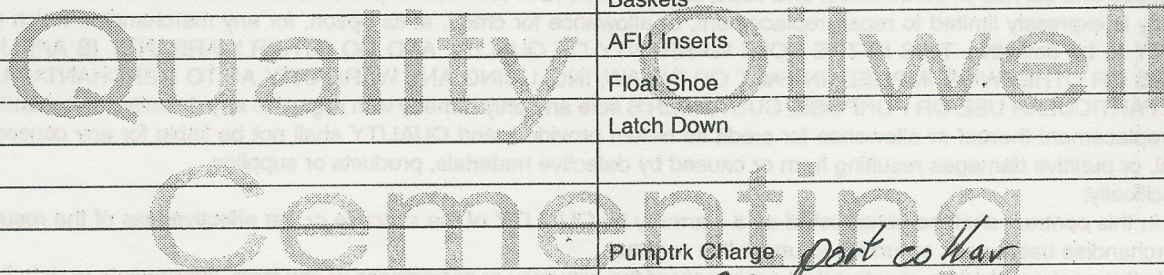
Float Shoe

Latch Down

Pumptrk Charge **port collar** Tax

Mileage **22** Discount

Signature **[Signature]** Total Charge





# 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. 7170

Date	3-11-14	Sec.	28	Twp.	16	Range	13	County	Barton	State	Ks	On Location		Finish	3:10 P.M.
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Lease JMR Well No. #1 Location Susank, Ks - 1/2 E S4 into

Contractor	<u>Southwind</u>	Owner	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.
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Type Job	<u>Longstringing</u>	Charge To	<u>CG oil</u>
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Hole Size	<u>7 7/8"</u>	T.D.	<u>3523'</u>
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Csg.	<u>15.50 5 1/2" New</u>	Depth	<u>3513'</u>
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Tbg. Size		Depth	
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Tool	<u>Port Collar</u>	Depth	<u>884'</u>
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Cement Left in Csg.	<u>43,00'</u>	Shoe Joint	<u>43,00'</u>
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Meas Line		Displace	<u>82 1/2 BLS</u>
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**EQUIPMENT**

Pumptrk	<u>05</u>	No.	<u>05</u>	Cement Helper	<u>Lonnie</u>	Common	<u>200</u>
Bulktrk	<u>3</u>	No.	<u>3</u>	Driver	<u>David</u>	Poz. Mix	
Bulktrk	<u>pu</u>	No.	<u>pu</u>	Driver	<u>Rick</u>	Gel.	
				Driver	<u>Travis</u>	Calcium	<u>1'</u>

**JOB SERVICES & REMARKS**

Remarks:		Salt	<u>17</u>
Rat Hole		Flowseal	
Mouse Hole		Kol-Seal	
Centralizers	<u>1 2 3 6 8 61</u>	Mud CLR 48	<u>500 gal</u>
Baskets	<u>62</u>	CFL-117 or CD110 CAF 38	
D/V or Port Collar	<u>#62</u>	Sand	

pipe on bottom, break Circ.  
pump 300 gal mud Clear 48  
plug Rathole w/ 30 SX, plug  
mousehole w/ 15.5x. Hook to  
3 1/2" Casting + mix 145 SX Cement  
shut down wash pump + lines  
Released plug + Displaced with  
82 1/2 BLS of water, Released  
held.

Handling	<u>217</u>
Mileage	

**FLOAT EQUIPMENT**

Guide Shoe	
Centralizer	<u>6 turbis</u>
Baskets	<u>1</u>
AFU Inserts	
Float Shoe	<u>1</u>
Latch Down	<u>1</u>

Lift pressure 700 #  
Land plug to 1500 #

Pumptrk Charge	<u>prod string</u>
Mileage	<u>22</u>

X Signature

Nevryl W. Prister

Tax  
Discount  
Total Charge