



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1208426  
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: \_\_\_\_\_

1208426

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

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Oil Company of America, Inc.
Well Name	Slimmer 6
Doc ID	1208426

All Electric Logs Run

Dual Induction Log
Radiation Guard Log
Density Neutron Log
Cement Bond Log

Form	ACO1 - Well Completion
Operator	Oil Company of America, Inc.
Well Name	Slimmer 6
Doc ID	1208426

Tops

Name	Top	Datum
Anhydrite	1012	+812
Anhydrite Base	1049	+775
Topeka	2744	-920
Heebner	2978	-1154
Toronto	2999	-1175
Lansing	3021	-1197
Base/Kansas City	3263	-1439
Arbuckle	3386	-1652
Granite wash	3881	-2057

# 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. 6079

Date	10-23-17	Sec.	12	Twp.	11	Range	17	County	Ellis	State	KS	On Location		Finish	8:00 AM
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Lease Slimmer Well No. 4 Location Code Rivk Rd 1 1/2 E

Contractor American Eagle 2 Owner To Quality Oilwell Cementing, Inc.

Type Job Subface 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 17 1/2 T.D. 1017 Charge To

Csg. 854 Depth 1015 Street Oil Co of America

Tbg. Size \_\_\_\_\_ Depth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Tool 44.34 ft Depth 44.34 ft The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 380 3/4 cc 2% gel Cement Amount Ordered

Meas Line \_\_\_\_\_ Displace 61.34

EQUIPMENT Common

Pumptrk 5 No. 1 Cementer Mark Helper Mark Poz. Mix

Bulktrk 12 No. 1 Driver Brett Gel.

Bulktrk 04 No. 1 Driver Levi Calcium

JOB SERVICES & REMARKS Hulls

Remarks: 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

Mileage

Cement did calculate

FLOAT EQUIPMENT

Guide Shoe 1 8 5/8 weldon

Centralizer 2 8 5/8

Baskets 1 8 5/8

AFU Inserts

Float Shoe

Latch Down

Raffle plate

Rubber plug

Pumptrk Charge

Mileage

Tax

Discount

Total Charge

Signature [Signature]

# 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. 9193

Date	10-31-12	Sec.	12	Twp.	11	Range	17	County	Ellis	State	KS	On Location		Finish	2:30pm												
Location													Cedarvale 1 1/2 E Reno														
Lease	Slimmer		Well No.		6		Owner																				
Contractor	American Energy		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	Production String		Charge To									Oil Company of America															
Hole Size	7 7/8		T.D.		3903		Street																				
Csg.	5 1/2		Depth		3589		City									State											
Tbg. Size			Depth				The above was done to satisfaction and supervision of owner agent or contractor.																				
Tool			Depth				Cement Amount Ordered									200 lb 3 bags 2 1/2 bags											
Cement Left in Csg.	20		Shoe Joint		20		Cement Amount Ordered									500 gal mud pump											
Meas Line			Displace		8784		Common									200											
<b>EQUIPMENT</b>													Common														
Pumptrk	6		No.	Cementer				Poz. Mix																			
			No.	Helper				Gel.									4										
Bulktrk			No.	Driver				Calcium									7										
Bulktrk	10		No.	Driver				Hulls																			
<b>JOB SERVICES &amp; REMARKS</b>													Hulls														
Remarks:																Salt											
Rat Hole																3056				Flowseal							
Mouse Hole																				Kol-Seal							
Centralizers																				Mud CLR 48				500 gal			
Baskets																				CFL-117 or CD110 CAF 38							
D/V or Port Collar																				Sand							
5/25 and 3589 - Inspt 3569.																Handling				2 1/2							
Est Circulation Open Packer shoe																Mileage											
100 (Cedarvale 1 1/2 E Reno) 500 gal mud pump																<b>FLOAT EQUIPMENT</b>											
100 gal spacer Plug Kaskade Cement 5 1/2																Guide Shoe				5 1/2							
With 1705K - Clear lines in spacer Plug																Centralizer				6							
Plug Packer @ 12000 - 100 gal mud pump																Baskets				1							
D/V																AFU Inserts				Packer shoe							
																Float Shoe											
																Latch Down				1							
																Pumptrk Charge				1000				1000			
																Mileage				2 1/2							
																Tax											
																Discount											
																Total Charge											
Signature: [Handwritten Signature]																											