



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213774
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: _____

1213774

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: Yes No

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> _____			
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	Phillips Exploration Company L.C.
Well Name	Smiley 3-26
Doc ID	1213774

Tops

Name	Top	Datum
Anhy	2040	+382
B/Anhy	2076	+346
Top	3514	-1092
Heeb	3734	-1312
Tor	3754	-1332
Lans	3766	-1344
B/KC	4001	-1579
LTD	4101	-1679

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. 7107

Date <i>2-18-14</i>	Sec. <i>26</i>	Twp. <i>10</i>	Range <i>24</i>	County <i>Graham</i>	State <i>KS</i>	On Location	Finish <i>7:30</i>
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Location *Wakeony N to c Rd, 6 W, 1 S, E 2*

Lease <i>Smiley</i>	Well No. <i>3-26</i>	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.
Contractor <i>Martin 16</i>		
Type Job <i>Surface</i>		
Hole Size <i>12 1/4</i>	T.D. <i>210</i>	Charge To <i>Phillips Exp.</i>
Csg. <i>8 5/8</i>	Depth <i>209</i>	Street
Tbg. Size	Depth	City 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 com 3% cc 2% gel</i>
Meas Line	Displace <i>12 bbl</i>	

EQUIPMENT

Pumptrk <i>17</i> No.	Cementer Helper <i>Nick</i>	Common <i>150</i>
Bulktrk <i>9</i> No.	Driver Driver <i>Chad - Ryan</i>	Poz. Mix
Bulktrk <i>PU</i> No.	Driver Driver <i>Frauds</i>	Gel. <i>3</i>
		Calcium <i>5</i>

JOB SERVICES & REMARKS

Remarks: <i>Cement did circulate</i>	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
	Sand

Handling *158*

Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

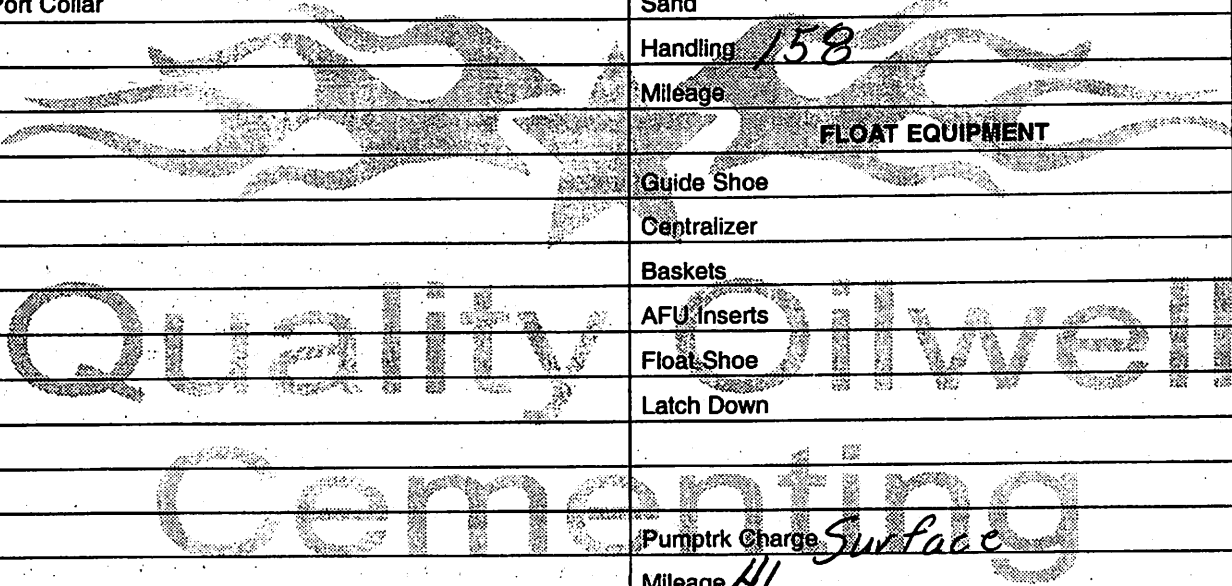
Pumptrk Charge *Surface*

Mileage *41*

Tax
Discount
Total Charge

X Signature

Amy Dill



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. 478

Date	2-25-14	Sec.	26	Twp.	10	Range	29	County	Graham	State	KS	On Location	3:30 AM	Finish	9:30 AM
Lease								Location		Wa Keeney N to HDC 6 W					
Smiley								Well No.		3-26					
Contractor								Owner		15 1/4 E N110					
muffin								16		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								Charge To		Phillips Exploration					
2 Stage								Street							
Hole Size								Depth		City State					
7 7/8								4100							
Csg.								Depth		The above was done to satisfaction and supervision of owner agent or contractor.					
5 1/2								4100							
Tbg. Size								Depth		Cement Left in Csg.					
										7.05					
Tool								Depth		Shoe Joint					
										7.05					
Cement Left in Csg.								Cement Amount Ordered		165 10% Salt					
Meas Line								Displace		5% Silsonite					
								100 BBL							
EQUIPMENT								Common		165					
Pumptrk								No.		Cementer					
5										Mitt					
Bulktrk								No.		Driver					
R										Lonnle					
Bulktrk								No.		Driver					
DU										Chad					
JOB SERVICES & REMARKS								Calcium							
Remarks:								16 Salt		HCL 20 BBL 2 gal					
Rat Hole								Flowseal							
Mouse Hole								Kol-Seal		825 #					
Centralizers								Mud CLR 48		1,000 gal					
Baskets								CFL-117 or CD110 CAF 38							
DV or Port Collar								Sand							
# 51 20 28 ft								Handling		189					
Dropped Ball Circulated								Mileage		512					
now mix 163 down								FLOAT EQUIPMENT							
holes								Guide Shoe							
Lift 800 PST								Centralizer turbos		9					
Label 1600 PST								Baskets		2					
								AFU Inserts							
								Float Shoe		1					
								Latch Down		1					
								DV tool							
								Pumptrk Charge		prod string					
								Mileage		41					
								Tax		Bottom stage					
								Discount							
								Total Charge							
X Signature															

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Cell 785-324-1041

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

No. 479

Date	2-25-14	Sec.	26	Twp.	10	Range	24	County	Greene	State	MS	On Location	3:30 AM	Finish	12:20 PM
Lease								Location		Wa Keeny N to HDC C.W.					
Smiley								Well No.		3-26					
Contractor								Owner		IS 1/4 E N into					
Muffin								To Quality Oilwell Cementing, Inc.		You are hereby requested to rent cementing equipment and furnish					
Type Job								Cement		and helper to assist owner or contractor to do work as listed.					
Top Stage								Charge To		Phillips Exploration					
Hole Size								T.D.		4100					
7 7/8								Depth		400					
Csg.								Street		Phillips Exploration					
5/2								City		State					
Tbg. Size								Depth		The above was done to satisfaction and supervision of owner agent or contractor.					
Tool								Cement Amount Ordered		400 QmC 1/4 Flowseal					
Cement Left in Csg.								Shoe Joint		7.05					
7.05								Displace		49.5 BBL used 360					
Meas Line								Common		360 QmC					
EQUIPMENT								Poz. Mix							
Pumptrk								Gel.							
S No. Cementer								Calcium							
Helper								Hulls							
Bulktrk								Salt							
No. Driver								Flowseal		100#					
Driver								Kol-Seal							
Bulktrk								Mud CLR 48		500 gal					
No. Driver								Baskets		CFL-117 or CD110 CAF 38					
Driver								Sand							
JOB SERVICES & REMARKS								Handling		400					
Remarks:								Mileage		FLOAT EQUIPMENT					
Rat Hole 30 5/8								Guide Shoe							
Mouse Hole 20 5/8								Centralizer							
Centralizers								Baskets							
Baskets								AFU Inserts							
DV or P collar #51 20 28								Float Shoe							
Circulate 3 hours								Latch Down							
MIX 360 5/8 displace								Pumptrk Charge		prod string Tap Stage					
50 BBL 350								Mileage		41					
Lift 500 PSI								Tax							
Land 1900 PSI								Discount							
Cement did								Total Charge							
Circulate								Signature							