



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214280
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: _____

1214280

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Yale Oil Association, Inc.
Well Name	Bernard 2-31
Doc ID	1214280

Tops

Name	Top	Datum
Anhydrite	860	1048
Base Anhy	898	1010
Topeka	2774	-866
Heebner	3009	-1091
Toronto	3025	-1117
Brown Lime	3076	-1168
Lansing	3090	-1182
Arbuckle	3315	-1407

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. 7678

Date	1-7-14	Sec.	31	Twp.	15	Range	13	County	Russell	State	KS	On Location		Finish	7:30 PM
Location													Barton & Russell County line, 2 1/2 E, N 7		

Lease	Bernard	Well No.	2-31	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	Val #6				Charge To	Yale Oil Association
Type Job	longstring	T.D.	3425			
Hole Size	7 7/8	Depth	3418			
Csg.	5 1/2 15 1/2 #					
Tbg. Size		Depth		Street		
Tool		Depth		City		
Cement Left in Csg.		Shoe Joint	42.15	State		
Meas Line		Displace	80.34661	The above was done to satisfaction and supervision of owner agent or contractor.		
				Cement Amount Ordered		
				180 10% sag + 5% gilsonite		
				2% gel 1/4 # Flow		

EQUIPMENT				Common
Pumptrk	16	No.	Cementer Helper Billy	Poz. Mix
Bulktrk	9	No.	Driver Lonnie M.	Gel.
Bulktrk	PU	No.	Driver Travis	Calcium

JOB SERVICES & REMARKS		
Remarks:		Hulls
Rat Hole	30 sx	Salt
Mouse Hole	15 sx	Flowseal
Centralizers	1,3,4,5,7,9	Kol-Seal
Baskets	4,5,	Mud CLR 48 500 gal
PA or Port Collar	at 981	CFL-117 or CD110 CAF 38
Pipe on bottom broke circulation. Pumped 500gal Mud CLR 48 with 100ml fw behind it. Plugged Rat hole with 30sx and Mouse hole with 15sx. Hooked to 5 1/2 and mixed 135sx. Shutdown washed Pump and lines. Released Plug and displaced with 80.34661 fw. Plug landed and held.		Sand
lift pressure 900 psi		Handling
Plug landed at 1500 psi		Mileage

FLOAT EQUIPMENT		
Guide Shoe		
Centralizer	6 turbos	
Baskets	3 wetherford	
AFU Inserts		
Float Shoe		
Latch Down		
	1 Port Collar	
Pumptrk Charge		
Mileage		
		Tax
		Discount
		Total Charge

x *[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. 7049

Date	1-13-14	Sec.	Twp.	Range	County	State	On Location	Finish
					Russell	KS		1:15 PM

Location *Russell 540 Co Line 2 1/2 E Wier*

Lease	<i>Beard</i>	Well No.	<i>231</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>Express well service</i>			Charge To	<i>Yale Oil Associated Inc</i>
Type Job	<i>P.C.</i>	Hole Size	T.D.	Street	
Hole Size	<i>5 1/2</i>	Tbg. Size	Depth	City	State
Tbg. Size	<i>3 1/2</i>	Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
Tool	<i>P.C.</i>	Cement Left in Csg.	Shoe Joint	Cement Amount Ordered	<i>225 60% 4% 1/2</i>
Cement Left in Csg.		Meas Line	Displace	<i>Used 225 at 60% 4% 1/2</i>	
Meas Line			<i>3.6 bb</i>		

EQUIPMENT				Common
Pumptrk	<i>18</i>	No.	Cementer Helper	<i>81</i>
Bulktrk	<i>3</i>	No.	Driver	<i>54</i>
Bulktrk	<i>PU</i>	No.	Driver	<i>5</i>
			Driver	Calcium

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt
Rat Hole		Flowseal <i>50#</i>
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar	<i>@ 976</i>	Sand
		Handling <i>225</i>
		Mileage

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage <i>1/6</i>

Signature	<i>[Signature]</i>	Tax	
		Discount	
		Total Charge	