



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214500
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: _____



1214500

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

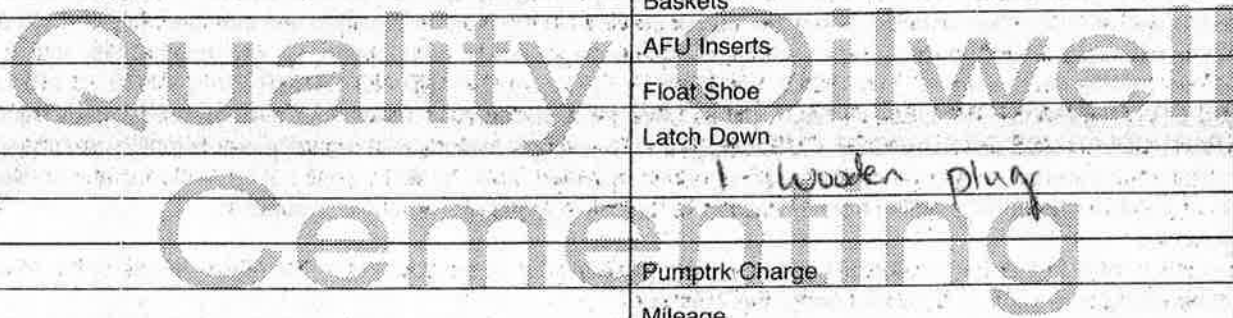
Phone 785-483-2025

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

No. 031

Cell 785-324-1041

Date	7-4-14	Sec.	28	Twp.	15	Range	12	County	Russell	State	Ks	On Location		Finish	10:00AM
Lease	Klusener			Well No.	28-10		Owner	E into N1 to Rig							
Contractor	Royal 2			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	Surface			Charge To	Bennett + Shulte										
Hole Size	12 1/4"		T.D.	559'											
Csg.	8 3/8"		Depth	559'											
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.	20'		Shoe Joint	20'		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace	34 1/4 Bbls		Cement Amount Ordered 250 Common 3% CC									
EQUIPMENT				Common											
Pumptrk	16	No.	Cementer	Billy		Poz. Mix									
Bulktrk	15	No.	Helper	Lennie		Gel.									
Bulktrk	P.U.	No.	Driver	Rick		Calcium									
JOB SERVICES & REMARKS				Hulls											
Remarks:	Cement did Circulate			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											
				FLOAT EQUIPMENT											
				Guide Shoe											
				Centralizer											
				Baskets											
				AFU Inserts											
				Float Shoe											
				Latch Down											
				1 wooden plug											
				Pumptrk Charge											
				Mileage											
				Tax											
				Discount											
				Total Charge											
X Signature	Doug Budwig														



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. 085

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-10-14	28	15	12	Russell	Ks		9:30AM

Location 281 + Michealis Rd - ~~to~~ to 195th

Lease Klusener	Well No. 28-10	Owner 1/4 N E into
Contractor Royal I		To Quality Oilwell Cementing, Inc.
Type Job Production		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 7 7/8"	T.D. 3377'	Charge To Bennett + Shulte
Csg. 55' New H#	Depth 3376'	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. 42'	Shoe Joint 42'	Cement Amount Ordered 170 Com 10% Salt 5% Gilsomik
Meas Line	Displace 81 1/4 BLS	500 gal mud Clear 48

EQUIPMENT

Pumptrk 16	No.	Cementor Billy	Common
		Helper	Poz. Mix
Bulktrk 3	No.	Driver Chad	Gel.
		Driver	Calcium
Bulktrk P.U.	No.	Driver Rick	

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole	Flowseal
Mouse Hole	Kol-Seal
Centralizers 3 12, 3, 6, 7, 5	Mud CLR 48
Baskets 2	CFL-117 or CD110 CAF 38
D/V or Port Collar pipe on bottom, break	Sand
Circulation pump 500 gal mud clear	Handling
48, plug back hole w/ 30x, plug mouse hole w/ 15x. Hook to casing	Mileage
* mix 12.5 5x Cement shut down	FLOAT EQUIPMENT
wash pump + lines Released plug	Guide Shoe
Displaced with 81 1/4 BLS of water	Centralizer 6 tub's
Released + held	Baskets 1
lift pressure 700 #	AFU Inserts
	Float Shoe 1
	Latch Down 1

land plug to 1500 #

Pumptrk Charge	
Mileage	
	Tax
	Discount
	Total Charge

X Signature *Henry Buehly*