

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1214627

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			SecTwpS. R East West				
Address 2:			Feet from North / South Line of Section				
City:	State: Z	ip:+	Fe	eet from East / V	West Line of Section		
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:, Long:				
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-Entry Workover			Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground: Kelly Bushing:				
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:		
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well I			If yes, show depth set: Feet				
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	•	ENHR Conv. to SWD	Drilling Fluid Managemen	at Dian			
☐ Plug Back	Conv. to G		(Data must be collected from the				
Commingled	Pormit #:		Chloride content:	ppm Fluid volume:	bbls		
Dual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
☐ ENHR							
GSW	Permit #:		Operator Name:				
_ _			Lease Name:	License #:			
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West		
Recompletion Date		Recompletion Date	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:						

Page Two



Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken Yes (Attach Additional Sheets)			es No			3	on (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es 🗌 No	Name				Top Datum		Jatum
Cores Taken Electric Log Run		☐ Y€								
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled			Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Type of Cement # Sacks Used			Used	Type and Percent Additives				
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	this well?	?			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?					No (If No, fil	out Page Three	of the ACC)-1)		
Shots Per Foot PERFORATION RECORD - Bri Specify Footage of Each Int							cture, Shot, Cemen		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing			nod:	g 🗌	Gas Lift C	other (Explain)				
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOGITI	ON OF CAC			ACTUOD OF	COMPLE	TION		DDODUGT)	
Vented Sold	ON OF GAS: Used on Lease		N Open Hole	NETHOD OF \Box Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	ואו ואו EK'	/AL:
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Production Drilling, Inc.
Well Name	ROME 5
Doc ID	1214627

All Electric Logs Run

Induction	
Density	
Gamma Ray	
Porosity	

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

Sec. Twp. Range		Dounty	State	On Location	Finish
Date 5 22 2010 34 8 191	Ket	X-5	55		<u> 4.30 H?"</u>
Lease Konk Well No. \$5	Locatio	on Zariak Ka	- 5N	<u> </u>	
Contractor New Medical Market		Owner		Statement and Associated to the second	www.setato.compo
Type Job (Car (Car)		To Quality Oilwell C You are hereby requ	uested to rent	cementing equipment	and fumish
Hole Size T.D. 13405	1,000	cementer and helps	er to assist ow	ner or contractor to do	work as listed.
Csg. 53 15 12 May Depth 3473		Charge ()	to De	The same	
Tbg. Size Depth		Street	:	*	
Tool Do Depth 335		City		State	
Centent Left in Osg. 1. 3 40	2.5	The above was done	to satisfaction a	nd supervision of owner	agent or contractor.
	isls .	Cement Amount Or	dered 100	d rommas	16 Sal-
ROUIPMENT 5 3	·	500 500	mus	Cieca 45	
Pumptrk 9 No. Cementer Helper		Common 100	er gerek en er en e En er en er en en er en en en er en er en er en er en e		
Bulktrk S No. Driver Driver		Poz. Mix			
Bulktrk No. Driver Driver		Gel.			1 1 1 1 1 1 1 1 1 1
JOB SERVICES & REMARKS		Galeium 1 C.A.	KCL		
Remarks:		Hulls	en jaron en		
Rat Hole		Salt \3	6		
Mouse Hole	1 12	Flowseal			
Centralizers 3 5 5 6	5	Kol-Seal			
Baskets 2 5		Mud CLR 48		· · · · · · · · · · · · · · · · · · ·	
D/V or Port Collar 5+ 5 1385		CFL-117 or CD110	CAF 38		
table of Delivered another co sain	- 155	Sand			
4 Knows DOOM See McClery 4	A CALER	Handling			
10 Pars of Kicho Catolina		Mileage			
100 X (Smran 10% & H. S.	- 7	FL	OAT EQUIPM	ENT	
Policy Come waster market	ARK.	Guide Shoe			
Displace with the St 18845 of	. 0.00	Centralizer 🖰 -	531	A Company of the Comp	
27 Bill such much and 4 BGIS	of word	Baskets 3 🐧 🕒	<u> </u>	868 8	
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which of my the many hours	1	1-1000	low love	Later days	
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Signature				Total Charge	W. Cox
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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 Cell 785-324-1041 Sec. Twp. Range County State On Location Finish 4.7 Date Lease Well No. Location -Owner Contractor To Quality Oilwell Cementing, Inc. Type Job 🖓 You are hereby requested to rent cementing equipment and furnish T.D. cementer and helper to assist owner or contractor to do work as listed. Hole Size Charge and 13 951 I SEE NEW Depth Csq. Depth Tbg. Size Street Depth Tool. City State Shoe Joint Cement Left in Csq. The above was done to satisfaction and supervision of owner agent or contractor. Displace Cement Amount Ordered Meas Line EQUIPMENT No. Cementer ... Helper Pumptrk C Common Driver Bulktrk Poz. Mix Driver Kin Driver Gel. Bulktek **JOB SERVICES & REMARKS** Calcium: Remarks: 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 Mileage FLOAT EQUIPMENT **Guide Shoe** Centralizer **Baskets** AFU Inserts Float Shoe Latch Down

Pumptrk Charge

X Signature Tax

Discount

Total Charge