



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1215969  
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: \_\_\_\_\_

1215969

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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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

August 11, 2014

Ronald  
Ron's Oil Operations Inc  
1889 200TH AVE  
PENOKEE, KS 67659-2036

Re: ACO-1  
API 15-065-23999-00-00  
KEITH 14-1  
NE/4 Sec.14-08S-22W  
Graham County, Kansas

Dear Ronald:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 01/07/2014 and the ACO-1 was received on July 25, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

# 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. 7708

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-7-14	14	8	22	Graham	KS		12:00p.m.
				Location <i>Bogue 2 1/2 W N into</i>			

Lease	Well No.	Owner	
<i>Keith</i>	<i>14-1</i>	To Quality Oilwell Cementing, Inc.	
Contractor	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
<i>AAA</i>			
Type Job	Charge To		
<i>Production String</i>	<i>Ron's Oil Operations</i>		
Hole Size	T.D.		
<i>7 7/8</i>	<i>3683</i>		
Csg.	Depth	Street	
<i>5 1/2 15.50#</i>	<i>3681</i>		
Tbg. Size	Depth	City	
		State	
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
<i>Port Collar #47</i>	<i>1690</i>		
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered	
<i>11.40</i>	<i>11.40</i>	<i>180 com 10% Salt 3% Gilsante</i>	
Meas Line	Displace	500 gal mud Clear <del>100</del> KCL 1 GEL	
	<i>87 1/2 BBL</i>	Common /80	

EQUIPMENT			
Pumptrk	No.	Cement Helper	Poz. Mix
<i>1.5</i>		<i>Maig</i>	
Bulktrk	No.	Driver	Gel.
		<i>Max</i>	<i>KCL 2 gal</i>
Bulktrk	No.	Driver	Calcium
<i>1</i>		<i>Doug</i>	<i>Gel 1</i>

JOB SERVICES & REMARKS	
Remarks:	Hulls
Rat Hole <i>30.5K</i>	Salt <i>17</i>
Mouse Hole	Flowseal
Centralizers	Kol-Seal <i>900#</i>
Baskets	Mud CLR 48 <i>500 gal</i>
D/V or Port Collar	CFL-117 or CD110 CAF 38
<i>5 1/2 set @ 3681 Est. Circulation.</i>	Sand
<i>Pump 500 gal mud flush + 1 Bag Gel.</i>	Handling <i>207</i>
<i>Cement Rathole Cement 5 1/2 with 150K</i>	Mileage
<i>Clear lines + Displace Plug - 1st 100 BBL KCL</i>	
<i>Plug landed @ 1500# Release Pressure</i>	
<i>Dry.</i>	

FLOAT EQUIPMENT	
Guide Shoe	<i>1 5 1/2</i>
Centralizer	<i>8 Turbo's</i>
Baskets	<i>1</i>
AFU Inserts	<i>1</i>
Float Shoe	
Latch Down	

	<i>1 port collar</i>
Pumptrk Charge	<i>prod long string</i>
Mileage	<i>42</i>

X Signature <i>Jimmy D Garrison</i>	Tax
	Discount
	Total Charge

# 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. 7052

Date	1-15-14	Sec.	Twp.	Range	County	State	On Location	Finish
					Graham	KS		3:00PM

Location **Boyer + P. Terrance Rd 3W Ninto**

Lease	Keith	Well No.	14-1	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	Poe Servicing				
Type Job	Port Collar				
Hole Size		T.D.		Charge To	Rough Oil
Csg.	5 1/2	Depth	1697	Street	
Tbg. Size	2	Depth	1697	City	State
Tool	Port Collar	Depth	1687'	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	300 QMDC 1/4 Flo

Meas Line Displace **4 1/2 bbl**

**EQUIPMENT**

Pumptrk	18	No.	Cementer		Common	300
			Helper	Cody	Poz. Mix	
Bulktrk	13	No.	Driver	Lonnie M.	Gel.	<del>500</del>
			Driver		Calcium	
Bulktrk	PU	No.	Driver	Brett		

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal <b>75#</b>
Centralizers	Kol-Seal
Baskets	Mud CLR 48
	CFL-117 or CD110 CAF 38

~~Port Collar~~ @ 1697  
Sand  
Handling **300**  
Mileage

Tested PC to 800 lbs  
Opened PC  
Mixed 300 sz QMDC  
Displaced 4 1/2 bbl  
Ran 5 jts  
Washed out w/ 20 bbl

**FLOAT EQUIPMENT**

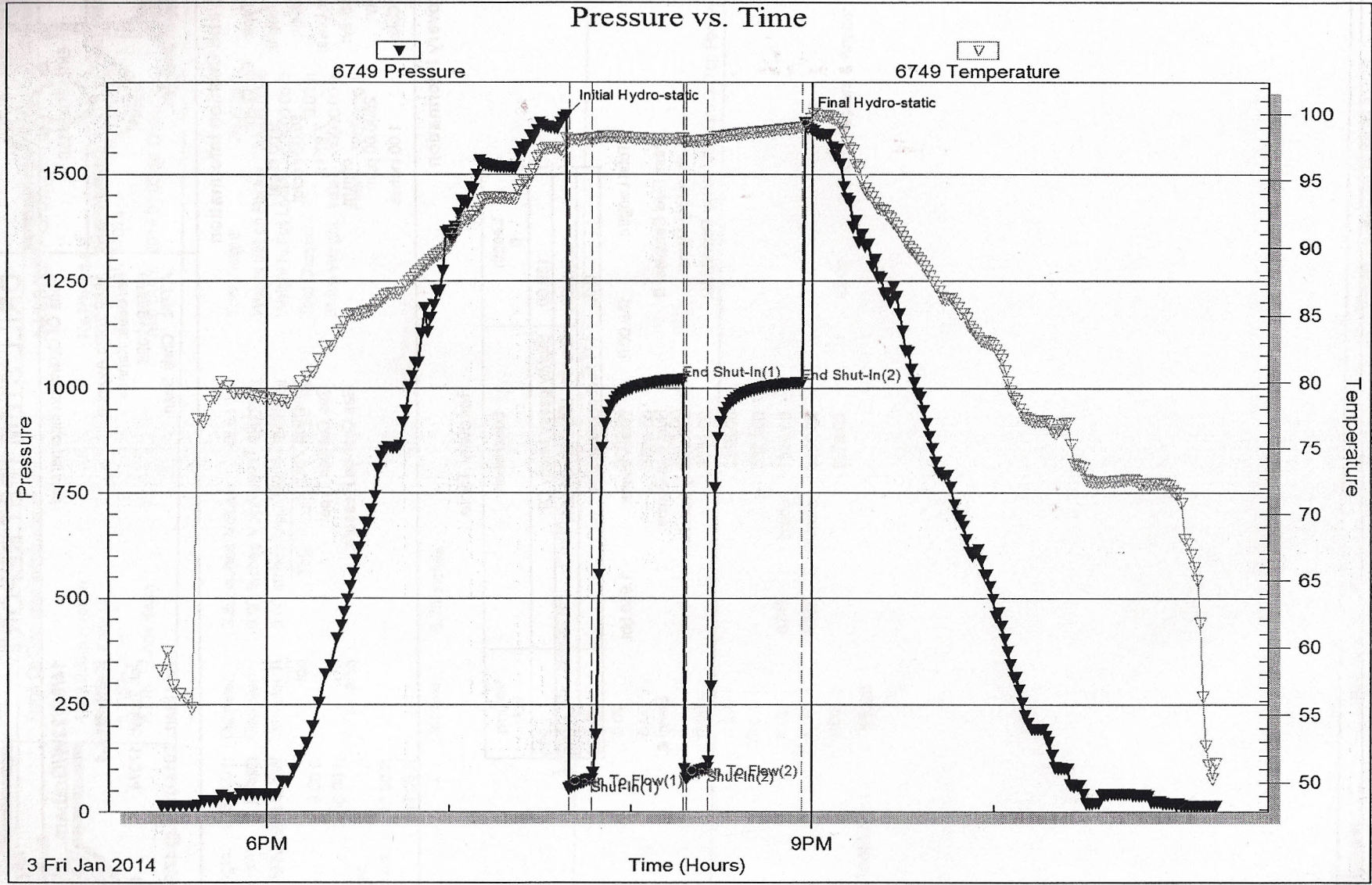
Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

opening Tool

Pumptrk Charge **port collar**  
Mileage **42**

X Signature **Jerry Q Garrison**

Tax
Discount
Total Charge

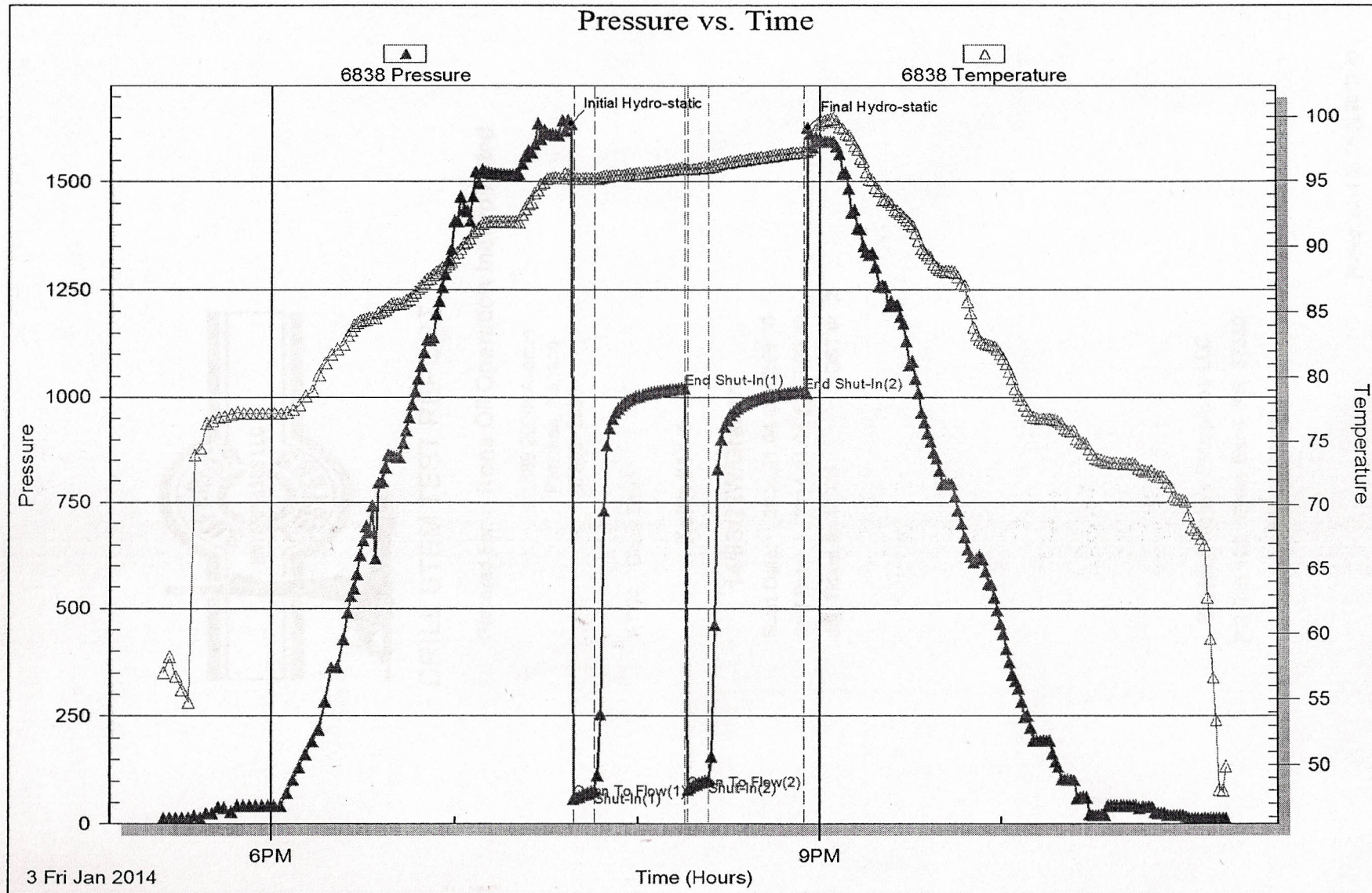


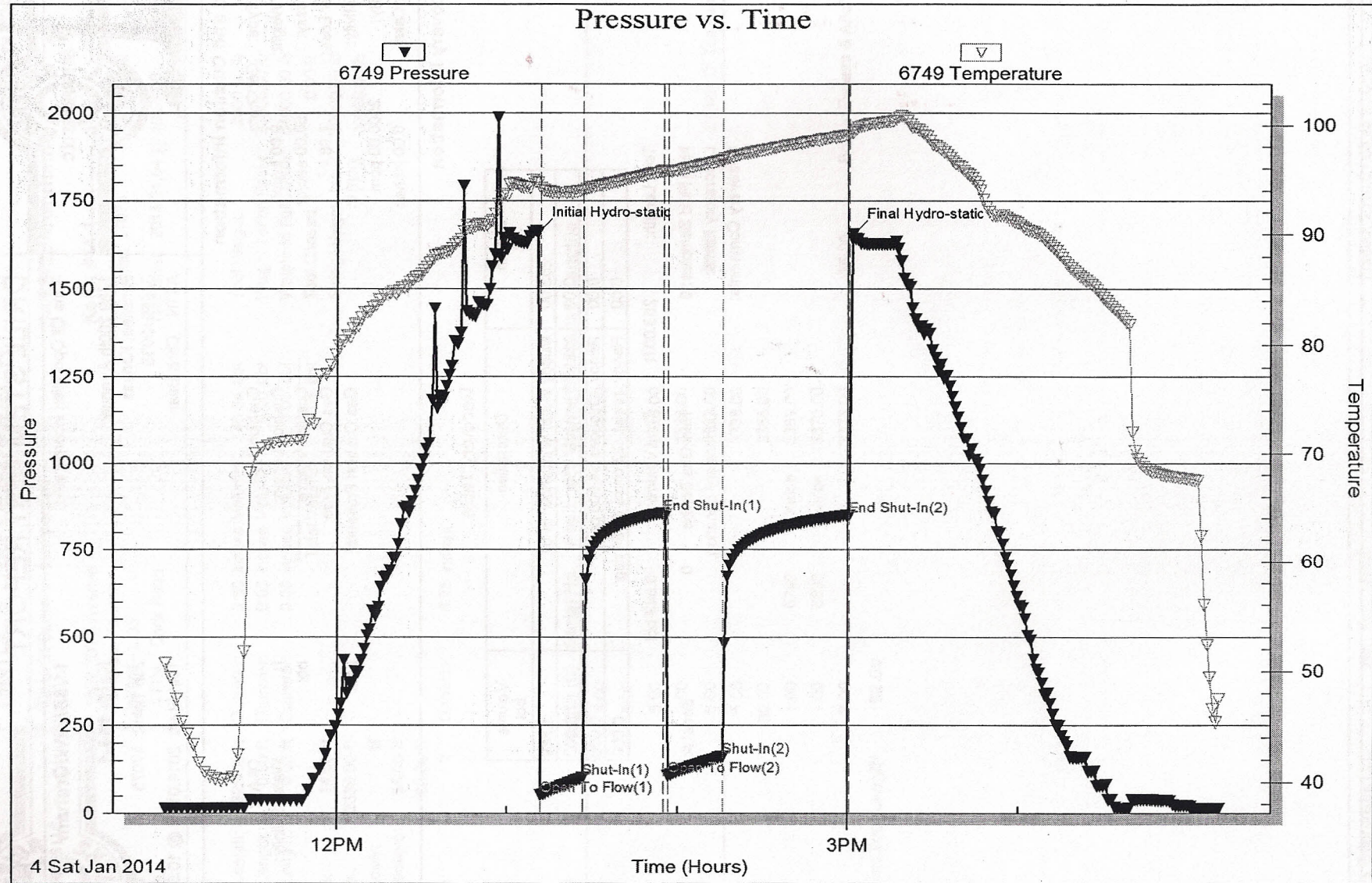
Serial #: 6838

Outside Rons Oil Operation Incorporated

Keith #14-1

DST Test Number: 1





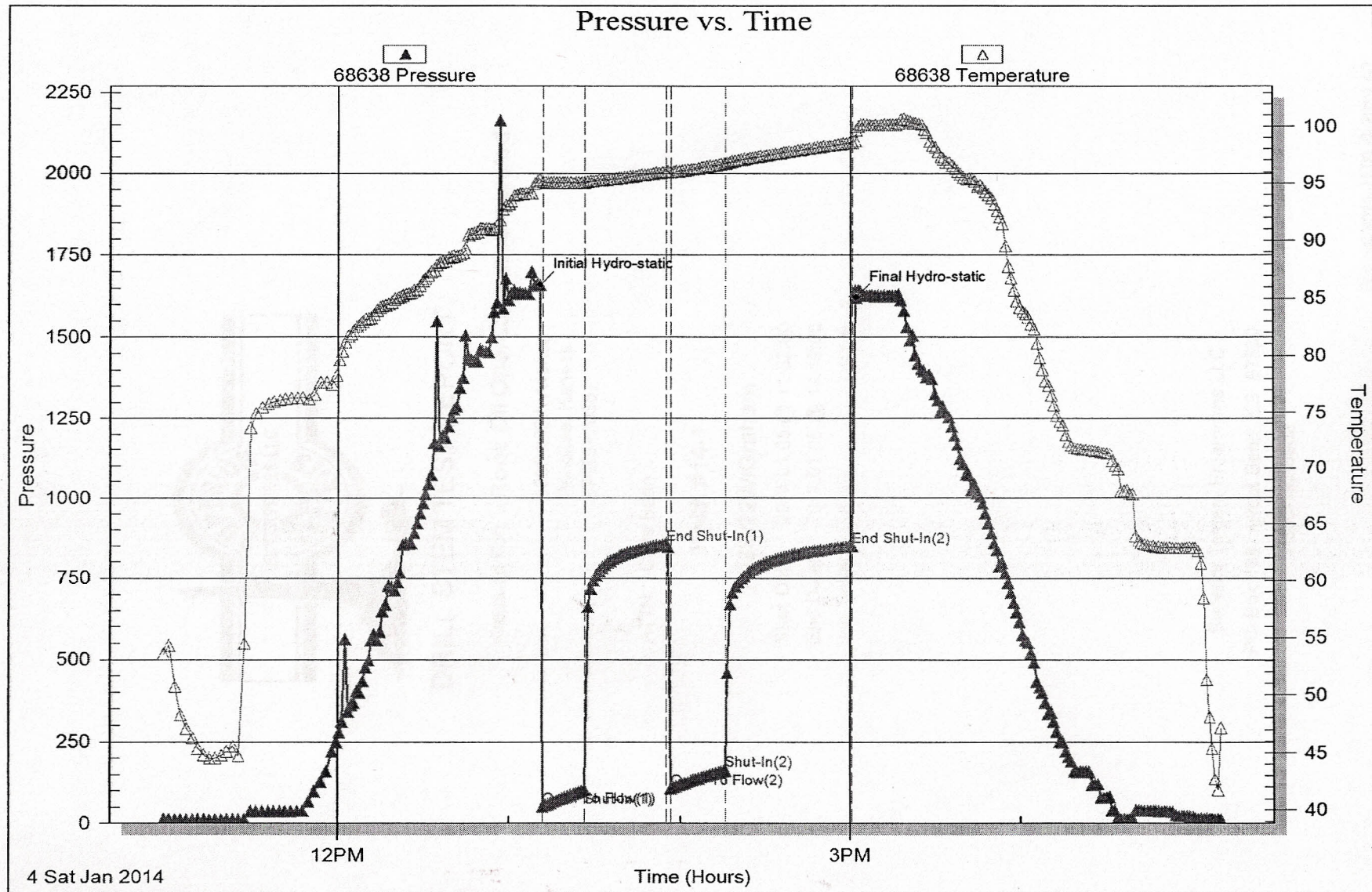


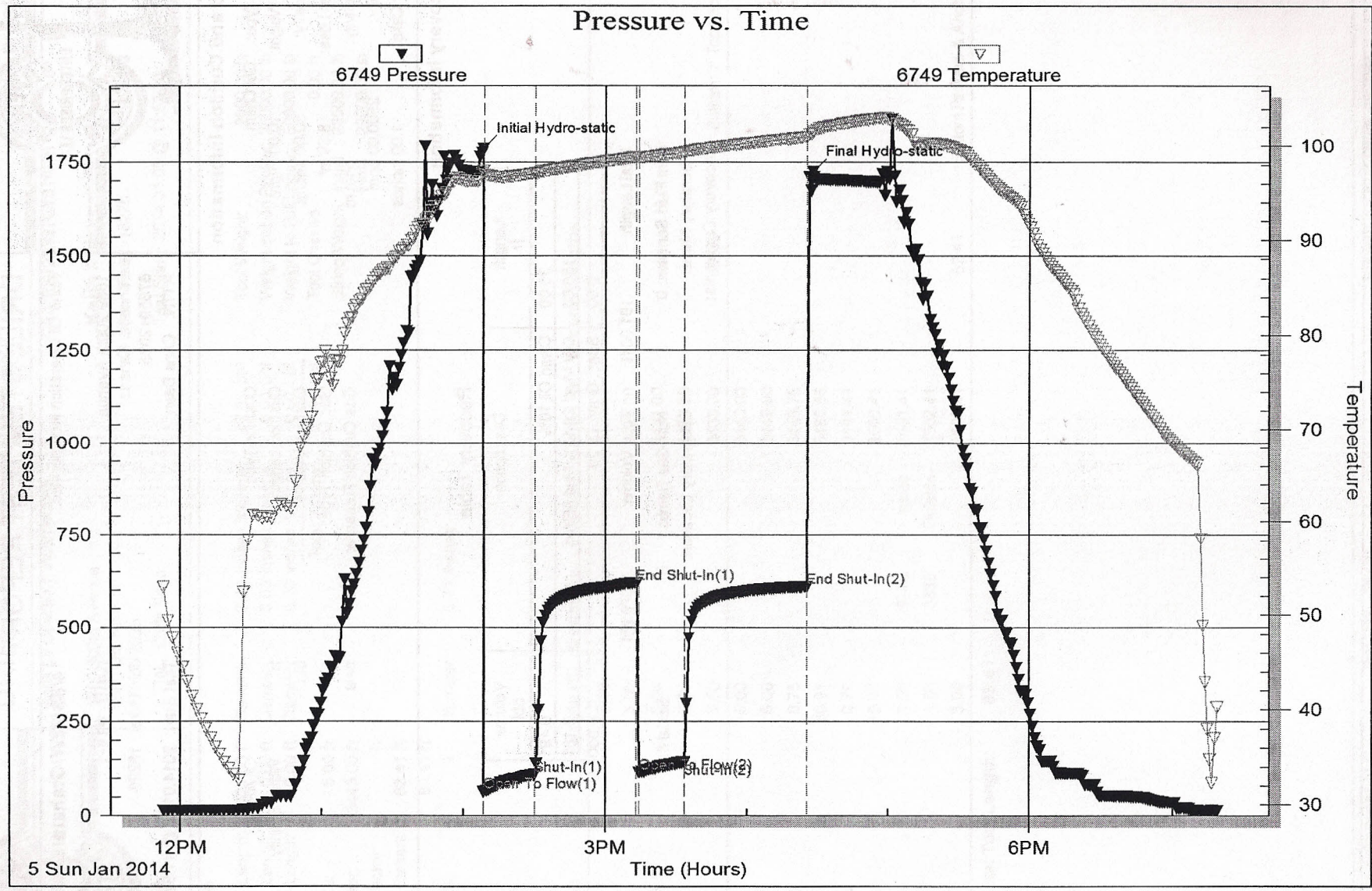
Serial #: 68638

Rons Oil Operation Incorporated

Keith #14-1

DST Test Number: 2





Serial #: 6838

Outside Rons Oil Operation Incorporated

Keith #14-1

DST Test Number: 3

