



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1218852  
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
-----------------------------------	-----------------	-----------------------------------------

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: \_\_\_\_\_

1218852

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

# 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. 365

Date	7-24-14	Sec.	1	Twp.	13	Range	18	County	Ellis	State	KS	On Location		Finish	1:00 p.m.
------	---------	------	---	------	----	-------	----	--------	-------	-------	----	-------------	--	--------	-----------

Location *Hays + Feedlot 3B Dinto*

Lease	<i>Crisman</i>	Well No.	<i>5</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>Discant #3</i>	Type Job	<i>Top stage</i>	Charge To	<i>Production Drilling</i>
Hole Size	<i>7 7/8</i>	T.D.	<i>31071</i>	Street	
Csg.	<i>5 1/2 15.5#</i>	Depth	<i>31608</i>	City	State
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool	<i>DV Tool</i>	Depth	<i>1356</i>	Cement Amount Ordered	<i>235 Qmix 1/4#</i>
Cement Left in Csg.		Shoe Joint			
Meas Line		Displace	<i>32 1/4 BL</i>		

**EQUIPMENT**

Pumptrk	<i>17</i>	No.	Cementer	<i>Craig</i>	Common	<i>235</i>
			Helper		Poz. Mix	
Bulktrk		No.	Driver	<i>Travis</i>	Gel.	
			Driver		Calcium	
Bulktrk	<i>19</i>	No.	Driver	<i>Lance</i>	Hulls	
			Driver		Salt	

**JOB SERVICES & REMARKS**

Remarks:		Flowseal	<i>60#</i>
Rat Hole	<i>30 SK</i>	Kol-Seal	<i>8</i>
Mouse Hole	<i>15 SK</i>	Mud CLR	<i>48</i>
Centralizers		CFL-117 or CD110 CAF	<i>38</i>
Baskets		Sand	
D/V or Port Collar		Handling	<i>235</i>
<i>Plug Rathole a mouse hole. Cement 5 1/2 with 190SK - Displace Plug. Plug lower 20 1500# APV Release Pressure Day.</i>		Mileage	

**FLOAT EQUIPMENT**

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge *prod string*  
Mileage *8*

*Top Stage*

Tax	
Discount	
Total Charge	

X Signature *John Larkin*

# 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. 364

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-24-14	1	13	18	Ellis	KS		11:00 A.M.
Lease				Location			
Crisman				Hwy 1 Feeder Rd 3E 1 into			
Well No. 5				Owner			
Contractor				To Quality Oilwell Cementing, Inc.			
Discern #3				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		Bottom Stage		Charge To			
Production String				Production Drilling			
Hole Size		T.D.		Street			
7 7/8		3671					
Csg.		Depth		City			
5 1/2 15.5 #		3668		State			
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
		1356		Cement Amount Ordered			
Tool DV Tool		Shoe Joint		150 lb/salt 51 G. Lente 1/4 H/O			
Cement Left in Csg. 23		23'		500 gal mod clear			
Meas Line		Displace		Common			
		86 3/4 BZ		150			
<b>EQUIPMENT</b>				Poz. Mix			
Pumptrk	No.	Cement Helper		Gel.			
17		Craig		a			
Bulktrk	No.	Driver		Calcium			
		Travis		Hulls			
Bulktrk	No.	Driver		Salt			
15		Tyler		13			
<b>JOB SERVICES &amp; REMARKS</b>				Flowseal			
Remarks:				Kol-Seal			
Rat Hole				750#			
Mouse Hole				Mud CLR 48			
Centralizers				CFL-117 or CD110 CAF 38			
Baskets				Sand			
DV or Port Collar				Handling			
5 1/2 set @ 3668 Bottom				170			
Est Circulation Pump special mod clear +				Mileage			
10 BZ Water spacer. Cement bottom				<b>FLOAT EQUIPMENT</b>			
With 1500K Clear lines & Displace Plug.				Guide Shoe			
Plus landed 1500# Hek				Centralizer			
Release Pressure DM.				6 Turbo's			
Drops part of Circulation 1 HR				Baskets			
				2			
				AEL Inserts			
				DV Tool			
				Float Shoe			
				1			
				Latch Down			
				1			
				Pumptrk Charge			
				prod string			
				Mileage			
				8			
				Tax			
				Discount			
				Total Charge			
Signature				Bottom Stage			
Elin Gault							