



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217969
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: _____

1217969

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

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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810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



**Cementing & Acidizing
of Kansas, LLC**



Cement or Acid Field Report

Ticket No. **1285**

Foreman KEVIN McCoy

Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-15-14	1016	SAGER # 1-6	6	17S	6E	MORRIS	Ks
Customer <u>QUAIL OIL & GAS, LC</u>			Safety Meeting <u>KM CB SF</u>	Unit #	Driver	Unit #	Driver
Mailing Address <u>525 INDUSTRIAL DR.</u>				<u>102</u>	<u>CHRIS B</u>		
City <u>GARDEN CITY</u> State <u>Ks</u> Zip Code <u>67846</u>				<u>112</u>	<u>SHANNON F.</u>		

Job Type SURFACE Hole Depth 336' KB Slurry Vol. 48 BBL Tubing _____
 Casing Depth 326' G.L. Hole Size 12 1/4" Slurry Wt. 14.8⁶ Drill Pipe _____
 Casing Size & Wt. 8 5/8 23 # Cement Left in Casing 20' Water Gal/SK 6.5 Other _____
 Displacement 20 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: DRILLING Rig Lost Circulation @ 110' Below K.B while DRILLING SURFACE
hole. AFTER Mudding up they had very little fluid lose. RAN 326' 8 5/8 SURFACE CASING w/
Cement BASKET 80' Below G.L. Rig up to 8 5/8 CASING. BREAK Circulation w/ 3 BBL Fresh water.
Mixed 200 SKS CLASS "A" Cement w/ 3% CaCl2, 2% Gel, 1/4 # Flo-Seal/sk @ 14.8 #/gal, yield 1.35
= 48 BBL SLURRY. Displace w/ 20 BBL Fresh water. Shut casing in. Good Cement Returns to SURFACE
= 12 BBL SLURRY to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	60	Mileage	3.95	237.00
C 200	200 SKS	CLASS "A" Cement	15.00	3000.00
C 205	565 #	CaCl2 3%	.60	339.00
C 206	375 #	Gel 2%	.20	75.00
C 209	50	Flo-Seal 1/4 #/sk	2.25	112.50
C 108 B	9.4 TONS	Ton Mileage 60 miles	1.35	761.40
C 606	1	8 5/8 Cement BASKET	308.00	308.00
<u>THANK YOU</u>			Sub Total	5672.90
			Sales Tax -	274.17
Authorization <u>Witnessed By Cotton Gulick Title C&G Dep Toolpusher</u>			Total	5947.07

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561

Elite

Cementing & Acidizing of Kansas, LLC



Cement or Acid Field Report
Ticket No. **1296**
Foreman Rick Ledford
Camp Elizabetta KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-18-14	1016	Sager #1-6	6	173	6E	Marion	Ks
Customer <u>Quail Oil & Gas, LLC</u>			Unit #	Driver		Unit #	Driver
Mailing Address <u>525 Industrial Dr.</u>			104	Shannon F.			
City <u>Garden City</u>			112	Alan G.			
State <u>Ks</u>							
Zip Code <u>67846</u>							

Job Type L/S Hole Depth 2267' Slurry Vol. 50 Bbl Tubing _____
 Casing Depth 2267' Hole Size 7 7/8" Slurry Wt. 13.3^{ppg} Drill Pipe _____
 Casing Size & Wt. 4 1/2" 11.6^{ppg} Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 35.2 Bbl Displacement PSI 450 Bump Plug to 900 BPM _____

Remarks: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 5 Bbl fresh water. Pump 100# caustic soda pre-flush w/ 12 Bbl water. 5 Bbl water spacer. Mixed 150 lbs thickset cement w/ 5# Kol-seal/sk + 1# pheno-seal/sk @ 13.3^{ppg}/gal washout pump + lines, release latch down plug. Displace w/ 35.2 Bbl fresh water. Final pump pressure 450 PSI. Bump plug to 900 PSI. release pressure, float + plug head. Good circulation @ all times while cementing. Job complete. Rig down.

"THANK YOU"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	60	Mileage	3.95	237.00
C201	1160 SACS	thickset cement	19.50	3120.00
C207	800 ^{ppg}	5# Kol-seal/sk	.45	360.00
C208	160 ^{ppg}	1# pheno-seal/sk	1.25	200.00
C217	100 ^{ppg}	caustic soda pre-flush	1.60	160.00
C1038	8.8	ten mileage bulk truck	1.35	712.80
C420	1	4 1/2" latch down plug	200.00	200.00
C503	5	4 1/2" x 7 7/8" centralizers	44.00	220.00
C603	1	4 1/2" basket	204.00	204.00
C660	1	4 1/2" API float shoe	275.00	275.00
			Subtotal	6738.80
			7.15% Sales Tax	338.84
Authorization _____ Title _____			Total	7077.64

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: sager1-6dst1

TIME ON: 5-17 22:39
 TIME OFF: 5-18 06:37

Company Quail Oil & Gas Lease & Well No. Sager #1-6
 Contractor C & G Rig #1 Charge to Quail Oil & Gas
 Elevation 1469 KB Formation Miss Chert Effective Pay _____ Ft. Ticket No. S0452
 Date 5-18-14 Sec. 6 Twp. 17 S Range 6E W County Morris State KANSAS
 Test Approved By Roger Martin Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 2121 ft. to 2190 ft. Total Depth 2190 ft.

Packer Depth 2116 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 2121 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2102 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 2155 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 51 Drill Collar Length 178 ft. I.D. 2 1/4 in.

Weight 9.4 Water Loss 12 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.

Chlorides 1,300 P.P.M. Drill Pipe Length 1910 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NA Reversed Out NO Anchor Length 69 (38A) ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 4" in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1/2" Blow- Built to 11" in 30 min **NOBB**

2nd Open: 1" Blow- Built to BB in 41 min **NOBB**

Recovered 60 ft. of OSM 1% O 99% M

Recovered 90 ft. of OSM 2% O 98% M

Recovered 150 ft. of TOTAL FLUID

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: _____

TOOL SAMPLE: 1% O 99% M

Time Set Packer(s) 5-18 12:36 AM ^{A.M.}/_{P.M.} Time Started Off Bottom 5-18 4:21 AM ^{A.M.}/_{P.M.} Maximum Temperature 87

Initial Hydrostatic Pressure..... (A) 1035 P.S.I.

Initial Flow Period..... Minutes 30 (B) 11 P.S.I. to (C) 44 P.S.I.

Initial Closed In Period..... Minutes 45 (D) 469 P.S.I.

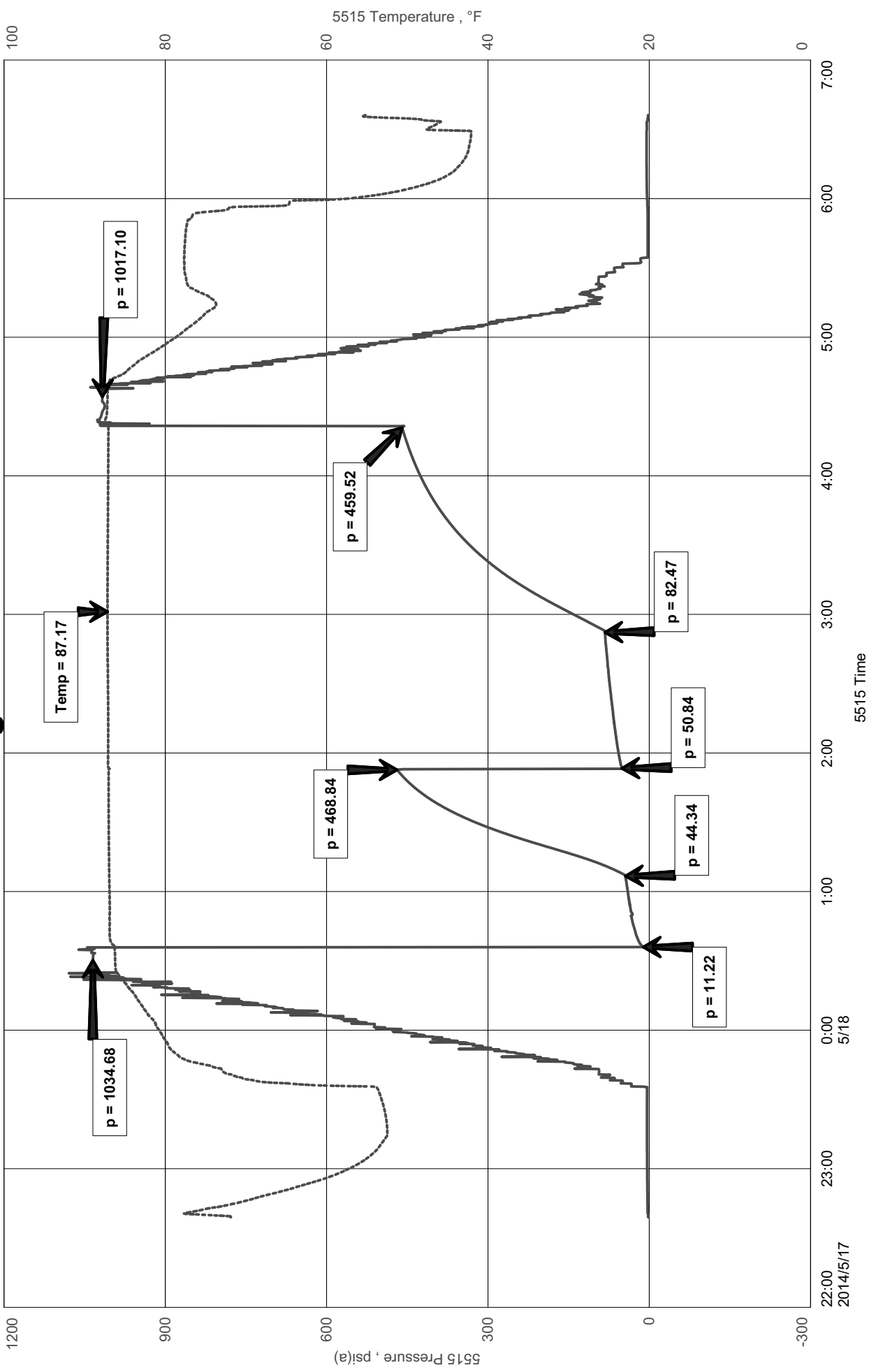
Final Flow Period..... Minutes 60 (E) 51 P.S.I. to (F) 82 P.S.I.

Final Closed In Period..... Minutes 90 (G) 460 P.S.I.

Final Hydrostatic Pressure..... (H) 1017 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Sager #1-6



Diamond Testing

General information Report

General Information

Company Name Quail Oil & Gas

Contact	Wray Valentine	Job Number	S0452
Well Name	Sager #1-6	Representative	Jacob McCallie
Unique Well ID	DST #1 Miss Chert 2121-2190'	Well Operator	Quail Oil & Gas
Surface Location	SEC 6-17S-6E Morris County	Report Date	2014/05/18
Well License Number		Prepared By	Jacob McCallie
Field	Unknown		
Well Type	Vertical		

Test Type	Drill Stem Test		
Formation	DST #1 Miss Chert 2121-2190'		
Well Fluid Type	01 Oil	Start Test Time	22:39:00
		Final Test Time	06:37:00
Start Test Date	2014/05/17		
Final Test Date	2014/05/18		
Gauge Name	5515		
Gauge Serial Number			

Test Results

RECOVERED:

60'	OSM	1% O 99% M
90'	OSM	2% O 98% M
150'	TOTAL FLUID	

TOOL SAMPLE:

1% O 99% M