



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220253
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: _____

1220253

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> _____

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
Cell 785-324-1041

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

No. 539

Date	8-14-14	Sec.	33	Twp.	16	Range	12	County	Barton	State	KS	On Location		Finish	8:00 PM
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Location *Beaver 25 E 1/4 N Wino*

Lease	<i>Proctor Homeplace</i>	Well No.	#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	<i>Royal #2</i>			Charge To	<i>RJM</i>
Type Job	<i>Surface</i>			Street	
Hole Size	<i>12 1/4</i>	T.D.	<i>345'</i>	City	State
Csg.	<i>8 5/8</i>	Depth	<i>345'</i>	The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size		Depth		Cement Amount Ordered <i>200 ccm 3 1/2 cc 2 1/2 cc</i>	
Tool		Depth			
Cement Left in Csg.		Shoe Joint			
Meas Line		Displace	<i>20 1/4 bbl</i>		

EQUIPMENT

Pumptrk	<i>5</i>	No.	Cementer	<i>David</i>	Common
			Helper		Poz. Mix
Bulktrk	<i>3</i>	No.	Driver	<i>Taylor</i>	Gel.
			Driver		Calcium
Bulktrk	<i>Pu</i>	No.	Driver	<i>Bre-4</i>	
			Driver		

JOB SERVICES & REMARKS

Remarks:	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

<i>Cement</i>	Guide Shoe
	Centralizer
	Baskets
<i>Circulated!!!</i>	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage

X Signature <i>John Blake</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. 612

Date	8-16-14	Sec.	33	Twp.	16	Range	12	County	Barton	State	KS	On Location		Finish	3:45 PM
Lease								Well No.		Owner					
Prosser Homeplace								1		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		Royal 2		Type Job		Plug		Hole Size		7 7/8"		T.D.		1298'	
Csg.				Depth				Street				Charge To		RTM Company	
Tbg. Size		4 1/2" D.P.		Depth		900'		City				State			
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered		205 5x Common					
Meas Line				Displace		H2O		35x CC							
EQUIPMENT								Common							
Pumptrk		16		No.		Cementer		Billy		Poz. Mix					
Bulktrk		3		No.		Driver		Ryan		Gel.					
Bulktrk		p.m.		No.		Driver		Rick		Calcium					
JOB SERVICES & REMARKS								Hulls							
Remarks:								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							
900' - 255x 3% cc / 100# hulls								Handling							
Go in hole + tag plug								Mileage							
Spot 255x								FLOAT EQUIPMENT							
400' - 100 5x								Guide Shoe							
								Centralizer							
								Baskets							
40' 105x w/ plug								AFU Inserts							
Rathole - 30 5x								Float Shoe							
Mouse hole - 15 5x								Latch Down							
Cement did circulate								Dry hole plug							
Pumptrk Charge															
Mileage															
Signature <i>Tom Blake</i>								Tax							
								Discount							
								Total Charge							