



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1221085  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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: \_\_\_\_\_

1221085



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<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i><br><input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|--|--|

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Cholla Production, LLC |
| Well Name | Faulkner 1-22          |
| Doc ID    | 1221085                |

All Electric Logs Run

|                |
|----------------|
|                |
| Gamma Ray      |
| Dual Induction |
| Comp Neutron   |
| Comp Density   |
| Micro          |



# 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. 635

|      |         |      |    |      |    |       |    |        |       |       |    |             |  |        |         |
|------|---------|------|----|------|----|-------|----|--------|-------|-------|----|-------------|--|--------|---------|
| Date | 9-13-14 | Sec. | 22 | Twp. | 11 | Range | 23 | County | Trego | State | Ks | On Location |  | Finish | 7:15 PM |
|------|---------|------|----|------|----|-------|----|--------|-------|-------|----|-------------|--|--------|---------|

Lease **Faulkner** Well No. **1-22** Location **Wakeny, Ks - 3 1/2 N E / Into** Owner

Contractor **Ww #4** To Quality Oilwell Cementing, Inc.  
Type Job **Surface** You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size **12 1/4"** T.D. **260'** Charge To **Cholla Production**

Csg. **8 5/8"** Depth **260'** Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. **15'** Shoe Joint **15'** Cement Amount Ordered **160 Com 3% CC 2 1/2 Gel**

Meas Line Displace **15 1/2 BLS** Common

**EQUIPMENT**

|         |    |     |          |       |  |  |  |
|---------|----|-----|----------|-------|--|--|--|
| Pumptrk | 20 | No. | Cementer | Billy |  |  |  |
|         |    |     | Helper   |       |  |  |  |
| Bulktrk | 3  | No. | Driver   | Ryan  |  |  |  |
|         |    |     | Driver   |       |  |  |  |
| Bulktrk | pu | No. | Driver   | Rick  |  |  |  |
|         |    |     | Driver   |       |  |  |  |

**JOB SERVICES & REMARKS**

Remarks: **Cement dil Circulate**

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**

Guide Shoe

Centralizer

Baskets

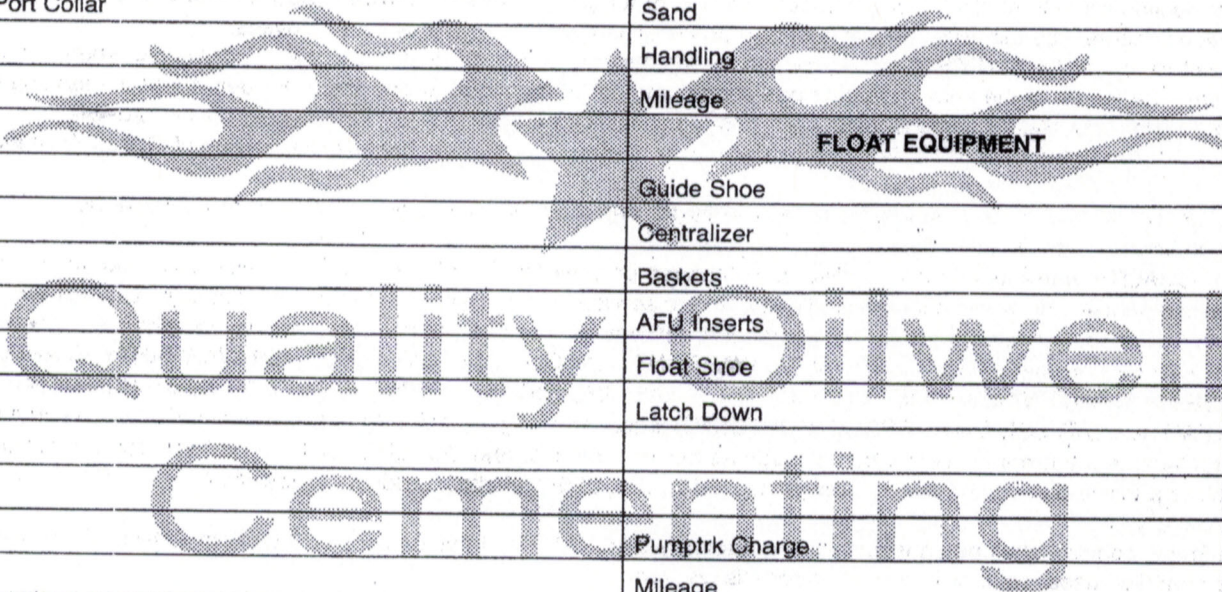
AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge Mileage Tax Discount Total Charge

X Signature **Macl Breg**



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 802

Phone 785-483-2025  
Cell 785-324-1041

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

|          |      |      |       |                                   |        |             |         |
|----------|------|------|-------|-----------------------------------|--------|-------------|---------|
| Date     | Sec. | Twp. | Range | County                            | State  | On Location | Finish  |
| 9-21-14  | 22   | 11   | 23    | Trego                             | KANSAS |             | 5' OPEN |
| Location |      |      |       | Wakeeney KS. 3 1/2" 1/2" ETS INTO |        |             |         |

|                     |            |  |
|---------------------|------------|--|
| Lease               | Well No.   | Owner  |
| Falkner             | 1-22       | 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. |
| W-W Rig #4 "MARK"   |            |  |
| Type Job            |            | Charge To  |
| Rotary Plug         |            | Cholla Production LLC.   |
| Hole Size           | T.D.       | Street   |
| 7 7/8               | 3980'      |  |
| Csg.                | Depth      | City   |
| 8 5/8 SURFACE       | 260'       |  |
| Fig. Size           | Depth      | State  |
| 4 1/2 XH            | @ 1778'    |  |
| Tool                | Depth      | The above was done to satisfaction and supervision of owner agent or contractor.   |
|                     |            | Cement Amount Ordered  |
|                     |            | 240 SX <sup>60</sup> / <sub>40</sub> - 48 Gel 1/4 SPAC   |
| Cement Left in Csg. | Shoe Joint |  |
|                     |            |  |
| Meas Line           | Displace   | Common   |
|                     |            |  |

**EQUIPMENT**

|         |     |          |                                  |
|---------|-----|----------|----------------------------------|
| Pumptrk | No. | Cementer | GLEN G.<br>CODY B.<br>CLAYTON B. |
| 18      |     | Helper   |                                  |
| Bulktrk | No. | Driver   |                                  |
| 23      |     | Driver   |                                  |
| Bulktrk | No. | Driver   |                                  |
|         |     | Driver   |                                  |

**JOB SERVICES & REMARKS**

Remarks:  
Rat Hole  
Mouse Hole  
Centralizers  
Baskets  
DV or Port Collar

50 SX @ 1778  
100 SX @ 927  
50 SX @ 310  
10 SX @ 40  
30 SX @ RATHOLE

**FLOAT EQUIPMENT**

Guide Shoe  
Centralizer  
Baskets  
AFU Inserts  
Float Shoe  
Latch Down  
1X wooden wiper Plug

Pumptrk Charge  
Mileage

Tax  
Discount  
Total Charge

X Signature *Maar Bess*

THANKS