



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1221442  
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: \_\_\_\_\_



1221442

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:  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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	ESP Development, Inc.
Well Name	Eulert Ranch N-35 2
Doc ID	1221442

Tops

Name	Top	Datum
Anhydrite	917	+933
Base	955	+895
Topeka	2697	-842
Heeb. Sh..	2945	-1095
Toronto	2964	-1114
Lansing	2997	-1147
BKC	3253	-1403
Arbuckle	3306	-1456
TD	3397	-1547

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 540

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-20-14	35	11	15	Russell	KS		8:30 PM

Location Canyon Rd to Roller Coaster Rd 3W

Lease	Well No.	Owner	
Euler Ranch N-35	#2	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.	
Royal #1			
Type Job		Charge To	
Surface		ESP	
Hole Size	T.D.	Street	
12 1/4	221		
Csg.	Depth	City	
8 5/8	221	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
		Cement Amount Ordered	
		150 con 30 acc 20 6d	
Cement Left in Csg.	Shoe Joint		
20'			
Meas Line	Displace		
	12 3/4		

**EQUIPMENT**

Pumptrk	18	No.	Cementer
			Helper Clayton
Bulktrk	1	No.	Driver Ryan
			Driver Brett
Bulktrk	PU	No.	Driver
			Driver

Common

Poz. Mix

Gel.

Calcium

Hulls

Salt

Flowseal

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

Sand

Handling

Mileage

**FLOAT EQUIPMENT**

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge

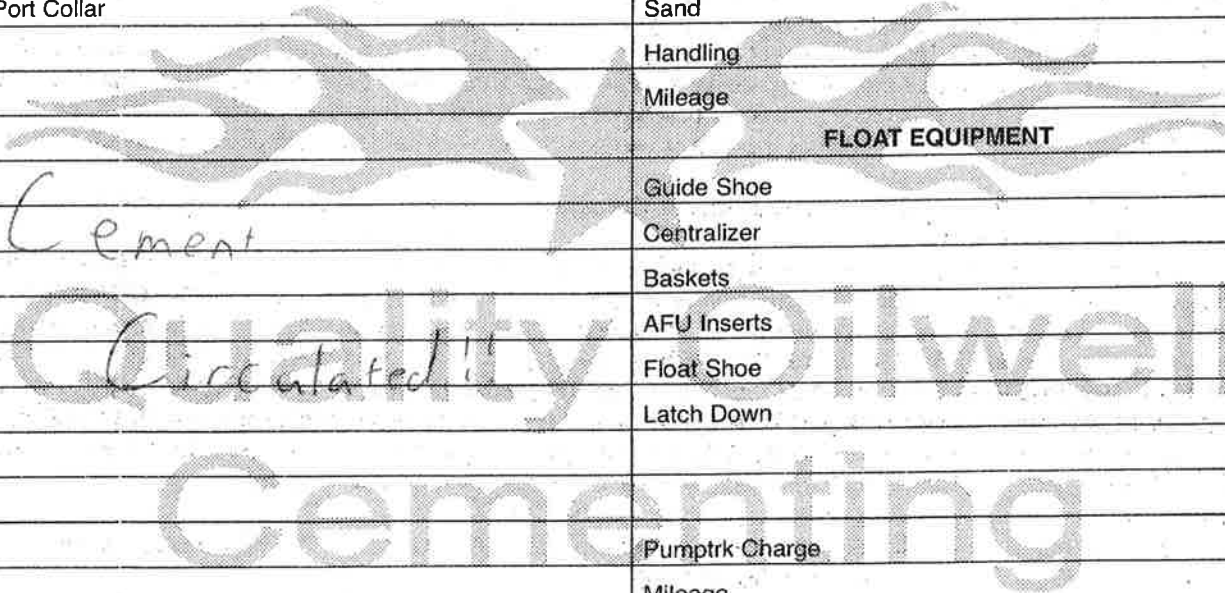
Mileage

Tax

Discount

Total Charge

X Signature *[Signature]*



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

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

No. 333

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-25-14	3	11	15	Russell	KS	7:30 AM	11:00 AM
Lease <u>Euler Ranch</u>				Well No. <u>#2</u>		Owner <u>N to ISO 2 N E into</u>	
Contractor <u>Boyal</u>				Location <u>Russell N on canyon RD</u>		To Quality Oilwell Cementing, Inc.	
Type Job <u>Long Stairs</u>				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 <u>7 7/8</u>		T.D. <u>3400</u>		Charge To <u>ESP</u>			
Csg. <u>5/8</u>		Depth <u>3397</u>		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. <u>21.5 ft</u>		Shoe Joint <u>21.5 ft</u>		Cement Amount Ordered <u>450 QMDC</u>			
Meas Line <u>14 ft</u>		Displace <u>82.26 BBL</u>		100 Com 10% salt + 24 flow			
<b>EQUIPMENT</b>				Common			
Pumptrk <u>20</u>	No.	Cementer <u>Matt</u>		Poz. Mix			
Bulktrk <u>19</u>	No.	Driver <u>Arch</u>		Gel.			
Bulktrk <u>3</u>	No.	Driver <u>Boyal</u>	<u>tyol</u>	Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Remarks:				Salt			
Rat Hole <u>30 SWS</u>				Flowseal			
Mouse Hole <u>15 SWS</u>				<del>Flowseal</del> <u>HCL 20 BBL</u>			
Centralizers <u>13 SWS</u>				Mud CLR 48 <u>500 g</u>			
Baskets				CFL-117 or CD110 CAF 38			
DV or Port Collar				Sand			
<u>Calculated 45 min</u>				Handling			
<u>then mud flush with</u>				Mileage			
<u>20 BBL of HCL behind</u>				<u>SH</u> <b>FLOAT EQUIPMENT</b>			
<u>it plug Port and mouse</u>				Guide Shoe			
<u>note mixed cement</u>				Centralizer <u>turbos 7</u>			
<u>displace with water</u>				Baskets <u>OH</u>			
<u>Lift 900 psi</u>				AFU Inserts			
<u>Level 1600 psi</u>				Float Shoe <u>1</u>			
<u>Cement did</u>				Latch Down <u>1</u>			
<u>circulate</u>				Bubble Plug			
				Rotator			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
Signature <u>Wong Boyal</u>							