



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224196
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: _____

1224196

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
--	---

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
----------------	-------	---------	------------	---

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: _____ _____
--	--	---

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. 621

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-30-14	23	8	14	Osborne	Ks		11:45 PM

Location Court, Ks - 300 + 200th Rd, 3 1/2 N

Lease Alice Well No. 4 Owner To T. 1/2 E, 1/2 N, 1/2 E, 1/2 N E/4th

Contractor Mallard To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish

Type Job Bottom Stage cementer and helper to assist owner or contractor to do work as listed.

Hole Size 8 3/4" T.D. 3747' Charge To Bruce oil

Csg. 5 1/2" 15.5# New Depth 3740' Street

Tbg. Size Depth City State

Tool DU Tool Depth 1008' The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 15' Shoe Joint 15' Cement Amount Ordered 225 60/40 10% Salt 5% G. Isom +

Meas Line Displace 88 1/2 Bcs Mud Seal 500 gal Mud Clean 48

EQUIPMENT

Pumptrk <u>16</u> No. <u>Cementer</u> <u>Billy</u>	Common
Bulktrk <u>1</u> No. <u>Helper</u> <u>Billy</u>	Poz. Mix
Bulktrk <u>1</u> No. <u>Driver</u> <u>Heath</u> <u>Lonnie M</u>	Gel.
Bulktrk <u>1</u> No. <u>Driver</u> <u>Rock</u>	Calcium
Bulktrk <u>1</u> No. <u>Driver</u> <u>Rock</u>	Hulls

JOB SERVICES & REMARKS

Remarks: Salt

Rat Hole Flowseal

Mouse Hole Circulate 10-15 mins Hon Kol-Seal

Centralizers drop ball Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar 1008' top of #64 Sand

pipe on bottom break Circulation Handling

pump 500 gal Mud Clean 48 Mileage

pump 2 Bcs water. MW 225 **FLOAT EQUIPMENT**

Cement shut down wash pump Guide Shoe

+ lines @ 1000 Released plug + Centralizer 6 turbos

Displaced with 88 1/2 Bcs #1120 Baskets 6 Red

2 1/2 Mud. Released + held AFU Inserts

Lift pressure 600 # Float Shoe

DU Tool Latch Down

Land plug to 1500# Tri-plex

open tool 1300# Pumptrk Charge

Mileage

Tax

Discount

Total Charge

X Signature Lu Koch

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 822

Cell 785-324-1041

Date	8-31-14	Sec.	23	Twp.	8	Range	14	County	Osborne	State	Ks	On Location		Finish	1:45 AM
------	---------	------	----	------	---	-------	----	--------	---------	-------	----	-------------	--	--------	---------

Location *Covert, Ks - 360 to 200th Rd, 3 1/2 N to T*

Lease	<i>Alice</i>	Well No.	<i>4</i>	Owner	<i>1/2 F, 1/2 N, 1/2 E, 1/2 S, EIS</i>
Contractor	<i>Mallard</i>	To Quality Oilwell Cementing, Inc.			
Type Job	<i>Top Stage</i>	You are hereby requested to rent cementing equipment and furnish center and helper to assist owner or contractor to do work as listed.			
Hole Size	<i>8 3/4"</i>	T.D.	<i>2000 3740</i>	Charge To	<i>Bruce oil</i>
Csg.	<i>5 1/2" New 15 1/2'</i>	Depth	<i>3740'</i>	Street	
Tbg. Size		Depth		City	State
Tool	<i>DU Tool</i>	Depth	<i>1008'</i>	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	<i>15'</i>	Shoe Joint	<i>15'</i>	Cement Amount Ordered	<i>275 QMDC 1/4# FB-seal</i>
Meas Line		Displace	<i>24 BES</i>	TOWING CHARGES; QUALITY will make a reasonable effort	

EQUIPMENT

Pumptrk	<i>16</i>	No.		Cementer	<i>Billy</i>	Common
				Helper		
Bulktrk	<i>15</i>	No.		Driver	<i>Lannie Heath</i>	Poz. Mix
				Driver		Gel.
Bulktrk	<i>pu</i>	No.		Driver	<i>Rick</i>	Calcium
				Driver		Hulls

JOB SERVICES & REMARKS

Remarks:		Salt
Rat Hole		Flowseal
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets	<i>open tool 1300th</i>	CFL-117 or CD110 CAF 38
D/V or Port Collar	<i>1008'</i>	Sand
	<i>pipe on bottom, break C</i>	Handling
	<i>plug bath at 3500' Hold to 58'</i>	Mileage

FLOAT EQUIPMENT

	<i>Cashier + mix 2415 5r Cement</i>	Guide Shoe
	<i>Shut down, wash pump + line</i>	Centralizer
	<i>Released plug + Displaced with 24 BES - Released & held</i>	Baskets
		AFU Inserts
	<i>lost pressure 600 #</i>	Float Shoe
	<i>closed tool w/ 1600 #</i>	Latch Down
	<i>Cement did cement</i>	

		Pumptrk Charge
		Mileage
		Tax
		Discount
X Signature	<i>L Koch</i>	Total Charge