



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225155
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: _____



1225155

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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 4/5/2014
 Invoice # 403
 P.O.#:
 Due Date: 5/5/2014
 Division: Russell

Invoice

Contact:
 Scott Services
Address/Job Location:
 Scott Services
 PO Box 45
 Natoma, KS 67651

Reference:
 SCOTT 2

Description of Work:
 SURFACE JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 1,020.55	No				
Common-Class A	170	\$ 2,850.00	Yes				
Bulk Truck Mat-Material Service Charge	179	\$ 400.12	No				
Calcium Chloride	8	\$ 373.25	Yes				
Pump Truck Mileage-Job to Nearest Camp	15	\$ 167.31	No				
Bulk Truck Mileage-Job to Nearest Bulk Plant	15	\$ 97.91	No				
Premium Gel (Bentonite)	3	\$ 54.59	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 4,963.72
 Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (744.56)

SubTotal for Taxable Items: \$ 2,786.16

SubTotal for Non-Taxable Items: \$ 1,433.00

Total: \$ 4,219.16

Tax: \$ 171.35

Amount Due: \$ 4,390.51

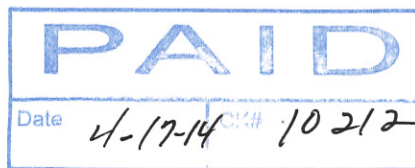
Applied Payments:

Balance Due: \$ 4,390.51

Thank You For Your Business!

6.15% Ellis County Sales Tax

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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QUALITY OILWELL CEMENTING, INC.

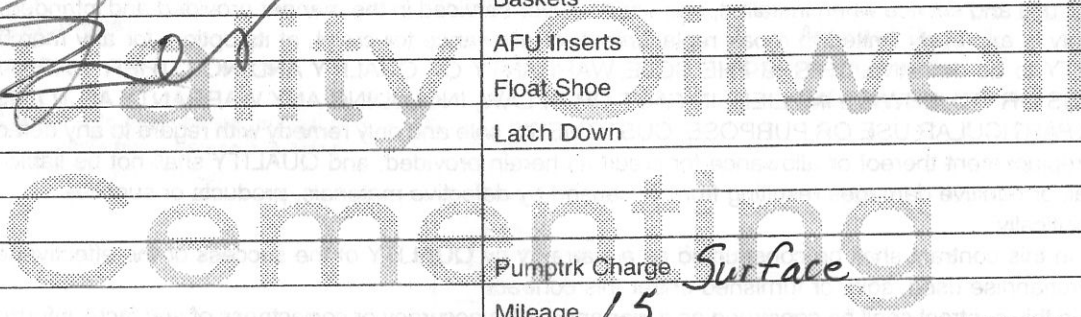
Federal Tax I.D.# 20-2886107

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

No. 403

none 785-483-2025
Cell 785-324-1041

Date	U-5-14	Sec.	20	Twp.	11	Range	18	County	Ellis	State	KS	On Location		Finish	10:30 AM	
Lease	Scott							Well #	#2	Location Hays N to Buckeye 2W 5N						
Contractor	Murray Hill 108							Owner	En to							
Type Job	Surtins							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.								
Hole Size	12 1/4			T.D.	272			Charge To	Scotts Services #							
Csg.	8 5/8			Depth				Street								
Tbg. Size				Depth				C								
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered	170 3% CC							
Meas Line				Displace	16 BBL			2% gel								
EQUIPMENT								Common	170							
Pumptrk	5	No.	Cementer		Jmtt		Poz. Mix									
Bulktrk	1	No.	Driver		Brett Dave L		Gel. 3									
Bulktrk	pu	No.	Driver		Clayton		Calcium 6									
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								
Cement did								Handling 179								
Circulate								Mileage								
								FLOAT EQUIPMENT								
								Guide Shoe								
								Centralizer								
								Baskets								
								AFU Inserts								
								Float Shoe								
								Latch Down								
								Pumptrk Charge Surface								
								Mileage 15								
								Tax								
								Discount								
								Total Charge								
X Signature																



Fxd 5-16

483-1071
Amber - Dave



QUALITY OILWELL CEMENTING, INC.
PO Box 32 - 740 West Wichita Ave, Russell KS 67665
Phone: 785-324-1041 fax: 785-483-1087
Email: cementing@ruraltel.net

Date: 4/25/2014
Invoice # 211
P.O.#:
Due Date: 5/25/2014
Division: Russell

Invoice

Contact:
Scott Services
Address/Job Location:
Scott Services
PO Box 45
Natoma, KS 67651

Reference: Per Chad
SCOTT 2

Description of Work:
PORT COLLAR

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 1,020.55	No				
mon, MetsoBeads, Plater, Gel, FloSeal, Calcium)	320	\$ 6,838.21	Yes				
Bulk Truck Matl-Material Service Charge	350	\$ 782.35	No				
Flo Seal	87	\$ 194.47	Yes				
Pump Truck Mileage-Job to Nearest Camp	15	\$ 167.31	No				
Bulk Truck Mileage-Job to Nearest Bulk Plant	15	\$ 97.91	No				
Premium Gel (Bentonite)	5	\$ 90.98	Yes				

Invoice Terms:
Net 30

SubTotal: \$ 9,191.78
Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (1,378.77)

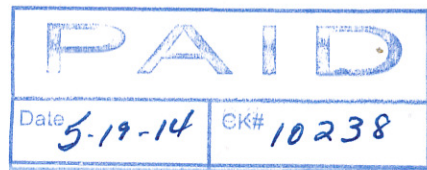
SubTotal for Taxable Items: \$ 6,055.11
SubTotal for Non-Taxable Items: \$ 1,757.90

6.15% Ellis County Sales Tax

Total: \$ 7,813.01
Tax: \$ 372.39
Amount Due: \$ 8,185.40
Applied Payments:
Balance Due: \$ 8,185.40

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)
This does not include any applicable taxes unless it is listed.
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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. 211

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-25-14				Ellis	Ks		3:00pm

Location *Hays N to Buckeye Rd, 2W, 5N*

Lease <i>Scott</i>	Well No. #2	Owner
Contractor		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.
Type Job <i>Port collar</i>		Charge To <i>Scott Services</i>
Hole Size	T.D.	Street
Csg. <i>5 1/2</i>	Depth	City
Tbg. Size <i>2 7/8</i>	Depth	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 <i>350 sx QMDC, 1/4 # Flow</i>
Meas Line	Displace	<i>5 gel on the side used 320</i>

EQUIPMENT

Pumptrk 17	No.	Cementer		Common	<i>320 QMDC</i>
		Helper <i>Lonnie</i>		Poz. Mix	
Bulktrk 12	No.	Driver		Gel.	<i>5</i>
		Driver <i>Glaton</i>		Calcium	
Bulktrk Ph	No.	Driver			
		Driver <i>Travis</i>			

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole	Flowseal <i>87#</i>
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
BA or Port Collar <i>qt 1696</i>	Sand
<i>Tested tool to 1000 psi open tool mixed 5 gel and 320 sx QMDC 1/4 # Flow and displaced. Closed tool and tested to 1000 psi held. Run 5 Jolats and washed clean</i>	Handling <i>350</i>
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Cement Circulobed

Pumptrk Charge *port collar*
Mileage *15*

Tax
Discount
Total Charge

X Signature