



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226654
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: _____



1226654

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 WELL SERVICE, INC.

6164

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-10-14	24	31	13	Baker	KS	4:00	6:00
Lease	Well No.		Location				
Roesler A	1		Elm Mills South 7 miles to Lake City Rd.				
Contractor				Owner			
Dionesean				1/4 W N into			
Type Job	T.D.			To Quality Well Service, Inc.			
Surface	270			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	Depth			Charge To			
9 7/8	268			Pratt Well Service			
Csg.	Depth			Street			
8 5/8							
Tbg. Size	Depth			City			
				State			
Tool	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.	Displace			Cement Amount Ordered			
20	16 1/16			145 cu. ft. Common			
EQUIPMENT				3% cc 2% Gel			
Pumptrk	No.			Common			
8		@ Mike		145			
Bulktrk	No.			Poz. Mix			
9		David					
Bulktrk	No.			Gel.			
				3			
Pickup	No.			Calcium			
				5			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
				Sand			
Run 6 jts 8 5/8 csg. 23#				Handling			
				153			
Established circulation with Mud				Mileage			
Run				10			
				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
Mixed and pumped 145 cu. Common				Baskets			
3% cc 2% Gel shut down released				AFU Inserts			
plug displaced with 16 1/16 H 7/8				Float Shoe			
shut in 300 psi				Latch Down			
				LMV 10			
Cement circulated to surface				Service Supervisor			
				Pumptrk Charge			
				Surface			
				Mileage			
				10 x 2			
				Tax			
				Discount			
X Signature				Total Charge			

QUALITY WELL SERVICE, INC.

6140

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	04-14-14	Sec.	24	Twp.	31s	Range	13w	County	Barber	State	KS	On Location	1000pm	Finish	1:15 Am	
Lease	Roesler		Well No.	A-1 packard		Location ^{us} 281/4 River Rd, 5 1/2 miles w/n into										
Contractor	Ninnesch					Owner Pratt well										
Type Job	Production long string					To Quality Well Service, 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	7 7/8		T.D.	4770		Charge To Pratt well										
Csg.	5 1/2 15.5#		Depth	4753		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.	21'		Shoe Joint	21.0'		Cement Amount Ordered 250 sy Pro C - 50 sy										
Meas Line			Displace	113		EQUIPMENT										
Pumptrk	6	No.	Mike		60/40 4% Gel											
Bulktrk	10	No.	David B		Common 30											
Bulktrk	9	No.	Mike		Poz. Mix 20											
Pickup		No.			Gel.											
JOB SERVICES & REMARKS					Calcium											
Rat Hole						Hulls										
Mouse Hole						Salt 22										
Centralizers						Flowseal										
Baskets						Kol-Seal 1250										
D/V or Port Collar						Mud CLR 48										
Set tool at PSE					CFL-117 or CD110 CAF 38 Fluid Loss 188											
Pigeon BHM, Break Circ, Pump Preflush -					Sand Mud Flush 500											
Plug Rat & Mouse holes w/ 50 sy x 60:40 cm					Handling 300											
Mix 250 sy Pro C cement, = 70 Bbls Slurry					Mileage 10											
Stop-Wash Pump & Lines Release Plug					FLOAT EQUIPMENT											
Start Disp. w/ Fresh H ₂ O, See steady					Guide Shoe-Packer Shoe 5.5											
increase in PSI at 62 Bbls Slow Rate at					Centralizer 8-5/2 IR											
105 Bbls, Pressure at 950#, Bump Plug					Baskets 3-5/2 IR 2-5/2 w-6											
to 1500# at 113 Bbls total Disp.					AFU Inserts											
Floats did Hold					Float Shoe											
					Latch Down 1- Plug Assy.											
					LMV 10											
					Service Supervisor											
					Pumptrk Charge Long string											
					Mileage 10 x 2											
												Tax				
												Discount				
												Total Charge				
X Signature Michael R. Brady																

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
 GREAT BEND, KANSAS 67530
 (620) 792-2167

INVOICE

7971

Date 5-9-14

CHARGE TO: Pratt Well Service Inc.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Rancher A (Coker) #1 FIELD _____
 NEAREST TOWN Medicine Lodge COUNTY Barber STATE Ks
 SPOT LOCATION 2300' 1514 999' 141 SEC. 24 TWP. 31s RANGE 13w
 ZERO 12' 161 CASING SIZE 5/8" 23-11s WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER S. QIESLER OPERATOR M. Mentes

PERFORATING					
Description	No. Shots	Depth		Amount	
		From	To		
<u>4" EXP TITAN 4039-323T</u>	<u>16</u>	<u>4432</u>	<u>4436</u>	<u>1730</u>	<u>00</u>

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Depth Determination</u>	<u>0</u>	<u>4432</u>	<u>4432</u>	<u>.16</u>	<u>709 12</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>		<u>530 00</u>
<u>Tubing Coupled Assembly</u>		<u>2150 00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

..... Sub Total	<u>5139 12</u>
Code Ref. Tool Insurance	
..... Tax	
.....	
.....	
.....	<u>4541 00</u>

[Signature]
 Customer Signature Date

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

October 23, 2014

Kenneth C. Gares
Pratt Well Service, Inc.
PO BOX 847
PRATT, KS 67124-0847

Re: ACO-1
API 15-007-01567-00-01
Roessler 'A' (Packard) 1
SW/4 Sec.24-31S-13W
Barber County, Kansas

Dear Kenneth C. Gares:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 04/09/2014 and the ACO-1 was received on October 21, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department