



1226773

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	Shelton Trust 1-13
Doc ID	1226773

Tops

Name	Top	Datum
Anhy	1747	+551
B/KC	1786	+512
Top	3354	-1056
Heeb	3620	-1322
Tor	3639	-1341
Lans	3660	-1362
B/KC	3931	-1633
Miss	4222	-1924

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. 004

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-29-13	13	14	24	Trego	KS		12:00 AM

Location *Wakeeney 13s RD W 24w into*

Lease	Well No.	Owner	
<i>Shelton Trust</i>	<i>1-13</i>	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.	
Contractor	Type Job	Charge To	
<i>Martin #16</i>	<i>Surface</i>	<i>Phillips Exploration</i>	
Hole Size	T.D.	Street	
<i>12 1/4</i>	<i>218</i>		
Csg.	Depth	City	
<i>8 5/8</i>	<i>217</i>	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
		Cement Amount Ordered <i>150 com 3' / CC 2' / GEL</i>	
Cement Left in Csg.	Shoe Joint		
<i>15'</i>			
Meas Line	Displace		
	<i>13 BL</i>		

EQUIPMENT

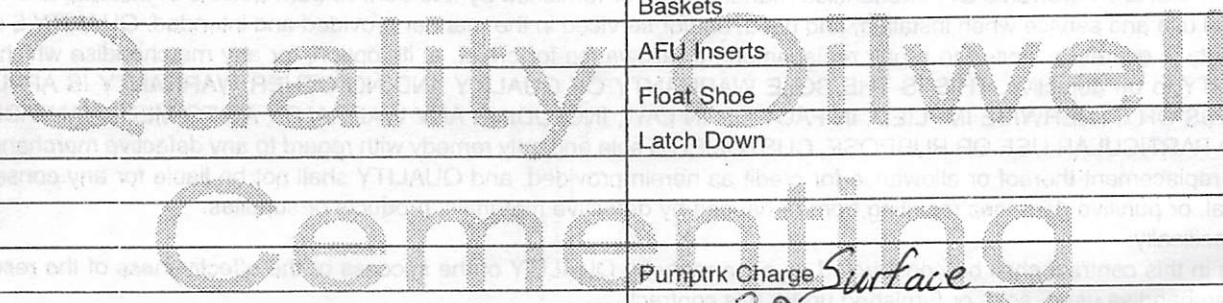
Pumptrk	No.	Cement Helper	Common
<i>18</i>		<i>Craig</i>	<i>150</i>
Bulktrk	No.	Driver	Poz. Mix
		<i>Cody</i>	
Bulktrk	No.	Driver	Gel.
<i>9</i>		<i>Dave</i>	<i>3</i>
			Calcium
			<i>5</i>

JOB SERVICES & REMARKS

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
<i>8 5/8 on bottom. Est. Circulation</i>	Sand
<i>Mix 150SK & Displace</i>	Handling <i>158</i>
<i>Cement Circulated.</i>	Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer <i>8 5/8 surge</i>
Baskets
AFU Inserts
Float Shoe
Latch Down



Pumptrk Charge	<i>Surface</i>
Mileage	<i>30</i>

Signature	Tax
<i>Ag Schul</i>	Discount
	Total Charge

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. **492**
12.00 PM

Date	3-26-14	Sec.	13	Twp.	14	Range	24	County	Hugo	State	KS	On Location	9:30 AM	Finish	11:30 AM
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Lease **Shelton trust** Location **Wakeenay Sto RD U 3/2 W**
Well No. **1-13** Owner **Ninto**

Contractor **Murfin** **16** Owner **Ninto**
To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish
cement and helper to assist owner or contractor to do work as listed.

Type Job **plug SOL**
Hole Size **7 7/8** T.D. **4480**
Csg. **9 5/8 pipe** Depth
Tbg. Size Depth
Tool Depth

Phillips Exploration

Cement Left in Csg. Shoe Joint
Cement Amount Ordered **220 69/40 490**

Meas Line Displace
gel flow

EQUIPMENT			
Pumptrk	17	No.	Cement Helper
Bulktrk	14	No.	Driver
Bulktrk	pu	No.	Driver

Nick Clayton B

JOB SERVICES & REMARKS
Hulls

Remarks:
Rat Hole **30 SKS**
Mouse Hole **15 SKS**

Centralizers
Mud CLR 48

Baskets
CFL-117 or CD110 CAF 38

D/V or Port Collar
Sand

1st **1780 25 SKS**
2nd **790 100 SKS**
3rd **270 40 SKS**
4th **40 10 SKS**

Handling **228**
Mileage **85/8**

GUIDE EQUIPMENT
Guide Shoe
Centralizer

Baskets
AFU Inserts

Float Shoe
Latch Down

WOOD PLUGS
Pumptrk Charge **plug**

Mileage **30**

X Signature **Andy Dink**
Tax
Discount
Total Charge

