



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227313
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: _____



1227313

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	ESP Development, Inc.
Well Name	Eulert Ranch R26 1
Doc ID	1227313

Tops

Name	Top	Datum
Anhydrate	913	913
Base	952	952
Topeka	2699	-849
Heeb. Sh.	2951	-1101
Tor.	2970	-1120
Lansing	3303	-1153
Base KC	3262	-1412
Arbuckle	3322	-1472
T.D.	3401	-1551

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 585

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

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

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-23-14	20	11	15	Russell	KANSAS		11:45 AM
Location							

Lease	Well No.	Owner
Euler Ranch	R-26	To Quality Oilwell Cementing, Inc.
Contractor	Discovery DRAG. Rig # 2	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	PRODUCTION STRING (circ cement)	Charge To
Hole Size	7 7/8	ESP DEVELOPMENT INC.
Csg.	5 1/2 NEW	Street
Tbg. Size	14# CSG	City
Tool	LATCH Down Plug	State
Cement Left in Csg.	21	The above was done to satisfaction and supervision of owner agent or contractor.
Meas Line	Displace	Cement Amount Ordered
	82 1/2	100 SX 10% SALT 1/4" F10 Seal

EQUIPMENT

Pumptrk	No.	Cement Helper	Glenn G. CRAIG B.
Bulktrk	3	Driver	CLAYTON B.
Bulktrk	21	Driver	DOUG H.

JOB SERVICES & REMARKS

Remarks: 11 1/2" x 14.5"

Rat Hole

Mouse Hole

Centralizers 1, 3, 5, 7, 10, 40, 63

Baskets 1, 10, 40, 63

D/V or Port Collar

Ran 81 new joints of 14# set @ 3398. "Down Plug Ball"

Circulate 45 min. notes on bottom

Cement w/ 405 SX QmDC. 11"

Followed by 100 SX Com 10% SALT 14"

Clear-line, Release LATCH - Down Plug & Displace 82 1/2

BBU/Hub, Load LATCH - Down Plug @ 1500#.

Release pressure & "AFU-Plug" HELD.

Cement did circulate to surface.

Cellar - was full only. THANKS

Common	
Poz. Mix	
Gel.	
Calcium	
Hulls	
Salt	
Flowseal	
Kol-Seal	
Mud CLR 48	500 GAL
GEL 117 or CD 110 GAF 88	20 BBL KOL
Sand	
Handling	
Mileage	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	X 7 TURBO
Baskets	X 4
AFU Inserts	
Float Shoe	X 1
Latch Down	X 1
ROTATING Head	

Pumptrk Charge	
Mileage	
Tax	
Discount	
Total Charge	

X Signature _____

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. 613

Date	8-18-14	Sec.	26	Twp.	11	Range	15	County	Russell	State	Ks	On Location		Finish	5:45 PM	
Lease	Euler Ranch		Well No.	R-20		Location: Goodwin Kc - 1E, N to Salina - Lane 1/2 E, 2-3 N to Fairview Rd, 1/2 E										
Contractor	Discovery 2		Owner		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	Surface		Charge To		ESP Development Inc.											
Hole Size	8 1/4"		T.D.	516'		Street										
Csg.			Depth	515'		City										
Tbg. Size			Depth			State										
Tool			Depth	The above was done to satisfaction and supervision of owner agent or contractor.												
Cement Left in Csg.	20'		Shoe Joint	20'		Cement Amount Ordered 250 5/8 Common 3/4"										
Meas Line			Displace	31 1/2 Bcs		2 1/2 Gal										
EQUIPMENT												Common				
Pumptrk	5	No.	Cementer	Brett		Poz. Mix										
Bulktrk	1	No.	Helper	Lannie M.		Gel.										
Bulktrk	p.u.	No.	Driver	Rick		Calcium										
JOB SERVICES & REMARKS												Hulls				
Remarks:	Cement did Circulate												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			
												Handling				
												Mileage				
FLOAT EQUIPMENT																
												Guide Shoe				
												Centralizer				
												Baskets				
												AFU Inserts				
												Float Shoe				
												Latch Down				
												Wood plug				
												Pumptrk Charge				
												Mileage				
												Tax				
												Discount				
												Total Charge				
X Signature <i>[Signature]</i>																