



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229305
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: _____



1229305

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	LB Exploration, Inc.
Well Name	J Paul Magnison 14 1
Doc ID	1229305

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Micro
Borehole Compensated Sonic

QUALITY WELL SERVICE, INC.

600

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	3-13-14	Sec.	14	Twp.	33	Range	13	County	Barber	State	K-5	On Location	3:30 AM	Finish	7 AM
Lease	✓ Paul Magnus			Well No.	1			Location	160 + 6th Hills Rd. 8.5 South 1/4 West N into						
Contractor	L.B.							Owner	L.B. Exploration						
Type Job	Surface							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	12 1/4		T.D.	270'			Charge To	L.B. Exploration							
Csg.	8 5/8		Depth	253'			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.			Shoe Joint				Cement Amount Ordered	250 5160 40 2% Gel							
Meas Line			Displace	15.9			3% cc 1/4 c.f.								
EQUIPMENT															
Pumptrk	6	No.				Rich	Common	150							
Bulktrk	9	No.				Sen	Poz. Mix	100							
Bulktrk		No.				Mike	Gel.	4							
Pickup		No.					Calcium	9							
JOB SERVICES & REMARKS							Hulls								
Rat Hole							Salt								
Mouse Hole							Flowseal 62.50								
Centralizers							Kol-Seal								
Baskets							Mud CLR 48								
D/V or Port Collar							CFL-117 or CD110 CAF 38								
pumped 250 SKS 62.50							Sand								
60 140 2% gel 3% cc 1/4 cell							Handling 263								
little collar							Mileage 13								
Cement did circulate to surface.							FLOAT EQUIPMENT								
							Guide Shoe								
							Centralizer								
							Baskets								
							AFU Inserts								
							Float Shoe								
							Latch Down								
							8 5/8 Wooden Plug.								
							Pumptrk Charge Surface								
							Mileage 13								
							Tax								
							Discount								
							Total Charge								
Signature							Richard A. Camp								

Customer <i>LB Exploration</i>	Lease No.	Date <i>3/27/2014</i>
Lease <i>J Paul Magnuson 14</i>	Well # <i>1</i>	
Field Order # <i>10188</i>	Station <i>Pratt, KS</i>	Casing <i>5 1/2</i>
Type Job <i>CNW/Lonsgraves</i>	Depth <i>5076</i>	County <i>Baker</i>
	Formation <i>TD-5170</i>	State <i>KS</i>
		Legal Description <i>14-33-13</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>5076</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>5034</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>Kevin Gordley</i>	Treater <i>Darin Franklin</i>
Service Units <i>27283 77686 19905 19960 21010</i>		
Driver Names <i>Barin McGraw McGraw Acron Acron</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:30</i>					<i>On location / Safety meetings</i>
					<i>Run 120 ft 5 1/2 casing - 5064</i>
					<i>Run AFU Flow + stop, ketch down pipe + Bore</i>
					<i>Turbol. 2015 - 1, 3, 4, 5, 8, 11, 14, 15, 18, 19, 23</i>
					<i>24, 26, 31, 32</i>
					<i>Basket, - 1, 15</i>
<i>3/27</i>					<i>Tgs bottom, Dred ball, basic circuit</i>
<i>4:45</i>	<i>300</i>		<i>5</i>	<i>6</i>	<i>Pump 5 bbls water</i>
	<i>300</i>		<i>12</i>	<i>6</i>	<i>Pump 505x 6040 P02 Scrubber</i>
	<i>300</i>		<i>51</i>	<i>6</i>	<i>Pump 1855x AD-2 Cement, .5% C-15</i>
					<i>.3% C-37, 1% C-44, 10% Gypsum</i>
					<i>10% SS1+, .25# Cellulose, #6.150n</i>
					<i>14.8 ppg, 6.56 water req, 1.54 vert</i>
					<i>Wash lines</i>
<i>4:45</i>	<i>200</i>		<i>0</i>	<i>6</i>	<i>Stitch displacement with water</i>
	<i>500</i>		<i>70</i>	<i>6</i>	<i>Lift pressure</i>
	<i>1,000</i>		<i>110</i>	<i>3</i>	<i>Slow rate</i>
<i>5:10</i>	<i>2,000</i>		<i>127 1/2</i>	<i>3</i>	<i>Bump up</i>
	<i>100</i>		<i>7</i>	<i>3</i>	<i>Rest hole</i>
<i>5:30</i>	<i>100</i>		<i>5</i>	<i>3</i>	<i>mouse hole</i>
					<i>Job complete / Darin Acron</i>
					<i>Thank you!!!</i>

