



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229542
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: _____

1229542

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Quinque Operating Company
Well Name	Great Bend Trust 2
Doc ID	1229542

Tops

Name	Top	Datum
Stone Corral	2772	
Heebner	4138	
Toronto	4162	
Lansing	4192	
Marmaton	4601	
Cherokee	4747	
Atoka	4875	
Morrow	5014	
Miss	5140	



Cement Report

Customer	Huntington Energy	Lease No.		Date	9-18-14
Lease	Great Bend Trust	Well #	2	Service Receipt	
Casing	8 5/8	Depth		County	Wallace
				State	KS
Job Type	7-42	Formation		Legal Description	

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8	Tubing Size		Lead 440 SX @ 11.4 ppg
Depth	1844'	Depth	From To	3-1 CC, 44# Polyflake, WCA-1 2%
Volume	114 bbl	Volume	From To	A-Con Blend
Max Press		Max Press	From To	Tail in 150 sec @ 14.8 ppg
Well Connection		Annulus Vol.	From To	2-1 CC, 44# Polyflake
Plug Depth	1802	Packer Depth	From To	Premium Plus Cement

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0700					On location
0730					Rig up
0745					Safety Meeting
1515	2500				Pressure Test
1516	100		231	5	Pump 440 SX @ 11.4 ppg
1630	100		34	5	Pump 150 SX @ 14.8 ppg
1642					Drop Plug
1643	50			5	Start Displacement
1706	350		100	2	Slow Rate
1709	900		119	2	Bump Plug
1715	0				Release Pressure - Flat Head shut Down - Rig Down

Service Units	78940	58730	19842	14335	14825
Driver Names	Ruben	Carlos	Ricky	Edgar	

0 1 2 11 11 1 1 -



Cement Report

Customer <i>Huntington Energy</i>		Lease No.		Date <i>9-23-14</i>	
Lease <i>Great Bend Trust</i>		Well # <i>2</i>		Service Receipt <i>4641</i>	
Casing <i>4 1/2</i>	Depth <i>5244</i>	County <i>Wallace</i>		State <i>KS</i>	
Job Type <i>242</i>		Formation		Legal Description <i>7-15-41</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>4 1/2</i>	Tubing Size	Shots/Ft		Lead	
Depth <i>5245</i>	Depth <i>53-36'</i>	From	To		
Volume <i>83615</i>	Volume	From	To		
Max Press <i>1500</i>	Max Press	From	To	Tail in <i>36051c AA2</i>	
Well Connection <i>4 1/2</i>	Annulus Vol.	From	To	<i>1.57 FT-5K</i>	
Plug Depth <i>5215</i>	Packer Depth	From	To	<i>2646d-5K 14.8#</i>	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1900</i>					<i>Arrive On Location</i>
<i>1900</i>					<i>Safety Meeting Run UP</i>
<i>2000</i>					<i>Rin Pump Casing</i>
<i>1200</i>					<i>Circulate w/ plug</i>
<i>125</i>					<i>Heckle Up To DES</i>
<i>129</i>	<i>2000</i>		<i>1</i>	<i>1</i>	<i>Pressure Test</i>
<i>130</i>	<i>250</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spacer</i>
<i>135</i>	<i>250</i>		<i>12</i>	<i>5</i>	<i>Pump Super Plug</i>
<i>140</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>Pump Water Spacer</i>
<i>145</i>	<i>400</i>		<i>25</i>	<i>5</i>	<i>Pump Scourer @ 12#</i>
<i>150</i>	<i>1000</i>		<i>81</i>	<i>5.5</i>	<i>Pump Cement @ 14.8#</i>
<i>210</i>					<i>Work Up</i>
<i>215</i>	<i>1000</i>		<i>73</i>	<i>6.8</i>	<i>Displace</i>
<i>240</i>	<i>1200</i>		<i>10</i>	<i>2.2</i>	<i>Slow Down</i>
<i>245</i>	<i>1700</i>		<i>1</i>	<i>1</i>	<i>Land Plug - Flood Held</i>
					<i>Plug Ret + Mouse Hole</i>
					<i>Job Complete</i>
Service Units	<i>78938</i>	<i>70897-19570</i>	<i>30464-37724</i>		
Driver Names	<i>JZZY</i>	<i>SAM</i>	<i>VICTOR</i>		

Sequoy
Customer Representative

Sam Best
Station Manager

JZZY
Cementer