



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1235355
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
-----------------------------------	-----------------	---

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: _____



1235355

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
--	---

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: _____ _____
--	---	---

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 975

Cell 785-324-1041

Date	11-13-14	Sec.	5	Twp.	18	Range	10	County	Rice	State	KS	On Location		Finish	9:45 p.m.				
Location								Coffin P 3RD R 1/2S Winto											
Lease	Jay Cat			Well No.	4			Owner											
Contractor	Royal #2			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								Kirby/Kolar							
Hole Size	12 1/4			T.D.	347			Street											
Csg.	8 5/8			Depth	346			City								State			
Tbg. Size				Depth				The above was done to satisfaction and supervision of owner agent or contractor.											
Tool				Depth				Cement Amount Ordered								180 LBS 3/4 2-1/2 LBS			
Cement Left in Csg.	15'			Shoe Joint				Meas Line								Displace 21.3L			
EQUIPMENT								Common								180			
Pumptrk	20			No.	Cementer			Poz. Mix											
				No.	Helper			Gel.								3			
Bulktrk				No.	Driver			Calcium								7			
Bulktrk	19			No.	Driver			Hulls											
JOB SERVICES & REMARKS								Salt											
Remarks:								Flowseal											
Rat Hole								Kol-Seal											
Mouse Hole								Mud CLR 48											
Centralizers								CFL-117 or CD110 CAF 38											
Baskets								Sand											
D/V or Port Collar								Handling								190			
8 5/8 on bottom Est. Circulation.								Mileage											
Mix 180 LBS & Displace.								FLOAT EQUIPMENT											
Cement Circulated.								Guide Shoe											
								Centralizer								8 5/8 Surge			
								Baskets											
								AFU Inserts											
								Float Shoe											
								Latch Down											
								Pumptrk Charge								Surface			
								Mileage								31			
								Tax											
								Discount											
								Total Charge											
Signature								B. H. H.											

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 696

Cell 785-324-1041

Date	11-19-14	Sec.	5	Twp.	18	Range	10	County	Rice	State	KS	On Location		Finish	9:30PM		
Location								Claflin, E to 3rd Rd, 3/4S, Wn 2									
Lease	Jay Cat	Well No.	4		Owner												
Contractor	Royal		2		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	long string	T.D.			3238		Charge To									Krier, Kirby Oil	
Hole Size	7 7/8	Depth			3230		Street										
Csg.	5 1/2 15.5 #	Depth					City									State	
Tbg. Size		Depth					The above was done to satisfaction and supervision of owner agent or contractor.										
Tool		Shoe Joint			10.27		Cement Amount Ordered									180sx com, 10% salt, 5%	
Cement Left in Csg.		Displace			76.6 bbl		Gilsonite										
Meas Line		Displace			76.6 bbl		Common									180	
EQUIPMENT																	
Pumptrk	17	No.	Cementer				Poz. Mix										
			Helper		Lonnie w.												
Bulktrk	15	No.	Driver		Ryan		Gel.										
			Driver		Travis		Calcium										
Bulktrk	P4	No.	Driver				Hulls										
JOB SERVICES & REMARKS																	
Remarks:	Salt 16																
Rat Hole	30sx		Flowseal														
Mouse Hole	15sx		Kol-Seal 900#														
Centralizers	1-9		Mud CLR 48 500gal														
Baskets	2, 5		CFL-117 or CD110 CAF 38														
D/V or Port Collar	Sand																
Pipe on bottom broke circulation. Pumped 500gal Mud CLR 48 with 10 bbl fw behind it. Played Rat hole with 30sx and Mouse hole with 15sx. Hooked to 5 1/2 and Mixed 135sx shut down. Washed pump and lines. Released plug and displaced with 76.6 bbl fw. Plug landed and held.																	
Handling 205																	
Mileage																	
FLOAT EQUIPMENT																	
Guide Shoe																	
Centralizer 9 turbos																	
Baskets 2																	
AFU Inserts																	
Float Shoe 1																	
Latch Down 1																	
lift pressure 300 psi																	
Plug landed at 1500 psi																	
Pumptrk Charge																	
Mileage 31																	
proad string																	
Tax																	
Discount																	
Total Charge																	
Signature 																	