



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236649
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: _____



1236649

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Irvin 6-1
Doc ID	1236649

All Electric Logs Run

Geologists Well Report
Micro Log
Compensated Density/Neutron Log
Dual Induction Log

Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Irvin 6-1
Doc ID	1236649

Tops

Name	Top	Datum
Anhydrite	1558	716
Topeka	3285	-1011
Heebner	3530	-1256
Toronto	3552	-1278
LKC	3573	-1299
BKC	3821	-1547
Congl. Sand	3902	-1628
Arbuckle	3906	-1632
Total Depth	4001	-1727

QUALITY OILWELL CEMENTING, INC.

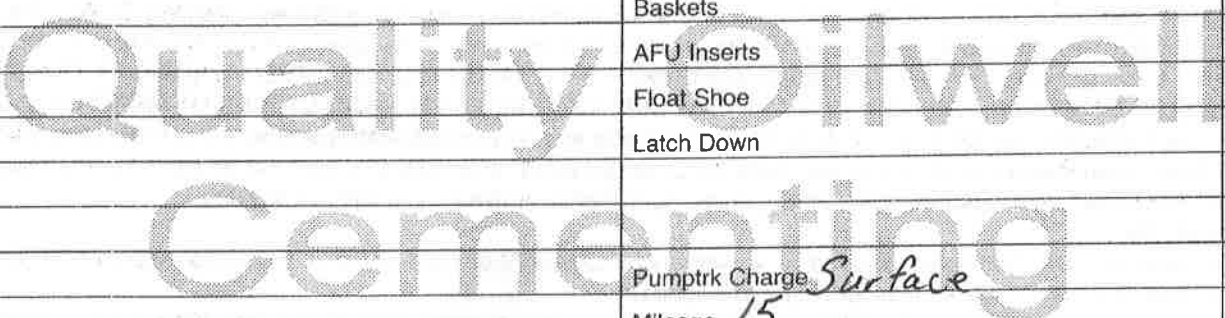
Federal Tax I.D.# 20-2886107

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

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

No. 327

Date	8-15-14	Sec.	6	Twp.	14	Range	19	County	Ellis	State	KS	On Location	130 pm	Finish	3.00 pm	
Lease	Irvin							Well No.	6-7							
Contractor	Discotek							4	Location Yocemento and by HO							
Type Job	Surface							Owner W to 160 Rd 4 1/2 S E into								
Hole Size	12 1/4							T.D.	221 ft							
Csg.	8 5/8							Depth	200.84 ft							
Tbg. Size								Depth	IA operations							
Tool								Depth	The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.	20 ft							Shoe Joint	20 ft							
Meas Line								Displace	12.3/4 BBL 3% CC 2% gel							
EQUIPMENT								Common 150								
Pumptrk	20	No.	Cementer		Mick		Poz. Mix									
Bulktrk	9	No.	Driver		Mick		Gel. 3									
Bulktrk	pu	No.	Driver		Clayton		Calcium 5									
JOB SERVICES & REMARKS								Hulls								
Remarks:								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								
Cement did								Handling 15 B								
Circulate								Mileage								
								FLOAT EQUIPMENT								
								Guide Shoe								
								Centralizer								
								Baskets								
								AFU Inserts								
								Float Shoe								
								Latch Down								
								Pumptrk Charge Surface								
								Mileage 15								
								Tax								
								Discount								
								Total Charge								
Signature								Cliff Marshall								



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. 541

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-22-14	6	14	19	Ellis	KS		7:45 AM

Location Yocemento & HWY 40 W to 160 Rd 4 1/2

Lease Irvin Well No. 6-1 Owner E into

Contractor Discovery #1
Type Job Production String
Hole Size 7 7/8 T.D. 4000'
Csg. 5 1/2 Depth 3995.8'
Tbg. Size _____ Depth _____
Tool Port Collar Depth 1555.36'
Cement Left in Csg. 42.18 Shoe Joint 42.18
Meas Line _____ Displace 95 bbl

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.

Charge To IA Operating

Street _____

City _____ State _____

The above was done to satisfaction and supervision of owner agent or contractor.

Cement Amount Ordered 200 com 10% salt 5% Gilsomire

EQUIPMENT

Pumptrk	5	No.	Cementor	
			Helper	<u>David</u>
Bulktrk	15	No.	Driver	<u>Doug</u>
			Driver	<u>Brett</u>
Bulktrk	pu	No.	Driver	
			Driver	

Common 200

Poz. Mix _____

Gel. _____

Calcium _____

JOB SERVICES & REMARKS

Remarks:
Rat Hole 30 sx
Mouse Hole 20 sx
Centralizers - 1,3,5,7,9, 59+61
Baskets 60
~~Port Collar~~ 60 @ 1555.36

Hulls _____

Salt 17

Flowseal _____

Kol-Seal 1000#

Mud CLR 48 - 500 gal

CFL-117 or CD110 CAF 38 _____

Sand _____

Handling 227

Mileage _____

5 1/2 **FLOAT EQUIPMENT**

Guide Shoe _____

Centralizer - 7

Baskets - 1

AFU Inserts _____

Float Shoe - 1

Latch Down - 1

Rubber Plug - 1

1 port collar

Pumptrk Charge prod string

Mileage 15

Tax _____

Discount _____

Total Charge _____

X Signature Tom Brun

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 288

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-29-14	14	14	20	Ellis	KANSAS		1:30 PM

Location Ellis KS, Hwy 40 3E 4 1/2 S 1/2 E INTO

Lease	Well No.	Owner
IRVIN	6-1	To Quality Oilwell Cementing, Inc.

Contractor	To Quality Oilwell Cementing, Inc.	
WESTERN Well Service	You are hereby requested to rent cementing equipment and furnish	

Type Job	cement and helper to assist owner or contractor to do work as listed.	
PORT COLLAR	CIRCULATE CEMENT	

Hole Size	T.D.	Charge To
		I-A OPERATING

Csg.	Depth	Street
5 1/2		

Tbg. Size	Depth	City	State
2 7/8			

Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
PORT COLLAR @	1542	

Cement Left in Csg.	Shoe Joint	Cement Amount Ordered
		2.50 SA QmDc, w 1/4 # FLO-SEAL

Meas Line	Displace	"USED 180 SX #20 RATHOLE (200 TOTAL)
	7 3/4	

EQUIPMENT

Pumptrk	No.	Cementer	Common
17		TRAVIS H	200 QmDc

Bulktrk	No.	Helper	Poz. Mix
19		LONNIE W	

Bulktrk	No.	Driver	Gel.
		GLENN G.	

Bulktrk	No.	Driver	Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
	Salt

Rat Hole	Flowseal
CAP OFF RATHOLE w/ 20 SX	62 #

Mouse Hole	Kol-Seal

Centralizers	Mud CLR 48

Baskets	CFL-117 or CD110 CAF 38

D/V of	Sand
Port Collar @ 1542	

FOUND PORT COLLAR @ 1542, TEST TO 1,000# (HELD) OPEN P.C. & RECEIVED GOOD CIRCULATION, MIXED 180 SX QmDc, w 1/4 # FLO-SEAL, DISPLACED 7 3/4 BBL H ₂ , BEHIND CEMENT, CLOSED P.C. CHECK TO 1,000# (HELD) RAN 5 JOINTS 2 7/8 & WASHED CLEAN (25 BBL) SHORT WAY. RECEIVED 2-FLAG'S. RAN DOWN TO 2300' & SWAB'D DOWN. (PUT 20 SX IN) (RATHOLE)	Handling
	250

	Mileage
	15

FLOAT EQUIPMENT

	Guide Shoe

	Centralizer

	Baskets

	AFU Inserts

	Float Shoe

	Latch Down

	1 opening Tool

	Pumptrk Charge
	port collar

	Mileage
	15

Cement DID CIRCULATE TO SURFACE	

KCC-"PAT STAAB" on Location.	Tax

	Discount

	Total Charge

X Signature	

THANKS

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

December 31, 2014

Jeff Mowry, Julie Burrows
IA Operating, Inc.
9915 W 21ST ST, STE B
WICHITA, KS 67205

Re: ACO-1
API 15-051-26731-00-00
Irvin 6-1
SW/4 Sec.06-14S-19W
Ellis County, Kansas

Dear Jeff Mowry, Julie Burrows:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/18/2014 and the ACO-1 was received on December 29, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department