



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237113
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: _____



1237113

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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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **1608**
 Foreman Shannon Feck
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-8-14	1099	Tremain #6				CF	KS
Customer <u>Quest Development</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 413</u>			S.F.	102	Chris B		
City <u>Jola</u>			RM	114	Joey K		
State <u>KS</u>			CB	140 + 7-147	Russ M		
Zip Code <u>66749</u>			JK				

Job Type L/S Hole Depth 1035' Slurry Vol. _____ Tubing 2 7/8"
 Casing Depth 1029' Hole Size _____ Slurry Wt. 13.7 Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0 Water Gal/SK 8.0 Other _____
 Displacement 6 Bbl Displacement PSI 400 Bump Plug to 900 BPM _____

Remarks: Safety meeting, rig up to 2 7/8" Tubing, Break circulation w/ fresh water, mixed 300# gel flush. Circulate gel to surface w/ pit water. mixed 120 SKS OWC cement w/ 1# phenoseal/sk @ 13.7 #/gal. Shut down wash out pump + lines. Stuff two plugs + displace w/ 6 Bbl H2O. Final pumping pressure of 400psi, bumped plugs to 900psi. Plugs held. Good circulation @ all times, 6 Bbl Slurry to pit. Shut well in with 0 psi. rig down Job complete.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C202	120 SKS	OWC cement	19.5	2298.00
C208	120 #	Phenoseal @ 1#/sk	1.25	150.00
C206	300 #	gel flush	.20	60.00
C108B	6.24 TONS	Ton mileage bulk Truck	1.35	421.20
C401	2	2 7/8" Top Rubber Plugs	28.00	56.00
C114	3.5 HRS	Water Transport	110.00	385.00
C224	4000 gal	City H2O	10.00/1000gal	40.00
<i>11 Thanks you Shannon & crew</i>				
			Sub Total	4657.70
			Sales Tax <u>6.15%</u>	160.18
Authorization <u>[Signature]</u> Title <u>OWNER</u>			Total	4817.88

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Mud Rotary Drilling
Andrew King - Manager/Driller

Bar Drilling, LLC
Phone: (719) 210-8806

1317 105th Rd.
Yates Center, KS 66783

Company/Operator Quest Development Co. P.O. Box 413 Iola, KS 66749		Well No. 6	Lease Name Tremain	Well Location 1340fml, 2000fe	1/4 NE	1/4 NW	1/4 NE	Sec. 33	Twp. 22s	Rge, 17e	
Job/Project Name/No.		Well API # 15-031-23930	Type/Well Oil	County Coffee	State KS	Total Depth 1035	Date Started 8/6/2014	Date Completed 8/8/2014			
Surface Record		Bit Record									
Driller/Crew	Bit Size:	11 1/4	Type	Size	From	To	Core #	From	To	% Rec.	
Andy King	Casing Size:	7"	PDC	11 1/4	0'	40'					
Charlie King	Casing Length:	40'	PDC	5 7/8"	40'	1035					
Damian King	Cement Used:	8 sx									
	Cement Type:	Portland									

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	7	soil	976	979	grey sand odor			
7	15	sand/gravel	979	1035	shale			
15	126	shale						
126	239	lime						
239	341	shale						
341	397	KC lime						
397	438	shale						
438	570	KC lime						
570	759	shale						
759	770	lime						
770	840	shale						
840	846	lime						
846	869	shale						
869	872	lime						
872	911	shale						
911	915	lime						
915	924	shale						
924	927	lime						
927	960	shale						
960	961	lime						
961	970	odor shale						
970	972	2nd cap						
972	974	oil sand						
974	976	oil sand						

Well Notes:
ran 1028.5' of 2 7/8" casing.