



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237114
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: _____



1237114

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

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. **1581**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
B-6-14		Tremain # 7				Coffey	Ks
Customer Quest Development			Unit #		Driver		Unit #
Mailing Address P.O. Box 413			102		CHRIS-B		
City IOLA			110		RUDY		
State KS			140		A-B		
Zip Code 66749							

Job Type longstring Hole Depth 1300 Slurry Vol. 40 Bbl Tubing 2 7/8
 Casing Depth 1285 Hole Size 5 9/8 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 2 7/8 Cement Left in Casing 0 Water Gal/SK 7.0 Other _____
 Displacement 7 1/2 Displacement PSI 500 Bump Plug to 1,000 BPM 3 1/2

Remarks: Safety meeting Rig up to 2 7/8 Tubing set @ 1285' Break circulation
Mix 400# Gel, Bring Gel to Surface w/ pit water = 50 Bbl Pump 5 Bbl
Fresh water, 3 Bbl DYE water, mix 135 SK's OWC cement w/ 1# Phenosan 1
SHUT DOWN, WASH OUT Pump + Lines, Drop 2 2 7/8 Rubber Plugs, DISPLACE w/ 7 1/2
Bbl Fresh water. 5 Bbl cement slurry to surface. Bump Plugs to 1,000# Check float
float acid. Close tubing IN 0 PSI. Keep Annular full of cement.
Job complete, TEAR DOWN.

THANK'S

Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1050.00	1050.00
C-107	50	Mileage	3.95	197.50
C-202	135	OWC cement	19.15	2,585.25
C-208	135	1# Phenosan 1 per/sk	1.25	168.75
C-206	400 #	Gel Flush	.20	80.00
C-108B	7 Ton	Ton Mileage Bulk Truck	1.35	472.50
C-401	2	2 7/8 TOP Rubber Plugs	28.00	56.00
C-114	4	hr Transport water	110.00	440.00
				5050.00
Sales Tax				177.74
Authorization <u>[Signature]</u> Title <u>Owner</u>				Total 5,227.74

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.

Company/Operator Quest Development Co. P.O. Box 413 Iola, KS 66749		Well No. 7	Lease Name Tremain	Well Location 2000' fml, 1560 sel		1/4 NE	1/4 SE	1/4 SW	Sec. 33	Twp. 22s	Rge. 17e					
Job/Project Name/No.		Well API # 15-031-23931	Type/Well Oil	County Coffee		State KS	Total Depth 1300	Date Started 8/4/2014	Date Completed 8/6/2014							
Driller/Crew		Surface Record			Coring Record											
Andy King	Bit Size:	11 1/4	Type	PDC	Size	11 1/4	From	0'	To	40'	Core #		From		To	% Rec.
Charlie King	Casing Size:	7"	PDC	5 7/8"	40'	1300'										
Damian King	Casing Length:	40'														
	Cement Used:	8 sx														
	Cement Type:	Portland														

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	139	clay/shale	996	999	oil sand and shale	1291	1300	soft top of Miss.
139	180	lime	999	1001	mostly shale			
180	190	shale	1001	1006	shale			
190	254	lime	1006	1033	soft lime			
254	359	shale	1033	1035	sandy shale			
359	585	lime	1035	1055	grey sand			
585	753	shale	1055	1065	grey shale			
753	756	lime	1065	1073	black shale			
756	775	sandy shale	1073	1078	mukey shale			
775	784	lime	1078	1095	lime			
784	856	sandy shale	1095	1096	sand (grey)			
856	891	lime	1096	1099	shale			
891	895	black shale	1099	1134	black shale (coal)			
895	907	lime	1134	1137	grey shale			
907	928	shale	1137	1164	lime			
928	934	lime	1164	1165	shale			
934	979	shale	1165	1169	(sandy) shale			
979	980	1st cap lime	1169	1175	shale	Well Notes:		
980	989	shale	1175	1222	lime	ran 1285' of 2 7/8" casing.		
989	990	2nd cap lime	1222	1227	shale			
990	991	oil sand	1227	1280	lime			
991	992	oil lime	1280	1281	shale			
992	994	oil sand	1281	1284	soft shale			
994	996	oil sand and shale	1284	1291	soft grey shale			