



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1237165  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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: \_\_\_\_\_



1237165

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](mailto: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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|  |   |   |
|--|---|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><i>(Submit ACO-4)</i> | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|

# 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. 273

|                    |                |                |                 |                     |                 |             |                      |
|--------------------|----------------|----------------|-----------------|---------------------|-----------------|-------------|----------------------|
| Date <b>8-2-14</b> | Sec. <b>14</b> | Twp. <b>11</b> | Range <b>24</b> | County <b>Trego</b> | State <b>KS</b> | On Location | Finish <b>5:45PM</b> |
|--------------------|----------------|----------------|-----------------|---------------------|-----------------|-------------|----------------------|

Location **Wakeeny, 6N to BRd, 4W to 220 Rd, 2S**

Lease **G. Geyer** Well No. **1** Owner

Contractor **Murfin 16** 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**

Hole Size **12 1/4** T.D. **220** Charge To **Jim Phillips Exploration**

Csg. **8 5/8** Depth **218** Street

Tbg. Size Depth City State

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

Cement Left in Csg. **20** Shoe Joint **20** Cement Amount Ordered **150sx Com, 3%acc, 2%gel**

Meas Line Displace **12 1/2 661**

**EQUIPMENT**

Pumptrk **17** No. Cementer Helper **Lonnie W** Common **150**

Bulktrk **14** No. Driver **Tylor** Poz. Mix

Bulktrk **PU** No. Driver **Travis** Gel. **3**

Calcium **5**

**JOB SERVICES & REMARKS**

Remarks: **Cement did circulate** Hulls

Rat Hole Salt

Mouse Hole Flowseal

Centralizers Kol-Seal

Baskets Mud CLR 48

D/V or Port Collar CFL-117 or CD110 CAF 38

Sand

Handling **158**

Mileage

**FLOAT EQUIPMENT**

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge **Surface**

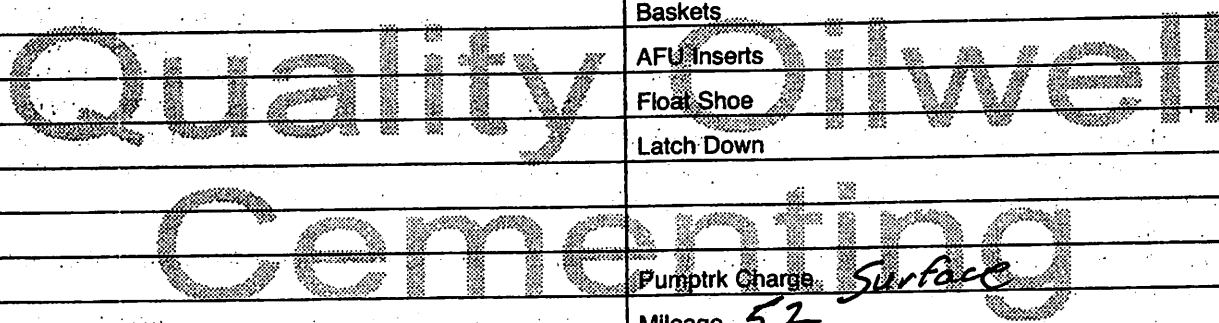
Mileage **52**

Tax

Discount

Total Charge

X Signature *[Handwritten Signature]*



# 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. 372

|                                    |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
|------------------------------------|---------------------------------|-------|----------|------|-------|-------|----------|--|--|-------|----|--------------|--|--------|---------|
| Date                               | 8-8-14                          | Sec.  | 14       | Twp. | 11    | Range | 24       | County   | Trego  | State | KS | On Location  |  | Finish | 12:15pm |
| Lease                              | G. Geyer, 1 Pec<br>Little Chute |       |          |      |       |       |          | Well No.   | 1 Pec<br>Wagon 60 RB 4w 220 2s Finto   |       |    |              |  |        |         |
| Contractor                         | Munich #16                      |       |          |      |       |       |          | Owner  | To Quality Oilwell Cementing, Inc.<br>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                           | Rotary Plug                     |       |          |      |       |       |          | Charge To  | Phillips Exploration   |       |    |              |  |        |         |
| Hole Size                          | 7 7/8                           |       | T.D.     | 4080 |       |       |          |  |  |       |    |              |  |        |         |
| Csg.                               | Depth                           |       |          |      |       |       |          | Street   |  |       |    |              |  |        |         |
| Tbg. Size                          | Depth                           |       |          |      |       |       |          | City   | State  |       |    |              |  |        |         |
| Tool                               | Depth                           |       |          |      |       |       |          | The above was done to satisfaction and supervision of owner agent or contractor. |  |       |    |              |  |        |         |
| Cement Left in Csg.                | Shoe Joint                      |       |          |      |       |       |          | Cement Amount Ordered  | 240 60/40 4/662 1/4 #10  |       |    |              |  |        |         |
| Meas Line                          | Displace                        |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| <b>EQUIPMENT</b>                   |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Pumptrk                            | 18                              | No.   | Cementer |      | Craig |       | Common   | 144  |  |       |    |              |  |        |         |
|                                    |                                 |       | Helper   |      |       |       | Poz. Mix | 96   |  |       |    |              |  |        |         |
| Bulktrk                            |                                 | Np.   | Driver   |      | Cody  |       | Gel.     | 9  |  |       |    |              |  |        |         |
| Bulktrk                            |                                 | No.   | Driver   |      | Chad  |       | Calcium  |  |  |       |    |              |  |        |         |
| <b>JOB SERVICES &amp; REMARKS</b>  |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Remarks:                           |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Rat Hole                           | 30 SK                           |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Mouse Hole                         |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Centralizers                       |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Baskets                            | CFL-117 or CD110 CAF 38         |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| D/V or Port Collar                 | Sand                            |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| 1st                                | 2045                            | 50SK  | 1.45 min |      |       |       |          |  |  |       |    |              |  |        |         |
| 2nd                                | 1115                            | 100SK |          |      |       |       |          |  |  |       |    |              |  |        |         |
| 3rd                                | 270                             | 50SK  |          |      |       |       |          |  |  |       |    |              |  |        |         |
| 4th                                | 40                              | 10SK  |          |      |       |       |          |  |  |       |    |              |  |        |         |
| <b>FLOAT EQUIPMENT</b>             |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Guide Shoe                         |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Centralizer                        | 8 5/8 Dry Hole Plug             |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Baskets                            |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| AFU Inserts                        |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Float Shoe                         |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Latch Down                         |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Pumptrk Charge                     | plug                            |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
| Mileage                            | 52                              |       |          |      |       |       |          |  |  |       |    |              |  |        |         |
|                                    |                                 |       |          |      |       |       |          |  |  |       |    | Tax          |  |        |         |
|                                    |                                 |       |          |      |       |       |          |  |  |       |    | Discount     |  |        |         |
|                                    |                                 |       |          |      |       |       |          |  |  |       |    | Total Charge |  |        |         |
| X Signature <i>Aug [Signature]</i> |                                 |       |          |      |       |       |          |  |  |       |    |              |  |        |         |

