



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237219
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: _____



1237219

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	Phillips Exploration Company L.C.
Well Name	Struss PEC 1-23
Doc ID	1237219

Tops

Name	Top	Datum
Anhy	2062	+395
B/ Anhy	2102	+355
Top	3554	-1107
Heeb	3786	-1329
Tor	3807	-1350
Lans	3823	-1366
B/KC	4058	-1601
RTD	4120	

QUALITY OILWELL CEMENTING, INC.

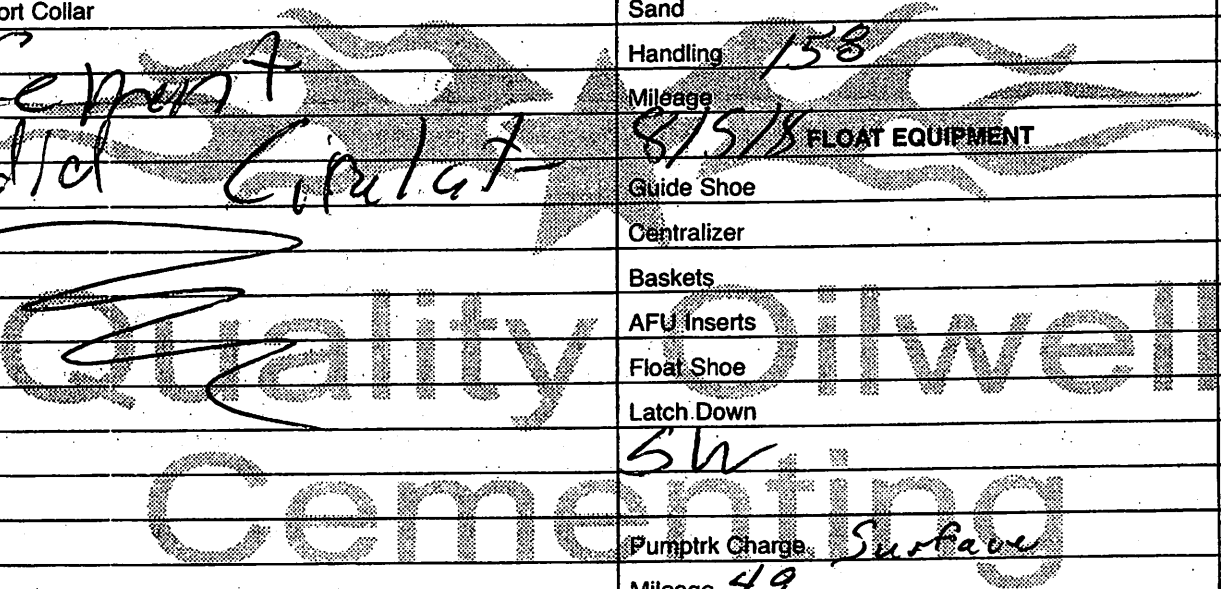
Federal Tax I.D.# 20-2886107

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

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

No. 339

Date	8-29-14	Sec.	23	Twp.	11	Range	24	County	Hoegp	State	KS	On Location	7:00pm	Finish	8:30pm	
Lease	Struss, PEC							Well No.	1-23	Location	Wakeney N to E Rd					
Contractor	Martin Dillis							Owner	W to 220 RD Nintunto							
Type Job	Surface							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.								
Hole Size	12 1/4		T.D.		220		Charge To									
Csg.	8 5/8		Depth		Street											
Tbg. Size			Depth		City											
Tool			Depth		State											
Cement Left in Csg.	20 ft		Shoe Joint		20 ft		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace		12 5/4		Cement Amount Ordered									
EQUIPMENT							150 390CC									
Pumptrk	No.	Cementer	270 gel													
Bulktrk	No.	Helper	Common													
Bulktrk	No.	Driver	150													
Bulktrk	No.	Driver	Poz. Mix													
JOB SERVICES & REMARKS							Gel. 3									
Remarks:								Calcium 3								
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
Cement did not circulate							CFL-117 or CD110 CAF 38									
							Sand									
							Handling 158									
							Mileage 815/18									
							GUIDE SHOE									
							Centralizer									
							Baskets									
							AFU Inserts									
							Float Shoe									
							Latch Down									
							SW									
							Pumptrk Charge Surface									
							Mileage 49									
							Tax									
							Discount									
							Total Charge									
Signature							Ag Lohil									



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. 384

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9.4.14	23	11	24	Trego	Ks		2:30 AM

Lease **Stross PEC** Location **Wakamey 40 4w N into**
Well No. **1-23** Owner

Contractor **merf in #16** To Quality Oilwell Cementing, Inc.
Type Job **Rotary Plug** You are hereby requested to rent cementing equipment and furnish
Hole Size **7 7/8** T.D. **4120** Charge To **Phillips Exploration**
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 **255⁶⁰/40 4/62 1/4#FO**

Meas Line Displace
EQUIPMENT
Common **153**

Pumptrk 20	No.	Cementer Craig	Helper	Poz. Mix 102
Bulktrk	No.	Driver U.C.K	Driver	Gel. 9
Bulktrk 19	No.	Driver Doug	Driver	Calcium

JOB SERVICES & REMARKS
Hulls
Salt

Remarks:
Rat Hole **305K** Flowseal **63#**
Mouse Hole **155K** Kol-Seal
Centralizers Mud CLR 48
Baskets CFL-117 or CD110 CAF 38
D/V or Port Collar Sand

1st 2082 505K Handling **264**
2nd 1102 1205K Mileage
3rd 267 505K
4th 40 105K

FLOAT EQUIPMENT
Guide Shoe
Centralizer
Baskets **8 5/8 Dry Hole Plug**
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge **plug**
Mileage **52**

Tax
Discount

Total Charge

X Signature **Ag enthal**

