



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237768
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: _____



1237768

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	Wausau Development Corporation
Well Name	HAMMEKE 1
Doc ID	1237768

All Electric Logs Run

MICRO RESISTIVITY
BOREHOLE SONIC
DUAL COMPENSATED POROSITY
DUAL INDUCTION

QUALITY WELL SERVICE, INC.

6157

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	07-07-14	Sec.	23	Twp.	235	Range	17w	County	Pawnee	State	KS	On Location	7:00PM	Finish	9:30PM
Lease	Hammeke		Well No.		1		Location								
Contractor							Pickrell #10								
Owner							Wasaw Development Corp.								
To Quality Well Service, 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		T.D.		329'		Charge To								
Hole Size	12 1/4		Depth		285'		Wausaw Development								
Csg.	8 5/8		Depth				Street								
Tbg. Size			Depth				City								
Tool			Depth				State								
Cement Left in Csg.	20'		Shoe Joint		NA		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		16 1/2 BBLs Fresh		Cement Amount Ordered								
EQUIPMENT							180 sx class A + 3% cc + 2% gel + 1/4 # Floseal								
Pumptrk	8	No.	David B				Common								
Bulktrk	7	No.	DAVID B				Poz. Mix								
Bulktrk		No.					Gel.								
Pickup		No.	David F.				Calcium								
JOB SERVICES & REMARKS							Hulls								
Rat Hole							Salt								
Mouse Hole							Flowseal 45								
Centralizers							Kol-Seal								
Baskets							Mud CLR 48								
D/V or Port Collar							CFL-117 or CD110 CAF 38								
							Sand								
Pipe in Hole, Break Circ, Pump 3 BBLs							Handling								
Fresh H ₂ O, Spacers, M.x 180 sx A-342							Mileage								
cement = 4800 BBLs Slurry, Start							FLOAT EQUIPMENT								
Disp. w/ Fresh H ₂ O, wash up track, See							Guide Shoe								
Steady increase in PST, Slow Rate,							Centralizer								
Stop Pump @ 16 1/2 BBLs total Disp.							Baskets								
Shutin, Cement Did Circ.							AFU Inserts								
							Float Shoe								
							Latch Down								
							Service Supervisor								
							LMU 25								
							Pumptrk Charge Surface.								
							Mileage 25 X 2								
												Tax			
												Discount			
												Total Charge			
X Signature <i>Pike Au</i>															

QUALITY WELL SERVICE, INC.

6187

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Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	07-14-14	Sec.	23	Twp.	23s	Range	17w	County	Pawnee	State	KS	On Location		Finish	8:15AM		
Lease	Hammeke		Well No.		1		Location									Balpu, KS, north to Rd. "D", 4w, 1/2s, E, int	
Contractor	Picknell - Rig #10							Owner									Wausau
Type Job	Production							To Quality Well Service, 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	7 7/8		T.D.		4320		Charge To									Wausau Development Corp.	
Csg.	5 1/2	15.5 #	Depth		4324		Street										
Tbg. Size								Depth									
Tool								City									State
Cement Left in Csg.	42'		Shoe Joint		42.08		The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line								Displace		1024 Bbls 2% KCL		Cement Amount Ordered					180sx Pro C + 5" Kol Seal

EQUIPMENT

Pumptrk	8	No.	David B.	Common	Pro C 180 SX
Bulktrk	4	No.	Mike B	Poz. Mix	
Bulktrk		No.		Gel.	
Pickup		No.	David F	Calcium	

JOB SERVICES & REMARKS

Rat Hole	30sx	Salt	16
Mouse Hole		Flowseal	
Centralizers	1, 2, 4, 6, 8, 10	Kol-Seal	900#
Baskets	N/A	Mud CLR 48	Mud Flush 500gal
D/V or Port Collar		CFL-117 or CD110 CAF 38 CCI	10gal
Pipe on Btm, Break Circ, Pump Preflush		Sand	
Plug Rat Hole w/ 30sx cement, Mix		Handling	196
150sx Pro C cement = 40.87 Bbls Slurry		Mileage	25

FLOAT EQUIPMENT

Disp. w/ 2% KCL Water, See Steady increase in PSI at 72 Bbls, Slow Rate,	Guide Shoe
Bump Plug at 102 1/2 Bbls total	Centralizer - 6-5 1/2"
Bumped from 600 # to 1300 #	Baskets N/A
Release PSI, Floats Did Hold	AFU Inserts
	Float Shoe - 1-5 1/2"
	Latch Down - 1-5 1/2"
	Service supervisor
	LMU 25
	Pumptrk Charge Long string
	Mileage 25 x 2

X Signature	Tax
	Discount
	Total Charge

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

January 13, 2015

RONALD TAYLOR
Wausau Development Corporation
2300 HWY 11 NORTH
LAUREL, MS 39440

Re: ACO-1
API 15-145-21767-00-00
HAMMEKE 1
NW/4 Sec.23-23S-17W
Pawnee County, Kansas

Dear RONALD TAYLOR:

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 07/07/2014 and the ACO-1 was received on January 13, 2015 (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