



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1237916  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_



1237916

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:  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> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

# WoCo Drilling LLC

1135 30<sup>th</sup> Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

<b>Operator License # 5983</b>		<b>API # 15-207-29063-00-00</b>	
<b>Operator: Victor J Leis</b>		<b>Lease: Tannahill</b>	
<b>Address: PO Box 223</b>		<b>Well # I-3</b>	
<b>Phone: 785-313-2567</b>		<b>Spud Date: 9/29/14</b>	<b>Completed: 9/30/14</b>
<b>Contractor License: 33900</b>		<b>Location: Sec: 33</b>	<b>TWP: 23 R: 16</b>
<b>T.D. 1125</b>	<b>Bite Size: 5 7/8</b>	<b>900 feet from South line</b>	
<b>Surface Pipe Size: 8 5/8</b>	<b>Surface Depth: 40 ft.</b>	<b>1620 feet from East line</b>	
<b>Kind of Well: Enh Rec</b>		<b>County: Woodson</b>	

## Drilling Log

Strata	From	To	Strata	From	To
Soil	0	3	Broken Oil Sand	1012	1015
Clay	3	7	Shaley Sand	1015	1019
Lime	7	10	Shale	1019	1040
Shale	10	15	1 <sup>st</sup> Cap Rock	1040	1041
Lime	15	20	Shale	1041	1043
Shale	20	183	2 <sup>nd</sup> Cap Rock	1043	1046
Lime	183	188	Broken Oil Sand	1046	1049
Shale	188	193	Pure Oil Sand	1049	1061
Lime	193	200	Broken Sand	1061	1068
Shale	200	220	Shale	1068	1125
Lime	220	275			
Shale	275	283			
Lime	283	480			
Shale	480	498			
Lime	498	501			
Shale	501	527			
Lime	527	663			
Shale	663	827	T.D. 1125		
Lime	827	830	Pipe Tally 1119		
Shale	830	851			
Lime	851	859			
Shale	859	890			
Lime	890	895			
Shale	895	917			
Lime	917	919			
Shale	919	923			
Lime	923	925			
Shale	925	947			
Lime	947	951			
Shale	951	984			
Lime	984	989			
Shale	989	1005			
Lime	1005	1009			
Shale	1009	1012			



**CONSOLIDATED**  
Oil Well Services, LLC

271573

TICKET NUMBER 48269  
LOCATION Ottawa, KS  
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.30.14	5353	Tannahill # I-3	SW 33	23	16	WO
CUSTOMER						
MIDWAY OIL CO.						
MAILING ADDRESS						
227 W. Maple St.						
CITY		STATE	ZIP CODE			
Columbus		KS	66725			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mad	Bert	
			495	Harv Bac	558	Bruce
			675	Kei Dot		
			510	DUS Web		

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 1125 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 1119 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 2 1/2" Plug  
 DISPLACEMENT 6.5 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.8 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix Pump 100# Gel  
Flush. Pump 91 BBL Teeltale dye. Mix & Pump 5RS 50/50  
Por Mix Cement 6'6 Gel. Follow w/ 35 SKS OWC Cement  
Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing  
TD. Pressure to 800# PSI. Monitor pressure for 30 MIN  
MIT. Release pressure to set float valve. Shut in casing.

Waco Drilling Rig #2 Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1025.00
5406	-	MILEAGE		N/C
5402	1119	Casing Footage		N/C
5407	1/2 M. Distance	Ton Miles	510	154.50
5407A	272.34	Ton Miles	558	384.50
5502C	2 1/2 hrs	80 BBL Vac Truck	675	200.00
1124	102#	50/50 Por Mix Cement	1123.00	
1126	35 SKS	OWC Cement	691.35	
115B	614#	Premium Gel	135.00	
		Material	1999.00	
		Less 30%	-599.70	
		Total		1399.30
4402	1	2 1/2" Rubber Plug		27.50
		<input checked="" type="checkbox"/> Completed	4076.89	
		7.15%	SALES TAX	102.18
			ESTIMATED TOTAL	3434.20

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.