



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238632
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: _____



1238632

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY WELL SERVICE, INC.

6190

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	07-21-14	Sec.	36	Twp.	18	Range	18	County	Rush	State	KS	On Location	7:30pm	Finish	9:50pm
Lease	Holopenik		Well No.	/		Location									
Contractor										Owner					
Type Job										To Quality Well Service, Inc.					
Hole Size										You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Csg.										Charge To					
Tbg. Size										Street					
Tool										City					
Cement Left in Csg.										State					
Meas Line										The above was done to satisfaction and supervision of owner agent or contractor.					
EQUIPMENT										Cement Amount Ordered					
Pumptrk										500 gals Mud Flush + 9 gals KCL					
Bulktrk										Common					
Bulktrk										Poz. Mix					
Pickup										Gel.					
JOB SERVICES & REMARKS										Calcium					
Rat Hole										Hulls					
Mouse Hole										Salt					
Centralizers										Flowseal					
Baskets										Kol-Seal					
D/V or Port Collar										Mud CLR 48 Mud Flush 500 Gal					
Pipe on Btm, Break Circ., Pump Preflush,										CFL-117 or CD110 CAF 38					
Plug Rat Hole w/ 30sx cement, Mix 130sx										Sand					
Pac C Cement Blend, = 35% BBls Slurry, Stop,										Handling					
Wash Pump & Lines, Release Plug, Start Disp.										Mileage					
w/ 2% KCL water, See Steady increase in										FLOAT EQUIPMENT					
PSI @ 65 BBls Slow Rate,										Guide Shoe					
Bump Plug at 94 BBls 2% KCL water										Centralizer					
Disp. from 600 # to 1100 #										Baskets					
Release PSI, Floats Did Hold										AFU Inserts					
										Float Shoe					
										Latch Down					
										LMV 30					
										Service Supervisor					
										Pumptrk Charge					
										Mileage					
										Tax					
										Discount					
										Total Charge					
Signature															

QUALITY WELL SERVICE, INC.

6188

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	07-16-14	Sec.	36	Twp.	18s	Range	18w	County	Rush	State	KS	On Location	600PM	Finish	10:45 PM
Lease	Holoperik		Well No.	1		Location Rush Center, KS, 3E, 1s, 1/4w, S/into									
Contractor	Pickrell				Owner	Wausau Develop Corp.									
Type Job	Sun face				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	12 1/4		T.D.	1163											
Csg.	8 5/8		Depth	1163											
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.	40'		Shoe Joint	39.94											
Meas Line			Displace	70 Bbls fresh											
EQUIPMENT				F.S. \$ 500sx class A + 3% oct + 2% oil + 1/4 # F.S.											
Pumptrk	8	No.	David B												
Bulktrk	5	No.	David F												
Bulktrk	7	No.	Mike B												
Pickup		No.													
JOB SERVICES & REMARKS				Hulls											
Rat Hole				Salt											
Mouse Hole				Flowseal 150											
Centralizers				Kol-Seal											
Baskets				Mud CLR 48											
D/V or Port Collar				Ban 29 jts 8 5/8 csg											
Pipe on Btm, Break Circ, Pump 3 Bbls				Sand											
Fresh H ₂ O, Spacer, Mix 100sx 64c weight				Handling 632											
Mix 500sx tail cement, Stop, Release				Mileage 30											
Plug, Start Disp. w/ Fresh H ₂ O, Wash up				FLOAT EQUIPMENT											
on Plug, See Steady increase in				Guide Shoe											
PSI, Slow Rate,				Centralizer											
Bump Plug at 70 BBl's				Baskets											
total Disp., at 400 # to 900 #				AFU Inserts - Baffle Plate											
Cement Did CTR				Float Shoe											
				Latch-Down Thread Lock 3 cans											
				Service supervisor											
				LMV 30											
				Pumptrk Charge Surface											
				Mileage 30 x 2											
												Tax			
												Discount			
												Total Charge			
X Signature		Mike Kern													

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 15-165-22084-00-00
HOLOPERIK 1
NE/4 Sec.36-18S-18W
Rush 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 07/16/2014 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