



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1242637  
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: \_\_\_\_\_



1242637

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
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<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> _____ _____
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# 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. 951

Date	10-15-14	Sec.	20	Twp.	14	Range	25	County	Tripp	State	KS	On Location		Finish	8:30pm	
								Location								Coller 13.8s

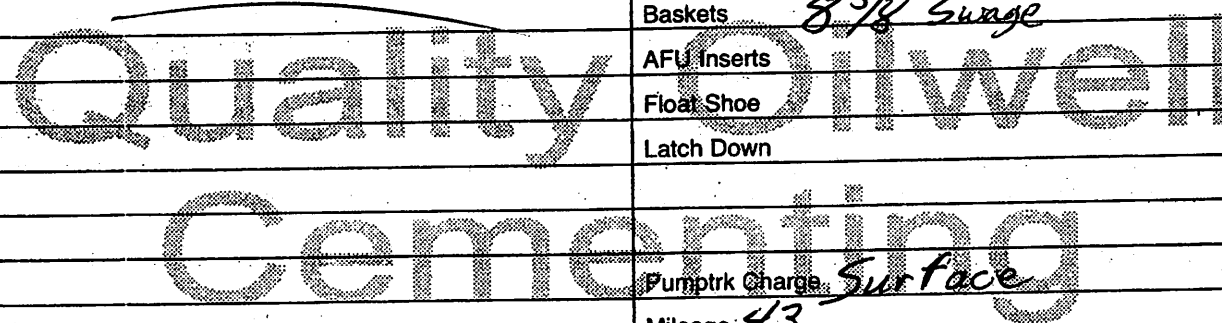
Lease	Rosemary	Well No.	1	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Contractor	Murfin #16				Charge To	Jim Phillips Exploration
Type Job	Surface	Hole Size	12 1/4	T.D.	222	
Csg.	8 5/8	Depth	220	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.	15'	Shoe Joint		Cement Amount Ordered 1500m 3/11 2/16/12		

Meas Line		Displace	133L	Common	150
<b>EQUIPMENT</b>				Poz. Mix	
Pumptrk #16	No. Cementer	Helper		Gel.	3
Bulktrk	No. Driver	Driver		Calcium	5
Bulktrk 3	No. Driver	Driver			

<b>JOB SERVICES &amp; REMARKS</b>				Hulls	
Remarks:				Salt	
Rat Hole				Flowseal	
Mouse Hole				Kol-Seal	
Centralizers				Mud CLR 48	
Baskets				CFL-117 or CD110 CAF 38	
D/V or Port Collar				Sand	
8 5/8 on bottom Est. Circulation				Handling	158
Mix 1500m + 1/2 hr				Mileage	

Cement Circulation				<b>FLOAT EQUIPMENT</b>	
				Guide Shoe	
				Centralizer	
				Baskets	8 5/8 surge
				AFU Inserts	
				Float Shoe	
				Latch Down	
				Pumptrk Charge	Surface
				Mileage	43

Signature				Tax	
[Signature]				Discount	
				Total Charge	



# 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. 860

Date	10-22-14	Sec.	20	Twp.	14	Range	25	County	Trego	State	KS	On Location		Finish	9:00 PM
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Lease	Rosemary	Well No.	15HR	Owner	Collyer S 13.8 Winto
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Contractor	Murkin	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.		
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Type Job	bottom stage	Hole Size	7 7/8	T.D.	4470	Charge To	Phillips exploration
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Csg.	5 1/2 14" new	Depth	4112.98	Street	
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Tbg. Size		Depth		City		State	
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Tool	DV tool	Depth	1859	The above was done to satisfaction and supervision of owner agent or contractor.		
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Cement Left in Csg.	42.52	Shoe Joint	42.52	Cement Amount Ordered	175com 10% salt 5% gel, 10% site
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Meas Line	Displace	99 1/4 bbls	500gal mud clear	20 BLS KCL
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EQUIPMENT				Common	175
Pumptrk	16	No.	Cementer Helper	Billie	Poz. Mix
Bulktrk	14	No.	Driver	Fyson	Gel.
Bulktrk	21	No.	Driver	Doug	Caesium KCL 1 gal

JOB SERVICES & REMARKS				Hulls	
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Remarks:	Pump 10 KCL <del>Before</del> After mud flush	Salt	17
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Rat Hole		Flowseal	
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Mouse Hole		Kol-Seal	875#
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Centralizers	2,3,4,5,6,8,10,13,16,53	Mud CLR 48	500 gal
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Baskets	3,17,54	CFL-117 or CD110 CAF 36	
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DV or Port Collar	54	1859'	Sand	
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Pipe on Bottom broke circulation.		Handling	200
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Pump 500gal mud clear. 2bbl water		Mileage	
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Spacer. Pumped 175sx Cement.		FLOAT EQUIPMENT	
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Shut down wash pump and line.		Guide Shoe	
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Retained Released Plug and Displaced		Centralizer	10
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99 1/4 bbls. 54 water and 45 1/4 mud.		Baskets	3 rec
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Released and Plug held.		AFU Inserts	
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Lift PSI: 600		Float Shoe	
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Plug landed PSI: 1500		Latch Down	DV tool w latch down
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Drop Dart open tool PSI: 1200		40 reciprocating scrapers	
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Broke circulation.		Pumptrk Charge	
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X Signature		Mileage	43
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Tax  
Discount  
Total Charge

# 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. 861

Date	10-23-10	Sec.	20	Twp.	14	Range	25	County	rego	State	KS	On Location		Finish	0/00
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Location Collyer S13.8 W10

Lease	Rosemary	Well No.	15HR	Owner	
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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.		
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Type Job	top stage	Charge To			Phillips exploration
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Hole Size	7 7/8	T.D.	4470	Street	
Csg.	5 1/2 14" New	Depth	4112.98	City	

Tbg. Size		Depth		State	
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Tool	DV tool	Depth	1859	The above was done to satisfaction and supervision of owner agent or contractor.	
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Cement Left in Csg.		Shoe Joint		Cement Amount Ordered 350 QMDC 1/4lb flow seal	
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Meas Line		Displace	45 1/4	500gal mud clear 20 bbls KCL	
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**EQUIPMENT**

Pumptrk	16	No.	Cementer Helper	Bitly	Poz. Mix
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Bulktrk	21	No.	Driver	Doug	Gel.
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Bulktrk	24	No.	Driver	Rick	Calcium
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**JOB SERVICES & REMARKS**

Remarks:		Salt	
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Rat Hole	30sv	Flowseal	87#
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Mouse Hole	155x	Kol-Seal	
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Centralizers		Mud CLR 48	500 gal
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Baskets		CFL-117 or CD110 CAP	38
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DN or Port Collar	1859	joint	54
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<del>Flow Seal</del>	<del>500 gal mud clear</del>	Handling	350
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Pump	10 bbls KCL	Mileage	
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Hole	Pump 300 QMDC 1/4lb flow seal	<b>FLOAT EQUIPMENT</b>	
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Shut Down	wash pump and line	Guide Shoe	
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Release plug	Displace 45 1/4 bbls	Centralizer	
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Water	Released and held	Baskets	
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List PSI	500	AFL Inserts	
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Close tool	PSI 1800	Float Shoe	
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Cement Die	circulate	Latch Down	
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Pumptrk Charge	prod string		
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Mileage	43		
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X Signature			
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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

February 13, 2015

James B. Phillips  
Phillips Exploration Company L.C.  
211 CEDAR RIDGE CT  
PO BOX 850  
ANDOVER, KS 67002-0850

Re: ACO-1  
API 15-195-22965-00-00  
Rosemary #1 SHR  
NE/4 Sec.20-14S-25W  
Trego County, Kansas

Dear James B. Phillips:

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 10/15/2014 and the ACO-1 was received on February 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