

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1241612
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: _____

1241612



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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 881

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-11-14				Barton	Ks		11:00 AM

Location Susank, Ks - 1E, 1185 w/into

Lease <u>JMR</u>	Well No. <u>2</u>	Owner
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Contractor <u>Express Well Service</u>	To Quality Oilwell Cementing, Inc.
Type Job <u>Port Collar</u>	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	T.D.	Charge To <u>C + G OPI</u>
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Csg. <u>5 1/2"</u>	Depth	Street
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Tbg. Size <u>2 7/8"</u>	Depth <u>891'</u>	City	State
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Tool <u>Port Collar</u>	Depth <u>891'</u>	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 <u>250 QMDC 1/4#</u>
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Meas Line	Displace <u>4 @ BLS</u>	<u>Flo-seal</u>
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EQUIPMENT		Common
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Pumptrk <u>20</u> No.	Cement Helper <u>Nick</u>	Poz. Mix
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Bulktrk <u>15</u> No.	Driver <u>Lorrie M.</u>	Gel.
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Bulktrk <u>P.U.</u> No.	Driver <u>Rick</u>	Calcium
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JOB SERVICES & REMARKS		Hulls
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Remarks: <u>Load tubing + pressure to</u>	Salt
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Rat Hole <u>1000 psi Held open tool +</u>	Flowseal
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Mouse Hole <u>establish a blow mix</u>	Kol-Seal
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Centralizers <u>180 Sx Cement + Displaced</u>	Mud CLR 48
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Baskets <u>with 4 @ BLS of freshwater</u>	CFL-117 or CD110 CAF 38
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D/V or Port Collar <u>closed tool + pressured to 1000</u>	Sand
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<u>psi + held open 5 TFS of tubing</u>	Handling
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<u>* was clear</u>	Mileage
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FLOAT EQUIPMENT	
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<u>Rigged down</u>	Guide Shoe
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	Centralizer
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	Baskets
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<u>Cement did Circulate</u>	AFU Inserts
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	Float Shoe
--	------------

	Latch Down
--	------------

	<u>5 1/2" opening tool</u>
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	Pumptrk Charge
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	Mileage
--	---------

	Tax
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	Discount
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	Total Charge
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X Signature <u>[Signature]</u>	
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 871

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-31-14	28	15	13	Barber	KS		3:15 PM

Location 5/8" IE 1/4" S into

Lease	Well No.	Owner
SMR	2	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		
Southwind	8	
Type Job		
Production		
Hole Size	T.D.	Charge To
7 7/8	3691	C + oil
Csg.	Depth	Street
5 1/2 #15.5 new	3552.44	
Tbg. Size	Depth	City
		State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Port collar	890	
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered
42.94	42.94	200 sq ft 10% salt
Meas Line	Displace	
	83 1/2 lbs	500 gal mud clear

EQUIPMENT

Pumptrk	No.	Cementer	Common
17		Helper	Poz. Mix
		Driver	Gel.
Bulktrk	No.	Driver	Calcium
15		Driver	
Bulktrk	No.	Driver	
11		Driver	

JOB SERVICES & REMARKS

Remarks:	Hulls
	Salt
Rat Hole	Flowseal
3058	
Mouse Hole	Kol-Seal
1551	
Centralizers	Mud CLR 48
1, 3, 5, 6, 2	500 gals
Baskets	CFL-117 or CD110 CAF 38
63	
D/V or Port Collar	Sand
63	
Pipe on bottom hole circulation	Handling
Hook to 4 1/2 pump 500 gal mud clear	Mileage
Plug Rat hole 3058 plug mouse hole 1551	
Hook to 5 1/2 pump 155 sq inch	
Wash pump and lines. Released	
Plug and displaced with 83 1/2 lbs	
water. Released and plug held	
Life PSI 600	
Plug latch PSI 1500	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	4
Baskets	1
AFU Inserts	
Float Shoe	1
Latch Down	1
Port collar	

Pumptrk Charge	
Mileage	
	Tax
	Discount
	Total Charge

X Signature

[Handwritten Signature]