



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246390
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: _____



1246390

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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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 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. 630

Date	9-8-14	Sec.	9	Twp.	10	Range	19	County	Rooks	State	Ks	On Location		Finish	12:00pm
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Lease Collins Location Zurich, Ks - 2 1/2 W 1/2

Well No. 1-9 Owner To Quality Oilwell Cementing, Inc.

Contractor Discovery 1 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 Top stage Charge To American oil

Hole Size 7 7/8" T.D. 3800' Street

Csg. Depth 3797.86' City State

Tbg. Size Depth 1604.38' The above was done to satisfaction and supervision of owner agent or contractor.

Tool DU Tool Cement Amount Ordered 350 @ MDL 1/4# Flowseal

Cement Left in Csg. Shoe Joint

Meas Line Displace 38 Bcs

EQUIPMENT

Pumptrk 16 No. Cementer Billy Ride Common 350

Bulktrk 21 No. Driver Ryan Poz. Mix

Bulktrk 3 No. Driver Chad Gel.

JOB SERVICES & REMARKS

Remarks: Halls

Rat Hole Salt

Mouse Hole Flowseal 87#

Centralizers Kol-Seal

Baskets Mud CLR 48

DN or Port Collar # 55 1604.38' Sand

Pipe on bottom break Circulation Handling 350

plug Rathole w/30 sx plug mousehole Mileage

w/15 sx Hook to 5 1/2" casing

+ mix 305 @ MDL 1/4# Flowseal

shut down wash pump + lines Released

plug + displaced w/ 38 Bcs

Released + held.

Lift pressure 600 #

Close tool 1700 #

Cement did Circulate

20 sx to pit

Pumptrk Charge prod string Tax

Mileage 35 Discount

Signature Cliff Mappell Total Charge

Top stage

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. 629

Date	9-8-14	Sec.	9	Twp.	10	Range	19	County	Rooks	State	Ks	On Location		Finish	11:00AM
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Location Zurich, Ks - 2 1/2 S, W/S

Lease	Collins	Well No.	1-9	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	Discovery 1			Charge To	American oil
Type Job	Bottom Stage				
Hole Size	7 7/8"	T.D.	3800'		
Csg.	5 1/2" new 15 1/2"	Depth	3797.86'	Street	
Tbg. Size		Depth		City	State
Tool	DU Tool	Depth	1604.38'	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	42.41'	Shoe Joint	42.41'	Cement Amount Ordered 200 Common 10% Salt 5% Gypsum	
Meas Line		Displace	89 1/4 BLS	500 gal mud Clear 48	

EQUIPMENT

Pumptrk	16	No.	Cement Helper	Billy Rick	Poz. Mix
Bulktrk	3	No.	Driver	Chad	Gel.
Bulktrk	21	No.	Driver	Ryan	Calcium

JOB SERVICES & REMARKS

Remarks:		Salt	17
Rat Hole		Flowseal	
Mouse Hole	(#1) + #54 out	Kol-Seal	1000#
Centralizers	3, 5, 7, 9, 11, 13, 15, SS	Mud CLR 48	500 gal
Baskets	3, 53	CFL-117 or CD110 CAF 38	
D/V or Port Collar	top # 53	Sand	
	pipe on bottom break Circulation	Handling	227
	pump 500 gal Mud Clear 48, pump	Mileage	
	5 BE spacer, mix 200 st Cement		
	shut down wash pump + lines Released plug		
	+ displaced w/ 89 1/4 BLS (52 H2O) (37 1/4		
	mud) Released + held		
	Land plug to 700 #		
	Lift pressure 1500 #		
	Drop dart		
	Open tool w/ 900 #		

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	8 turbos
Baskets	2
AFU Inserts	
Float Shoe	1
Latch Down	1 weatherford
	1-DU Tool weatherford

Break Circulation

Pumptrk Charge	
Mileage	
Tax	
Discount	
Total Charge	

X Signature *Chiff Mayfield*