



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1250827
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: _____



1250827

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> _____ <i>(Submit ACO-4)</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. 927

Date 3-5-15	Sec.	Twp.	Range	County Ellis	State KS	On Location	Finish 5:00PM
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Location **Walker N to D.E. 1/4 E N1/4**

Lease Sitz A-2	Well No. 5WD	Owner
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Contractor Outlaw Well Service	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 Squeeze	Charge To Don Karst Well Service
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Hole Size	T.D.	Street
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Csg. 5 1/2	Depth	City	State
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Tbg. Size	Depth	City	State
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Tool	Depth	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 150 80/20 40 cc
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Meas Line	Displace	
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EQUIPMENT		Common 120
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Pumptrk 20 No.	Cementer	Poz. Mix 30
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Bulktrk 9 No.	Helper Nick	Gel.
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Bulktrk PU No.	Driver Doug	Calcium 7
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JOB SERVICES & REMARKS		Hulls
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Remarks: Holes 350-417	Salt
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Rat Hole	Flowseal
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Mouse Hole	Kol-Seal
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Centralizers	Mud CLR 48
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Baskets	CFL-117 or CD110 CAF 38
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D/V or Port Collar	Sand
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Handling 157	
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Mileage	
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Mixed 150sx shut down	FLOAT EQUIPMENT
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Washed up	Guide Shoe
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Displaced 7 1/2 bbl	Centralizer
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Shut in @ 300 lbs	Baskets
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	AFU Inserts
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	Float Shoe
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	Latch Down
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	Pumptrk Charge Squeeze
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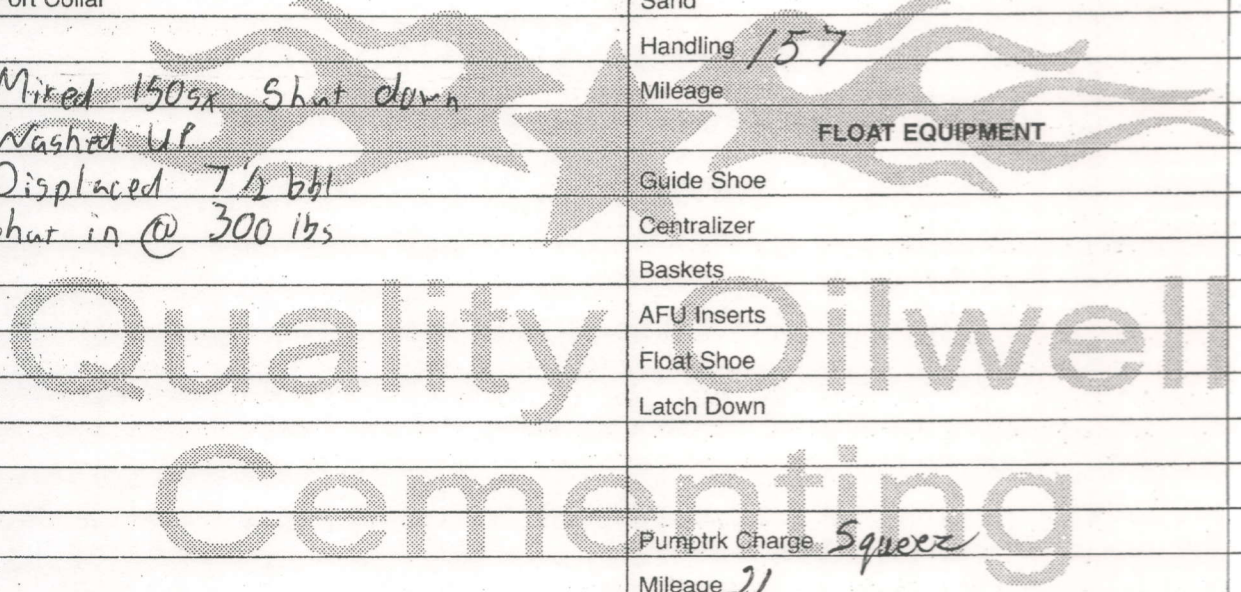
	Mileage 21
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		Tax
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		Discount
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		Total Charge
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<input checked="" type="checkbox"/> Signature		
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

ne 785-483-2025

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

No. 1397

l 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-13-15				Ellis	ks		10:00 AM
Location Walker N to dead End, 1/4 E, Nn2							

Lease	Well No.	Owner
Sitz A	2 SWD	To Quality Oilwell Cementing, Inc.

Contractor	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	Squeeze	

Hole Size	T.D.	Charge To
5 1/2		Don karst well service

Csg.	Depth	Street
5 1/2		

Tbg. Size	Depth	City	State

Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	

Cement Left in Csg.	Shoe Joint	Cement Amount Ordered
		150 sx 8 0/20, 4% cc

Meas Line	Displace	10 gel on the side

EQUIPMENT

Pumptrk	No.	Cement	Common
17		Helper Lonnie	130
Bulktrk	No.	Driver	Poz. Mix
15		Doug	20
Bulktrk	No.	Driver	Gel.
pu		Travis	10
			Calcium
			7

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand

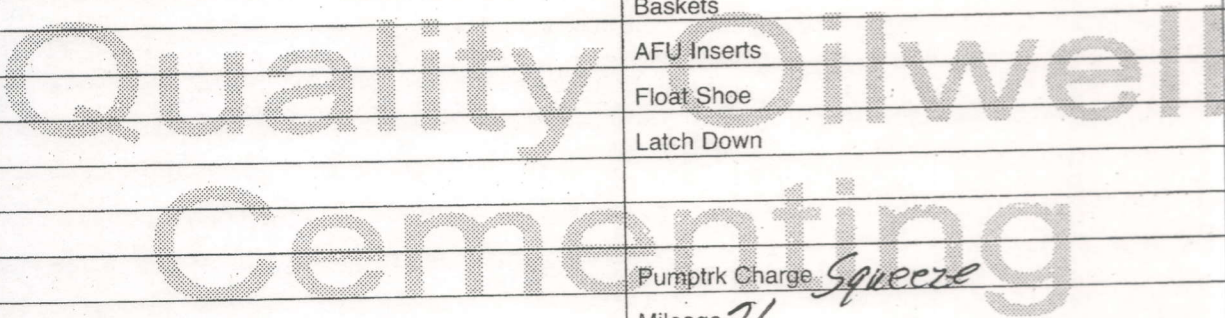
loaded 5 1/2 and took Rate 1 1/4 bbl at 700 psi

Handling 160
Mileage

FLOAT EQUIPMENT

Mix 10 gel and 150 sx and displaced with 7 1/2 bbl. Shut in with 300 psi

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down



Pumptrk Charge Squeeze
Mileage 21

X Signature *Keith Lay*

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. 1251

Date	3-26-15	Sec.	35	Twp.	11	Range	16	County	Ellis	State	Kansas	On Location		Finish	3:00 PM
Location								Walker 6 N 1/4 E 1 1/4 N 1/4 W INTO							

Lease	SITZ SWD	Well No.	2	Owner	To Quality Oilwell Cementing, Inc.
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Contractor	OUTLAW Well Service	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	Linear 4 1/2 @ 740'	Charge To	DON KAAS Well Service
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Hole Size	10.5" #	T.D.	
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Csg.		Depth	
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Tbg. Size		Depth	
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Tool		Depth	
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Cement Left in Csg.		Shoe Joint	
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Meas Line		Displace	12/BBL
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EQUIPMENT

Pumptrk	18	No.		Cementer	Glenn E.	Common	35
				Helper	Cody B.	Poz. Mix	
Bulktrk	9	No.		Driver	CHAD M.	Gel.	1
				Driver		Calcium	1
Bulktrk		No.		Driver			

JOB SERVICES & REMARKS

Remarks:	KCC - Pat STARR on loc.
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Rat Hole	
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Mouse Hole	
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Centralizers	
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Baskets	
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D/V or Port Collar	
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	Set 4 1/2 Linear @ 740'
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	Received Circulation (15 BBL)
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FLOAT EQUIPMENT

	Cement w/ 35 sx Com 3%cc
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	2% gel, Clear-Line,
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	Release TRP. + Displace
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	12 BBL / H ₂ O LAND PLUG
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	@ 1,000 # HAD 400# Lift. #
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	Release Pressure @ FLOAT-HELD 4 1/2 - TRP X 1
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	Cement DID CIRCULATE
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	TO SURFACE.
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	THANK'S!
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X Signature	
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Pumptrk Charge	4 1/2 Linear
Mileage	21

Tax	
Discount	
Total Charge	