



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1254325  
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: \_\_\_\_\_



1254325

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

<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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810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. 2152  
 Foreman Rick Ledford  
 Camp Eureka Ks

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
2-19-15	1099	Tremain # 8	33	22S	17E	Coffey	Ks	
Customer	Mailing Address	City	State	Zip Code	Unit #	Driver	Unit #	Driver
Quest Development	P.O. Box 413	Iola	Ks	66749	105	Dave G.		
					110	Chris B.		
					140	Shannon F.		

Job Type L/S Hole Depth 1037 Slurry Vol. 32 Bbl Tubing 2 7/8"  
 Casing Depth 1030' Hole Size 5 7/8" Slurry Wt. 14# Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. \_\_\_\_\_ Cement Left in Casing 0' Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 6 Bbl Displacement PSI 400 Bump Plug to 800 BPM \_\_\_\_\_

Remarks: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ fresh water. Pump 6 sks gel-flush, 15 Bbl water spacer. Mixed 120 sks OWC cement w/ 1" phenoseal/sk @ 14#/gal. yield 1.50 Shut down, washout pump + lines, stuff 2 plugs. Displace w/ 6 Bbl water. Final pump pressure 400 PSI. Bump plugs to 800 PSI. release pressure, float + plugs hld. Good cement returns to surface = 6 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	50	Mileage	3.95	197.50
C202	120 sks	O.W.C. Cement	19.15	2298.00
C203	120#	1" phenoseal/sk	1.25	150.00
C206	300#	gel-flush	.20	60.00
C108B	6.24	ton mileage bulk truck	1.35	421.20
C401	2	2 7/8" top rubber plug	28.00	56.00
C117	3 1/2 hrs	water transport	110.00	385.00
C224	4,000 gals	city water	10.00/1000	40.00
			subtotal	4657.70
			Sales Tax	160.15
			<u>6.15%</u>	4817.85

Authorization witnessed by Hal Praisler Title Owner

Total 4817.85

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

# WoCo Drilling LLC

1135 30<sup>th</sup> Rd  
 Yates Center, Kansas 66783  
 Steve 620-330-6328      Nick 620-228-2320

Operator License # 4175	API # 15-031-24101
Operator: Dvoracheck, Harold A. dba Quest Development Co.	Lease: Tremain
Address: PO Box 413 Iola Ks, 66783	Well #8
Phone: 620-228-3378	Spud Date: 2/16/15      Completed: 2/19/15
Contractor License: 33900	Location: SEC: 33    TWP: 22      R: 17
T.D. 1037'      Bit Size: 5 7/8"	165    Ft. from North line
Surface Pipe Size: 7"      Surface Depth: 42'	165    Ft. from East line
Kind of Well: Oil	County: Coffey

## Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Lime	928	931
Clay	5	10	Shale	931	932
Gravel	10	14	Lime	932	943
Shale	14	131	Shale	943	976
Lime	131	184	Lime Cap	976	978
Shale	184	199	Shale	978	986
Lime	199	247	Lime Cap	986	988
Shale	247	355	Broken Sand Cir	989	991
Lime	355	365	Sand Cir	991	993
Shale	365	368	Broken Sand Cir	993	995
Lime	368	412	Sandy Shale	995	1000
Shale	412	455	Shale	1000	1037
Lime	455	530			
Lime Break	530	537			
Hard Lime	537	589			
Lime	589	720			
Shale	720	723			
Lime	723	755			
Shale	755	761			
Lime Break	761	765			
Shale	765	775			
Lime Break	775	779			
Hard Lime	779	787			
Shale	787	802			
Lime	802	807			
Shale	807	848			
Lime	848	850			
Shale	850	852			
Lime	852	857			
Shale	857	880			
Lime	880	884			
Shale	884	901			
Lime	901	906			
Shale	906	924			
Lime	924	926			
Shale	926	928			