



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254326
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: _____



1254326

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

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> _____	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2178
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
2-14-15	1099	LAYMAN A*5	27	22S	17E	COFFEY	Ks
Customer			Unit #	Driver	Unit #	Driver	
Quest Development			105	DAVE G			
Mailing Address			112	STEVE M			
P.O. Box 413			140 T147	ALAN M			
City	State	Zip Code					
Iola	Ks	66749					

Job Type Longstring Hole Depth 1043 Slurry Vol. 32 BBL Tubing 2 7/8
 Casing Depth 1034 Hole Size _____ Slurry Wt. 14 # Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 6 BBL Displacement PSI 450 Bump Plug to 850 PSI 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 = 32 BBL Slurry. Shut down. WASH out Pump & Lines. STUFF 2 Plugs. Displace w/ 6 BBL Fresh WATER. FINAL Pumping PRESSURE 450 PSI. Bump Plugs to 850 PSI. Release Pressure Float Held. Shut IN @ 0 PSI. 3 BBL Cement Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	50	Mileage	3.95	197.50
C 202	120 sks	OWC Cement	19.15	2298.00
C 208	120 *	PhenoSeal 1"/sk	1.25 *	150.00
C 206	300 *	Gel Flush	.20 #	60.00
C 108 B	6.24 Tons	Ton Mileage 50 miles	1.35	421.20
C 401	2	2 7/8" Top Rubber Plugs	28.00	56.00
C 114	3.5 Hrs	Water Transport	110.00	385.00
C 224	4000 gal	City Water	10.00/1000	40.00
<u>THANK YOU</u>				
<u>—PA</u>			6.15%	
			Sub Total	4657.70
			Sales Tax	160.15
Authorization <u>witnessed By Hal Dvorachek</u> Title <u>owner</u>			Total	<u>4817.85</u>

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 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 4175		API # 15-031-24100-00-00	
Operator: Dvoracheck, Harold A. dba Quest Development Co.		Lease: Lehmann A	
Address: PO Box 413 lola Ks, 66783		Well #5	
Phone: 620-228-3378		Spud Date: 2/10/15 Completed: 2/17/15	
Contractor License: 33900		Location: SEC: 27 TWP: 22 R: 17	
T.D. 1043	Bit Size: 5 7/8"	1155 Ft. from South line	
Surface Pipe Size: 7"	Surface Depth: 42'	165 Ft. from West line	
Kind of Well: Oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Broken Sand cir	977	979
Clay	4	21	Oil Sand cir	979	981
Shale	21	135	Oil Sand cir	981	983
Lime	135	182	Oil Sand cir	983	985
Shale	182	200	Broken Sand cir	985	987
Lime	200	248	Most Shale cir	987	989
Shale	248	353	Shale	989	1043
Lime	353	409			
Shale	409	450			
Lime	450	528			
Lime Break	528	533			
Hard Lime	533	535			
Lime Break	535	538			
Lime	538	555			
Lime Break	555	562			
Lime	562	580			
Shale	580	717			
Lime	717	720			
Shale	720	750			
Lime	750	762			
Shale	762	774			
Lime	774	782			
Shale	782	847			
Lime	847	852			
Shale	852	872			
Lime	872	876			
Shale	876	895			
Lime	895	900			
Shale	900	920			
Lime	920	925			
Shale	925	932			
Lime	932	935			
Shale	935	966			
Lime Cap	966	968			
Shale	968	976			
Lime Cap	976	977			