



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254932
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: _____



1254932

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 15, 2015

Anita Barnette
SunCoast Technical Services, Inc.
PO BOX 860037
PLANO, TX 75086-0037

Re: ACO-1
API 15-065-24092-00-00
Roaring Fork 2
NE/4 Sec.28-08S-23W
Graham County, Kansas

Dear Anita Barnette:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 02/04/2015 and the ACO-1 was received on June 14, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

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. 918

Date	2-4-15	Sec.	28	Twp.	8	Range	23	County	Craham	State	KS	On Location		Finish	4:45 PM
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Location Hill City 5 to O terrace Rd 2 1/2 W S into

Lease Rearing Fork Well No. #2 Owner S into

Contractor W W #12 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.

Type Job Surface Charge To Sun Coast Technical Services

Hole Size 12'14 T.D. 266' Street

Csg. 8 5/8 Depth 266' City State

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

Tool Depth Cement Amount Ordered 165 80/20 3% cc 2% gel 1/4 gel

Cement Left in Csg. 20' Shoe Joint Cement Amount Ordered 165 80/20 3% cc 2% gel 1/4 gel

Meas Line Displace 15 1/2 bbl Common 100

EQUIPMENT Poz. Mix 65

Pumptrk 5 No. Cementer Helper David Gel. 3

Bulktrk 14 No. Driver Tylor Calcium 6

Bulktrk PU No. Driver Brett Hulls

JOB SERVICES & REMARKS Remarks: Salt

Rat Hole Flowseal 41#

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Handling 124

Mileage

FLOAT EQUIPMENT Guide Shoe

Cement Centralizer

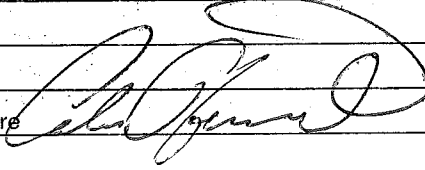
Circulated!! Baskets

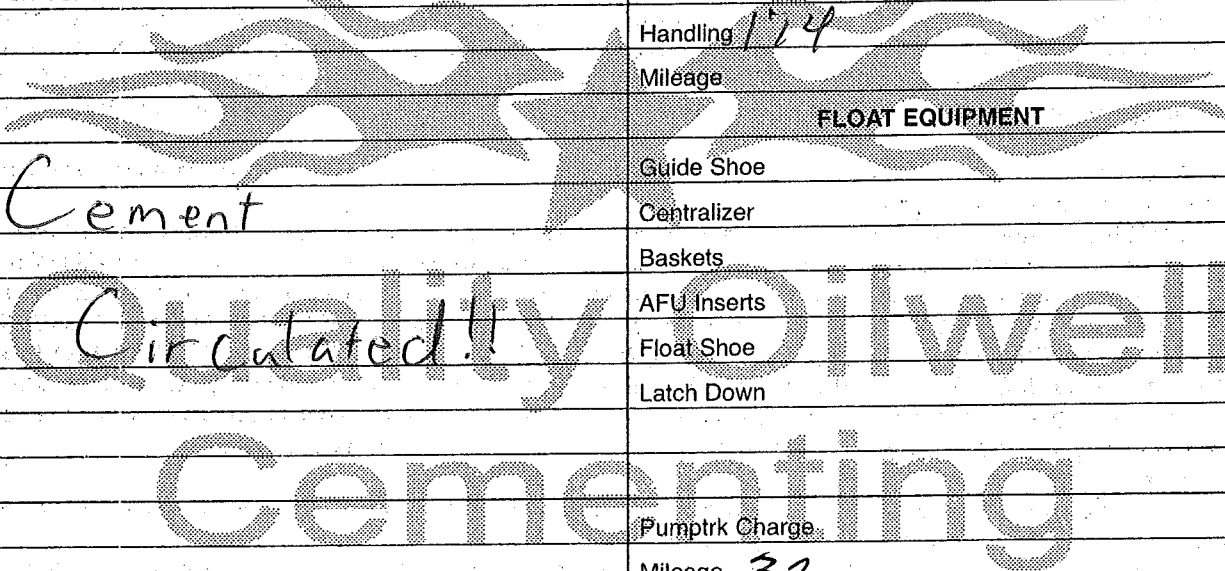
AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge Mileage 32 Tax Discount Total Charge

X Signature 



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. 6324

Date	2-10-15	Sec.	28	Twp.	8	Range	23	County	Graham	State	KS	On Location		Finish	1230PM
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Lease Roaring Fork Well No. 2 Location Hill City St O Terrance Rd 2w Sinto

Contractor WW 12 Owner To Quality Oilwell Cementing, Inc.

Type Job Plug 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 7 7/8 T.D. 3900 Charge To Sun Coast Technical Services II

Csg. Depth Street

Tbg. Size AP 4 1/2 Depth 1980 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 240 60% 40 4% 6-1 1/4 #Flw

Meas Line Displace

EQUIPMENT

Pumptrk <u>20</u> No.	Cementer		Common	<u>144</u>
	Helper	<u>Sick</u>	Poz. Mix	<u>96</u>
Bulktrk <u>15</u> No.	Driver	<u>Dave</u>	Gel.	<u>9</u>
	Driver	<u>Billy</u>	Calcium	
Bulktrk <u>7V</u> No.	Driver			
	Driver			

JOB SERVICES & REMARKS

Remarks: Hulls

Rat Hole 30sx Salt

Mouse Hole Flowseal 60#

Centralizers Kol-Seal

Baskets Mud CLR 48

D/V or Port Collar CFL-117 or CD110 CAF 38

1st 1980' 50sx Sand

2nd 1100' 100sx Handling 249

FLOAT EQUIPMENT

3rd 320' 50sx cement dph Guide Shoe

4th 40' 10sx Centralizer

Baskets

AFU Inserts

Float Shoe

Rat 30sx Latch Down

Pumptrk Charge plug

Mileage 32

Tax

Discount

Total Charge

X Signature [Signature]



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Suncoast Technical Services

28-8s-23w Graham

Po Box 860037
Plano TX, 75086

Roaring Fork #2

ATTN: Jeff Lawler

Job Ticket: 62415

DST#: 1

Test Start: 2015.02.08 @ 20:49:00

GENERAL INFORMATION:

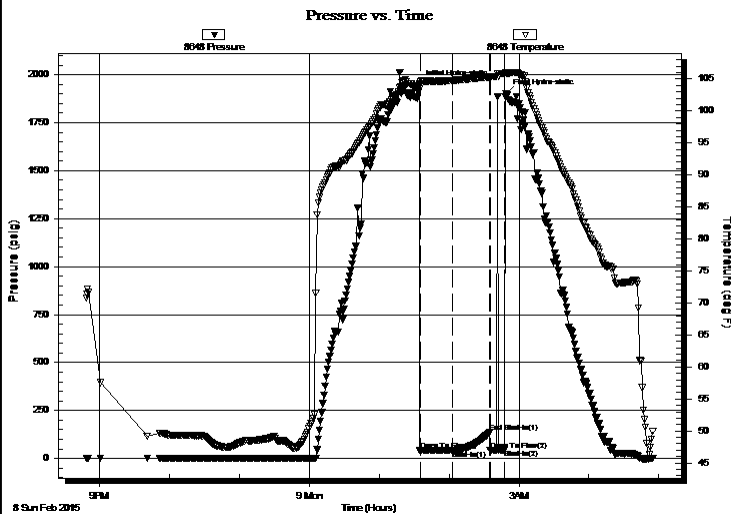
Formation: **LKC "H-I"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 01:35:00
 Time Test Ended: 04:55:15
 Interval: **3725.00 ft (KB) To 3775.00 ft (KB) (TVD)**
 Total Depth: 3775.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Cody Bloedorn
 Unit No: 73
 Reference Elevations: 2276.00 ft (KB)
 2268.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8648

Inside

Press @ Run Depth: 41.87 psig @ 3762.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.02.08 End Date: 2015.02.09 Last Calib.: 2015.02.09
 Start Time: 20:49:05 End Time: 04:55:14 Time On Btm: 2015.02.09 @ 01:34:30
 Time Off Btm: 2015.02.09 @ 02:49:00

TEST COMMENT: 30 - IF- Surface blow, died in 2 minutes
 30 - IS- No return
 30 - FF- Surged and died, flushed tool, surged and died. PULLED TOOL



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1947.36	104.28	Initial Hydro-static
1	40.78	104.20	Open To Flow (1)
29	41.87	104.77	Shut-In(1)
60	134.97	105.34	End Shut-In(1)
61	41.87	105.32	Open To Flow (2)
73	45.88	105.80	Shut-In(2)
75	1900.46	105.94	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	Mud, 100%M	0.05

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Suncoast Technical Services

28-8s-23w Graham

Po Box 860037
Plano TX, 75086

Roaring Fork #2

Job Ticket: 62415

DST#: 1

ATTN: Jeff Lawler

Test Start: 2015.02.08 @ 20:49:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 61.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.40 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1200.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	Mud, 100%M	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

