



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254938
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: _____



1254938

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> _____	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 15-065-24093-00-00
Roaring Fork 1
NE/4 Sec.27-08S-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 01/27/2015 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. 1082

Date	1-27-15	Sec.	27	Twp.	8	Range	23	County	Graham	State	KANSAS	On Location		Finish	5:00 PM.
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Location Hill City Ks. S. Edge Trl Prk, 1 W

Lease Roaring Fork Well No. #1 Owner: Y2S Y4W Y4S INTO

Contractor W-Y DRILLING RIG #12 "CALVIN" 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 SUNCOAST TECHNICAL SERVICES INC.

Hole Size 12 1/4 T.D. 265' Street

Csg. 8 5/8 New Depth 265' City

Tbg. Size 23# csg. Depth

Tool

Cement Left in Csg. 15' Shoe Joint

Meas Line Displace 16 / BBL Cement Amount Ordered 165 SX 80/20

EQUIPMENT Common 130

Pumptrk 18 No. Cementer Glenn G. Poz. Mix 35

Bulktrk 14 No. Helper CODY B. Gel. 3

Bulktrk No. Driver RYAN M. Calcium 6

JOB SERVICES & REMARKS Hulls

Remarks: Salt

Rat Hole Flowseal

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Handling 174 Mileage

Set @ 265' Cement w/ 165 SX, 80/20 3+2 4# FLO-SEAL **FLOAT EQUIPMENT**

Displace 16# BBL Guide Shoe

SHUT IN @ 250# Centralizer

Cement Did Circulate. Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge Surface

Mileage 32

Signature [Signature] 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. 917

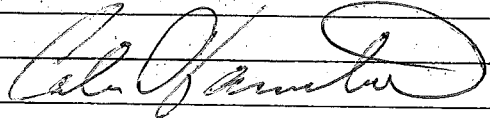
Date	2-3-15	Sec.	27	Twp.	8	Range	23	County	Graham	State	KS	On Location		Finish	4:30 AM
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Location Hill City Sto O Terrace Rd 1 1/2 W 1/2 S

Lease	Roaring Fork	Well No. #1	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	W W #12			
Type Job	Plug			
Hole Size	7 7/8	T.D.	3870'	Charge To
Csg.	Drill Pipe	Depth		Sun Coast Technical Services Inc
Tbg. Size		Depth		Street
Tool		Depth		City
Cement Left in Csg.		Shoe Joint		State
				The above was done to satisfaction and supervision of owner agent or contractor.
				Cement Amount Ordered
				240 @ 40 4% Del 1/4 flo

Meas Line		Displace		
EQUIPMENT				
Pumptrk	5	No.	Cementer	Common
			Helper	144
Bulktrk	14	No.	Driver	Poz. Mix
			Driver	96
Bulktrk	PU	No.	Driver	Gel.
			Driver	9
			Driver	Calcium
			Driver	

JOB SERVICES & REMARKS		
Remarks:		Hulls
Rat Hole - 30 sx		Salt
Mouse Hole		Flowseal
Centralizers		60#
Baskets		Kol-Seal
D/V or Port Collar		Mud CLR 48
		CFL-117 or CD110 CAF 38
		Sand
		Handling
1st Plug @ 1453 w/ 50 sx		249
		Mileage
2nd Plug @ 1096 w/ 100 sx		8 5/8
		FLOAT EQUIPMENT
3rd Plug @ 314 w/ 50 sx		Guide Shoe
		Centralizer
4th Plug @ 40 w/ 10 sx		Baskets
		AFU Inserts
Rat hole w/ 30 sx		Float Shoe
		Latch Down
		Wood Plug - 1
		Pumptrk Charge
		plug
		Mileage
		32

X Signature 

Tax	
Discount	
Total Charge	



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Suncoast Technical Services, Inc

Sec. 27-8s-23w Graham, KS

P.O. Box 860037
Plano, TX 75086

Roaring Fork #1

Job Ticket: 61000

DST#: 1

ATTN: Jeff Lawler/Anita Ba

Test Start: 2015.01.31 @ 21:40:00

GENERAL INFORMATION:

Formation: **LKC "H-I"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 01:44:30
 Time Test Ended: 06:27:00
 Interval: **3714.00 ft (KB) To 3760.00 ft (KB) (TVD)**
 Total Depth: 3760.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Phillip Gage
 Unit No: 77
 Reference Elevations: 2255.00 ft (KB)
 2247.00 ft (CF)
 KB to GR/CF: 8.00 ft

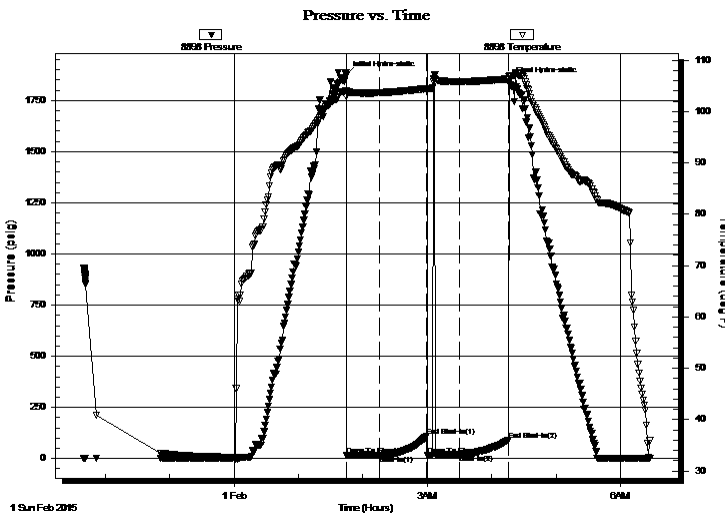
Serial #: 8898

Outside

Press @ Run Depth: 18.50 psig @ 3715.00 ft (KB)
 Start Date: 2015.01.31 End Date: 2015.02.01
 Start Time: 21:40:01 End Time: 06:27:00
 Capacity: 8000.00 psig
 Last Calib.: 2015.02.01
 Time On Btm: 2015.02.01 @ 01:44:20
 Time Off Btm: 2015.02.01 @ 04:16:00

TEST COMMENT: 30-IF-Weak Surface Blow
 45-ISI-No Return
 30-FF-No Blow, Flushed Tool, No Blow
 45-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1873.84	104.10	Initial Hydro-static
1	14.63	102.88	Open To Flow (1)
31	15.20	103.64	Shut-In(1)
75	108.31	104.45	End Shut-In(1)
76	16.12	104.42	Open To Flow (2)
106	18.50	105.79	Shut-In(2)
152	90.91	106.34	End Shut-In(2)
152	1840.91	106.76	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	M, 100% m	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Suncoast Technical Services, Inc

Sec. 27-8s-23w Graham, KS

P.O. Box 860037
Plano, TX 75086

Roaring Fork #1

Job Ticket: 61000

DST#: 1

ATTN: Jeff Lawler/Anita Ba

Test Start: 2015.01.31 @ 21:40:00

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: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1300.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
5.00	M, 100% m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

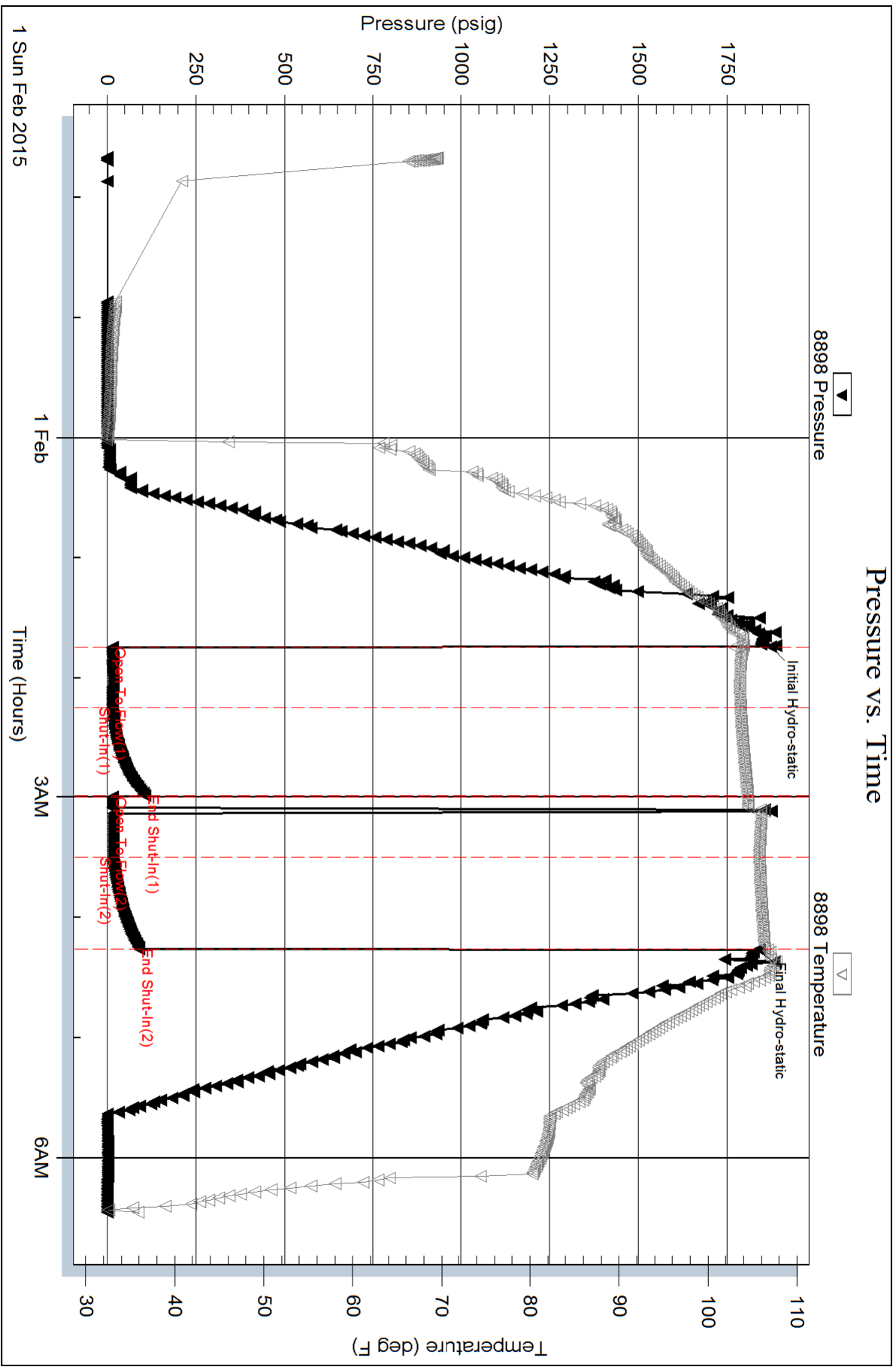
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Suncoast Technical Services, Inc

Sec. 27-8s-23w Graham, KS

P.O. Box 860037
Plano, TX 75086

Roaring Fork #1

Job Ticket: 62451

DST#: 2

ATTN: Jeff Lawler/Anita Ba

Test Start: 2015.02.01 @ 06:58:00

GENERAL INFORMATION:

Formation: **LKC "E-F"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:06:13

Time Test Ended: 13:45:02

Test Type: Conventional Bottom Hole (Reset)

Tester: Phillip Gage

Unit No: 77

Interval: 3654.00 ft (KB) To 3683.00 ft (KB) (TVD)

Reference Elevations: 2255.00 ft (KB)

Total Depth: 3760.00 ft (KB) (TVD)

2247.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8354 Outside

Press @ RunDepth: 49.02 psig @ 3655.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.02.01

End Date:

2015.02.01

Last Calib.:

2015.02.01

Start Time: 06:58:01

End Time:

13:45:03

Time On Btm:

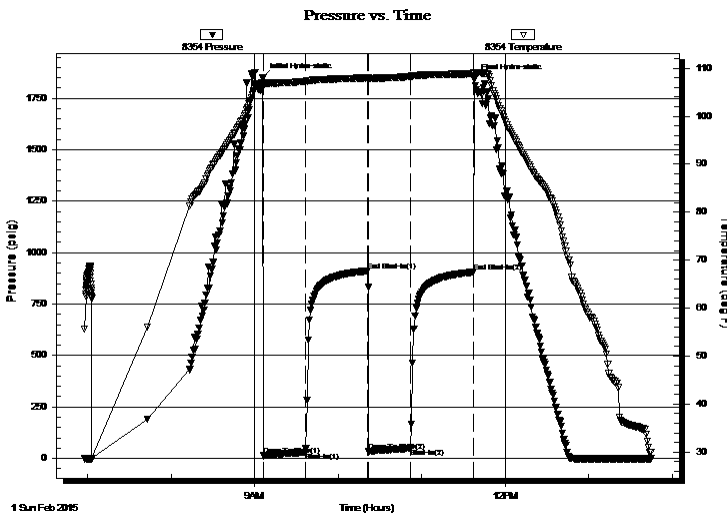
2015.02.01 @ 09:06:03

Time Off Btm:

2015.02.01 @ 11:37:32

TEST COMMENT: 30-IF-Built to 2 1/4"
45-ISI-No Return
30-FF-Weak Surface Blow, Died in 10 mins.
45-FSI-No Return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1848.29	107.03	Initial Hydro-static
1	12.88	106.13	Open To Flow (1)
31	30.40	107.27	Shut-In(1)
75	910.49	107.98	End Shut-In(1)
76	33.52	107.69	Open To Flow (2)
106	49.02	108.27	Shut-In(2)
151	904.99	108.83	End Shut-In(2)
152	1843.70	109.13	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	M, with oil spots, 100% m	0.32

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Suncoast Technical Services, Inc

Sec. 27-8s-23w Graham, KS

P.O. Box 860037
Plano, TX 75086

Roaring Fork #1

Job Ticket: 62451

DST#: 2

ATTN: Jeff Lawler/Anita Ba

Test Start: 2015.02.01 @ 06:58:00

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: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1300.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
65.00	M, with oil spots, 100% m	0.320

Total Length: 65.00 ft Total Volume: 0.320 bbl

Num Fluid Samples: 0

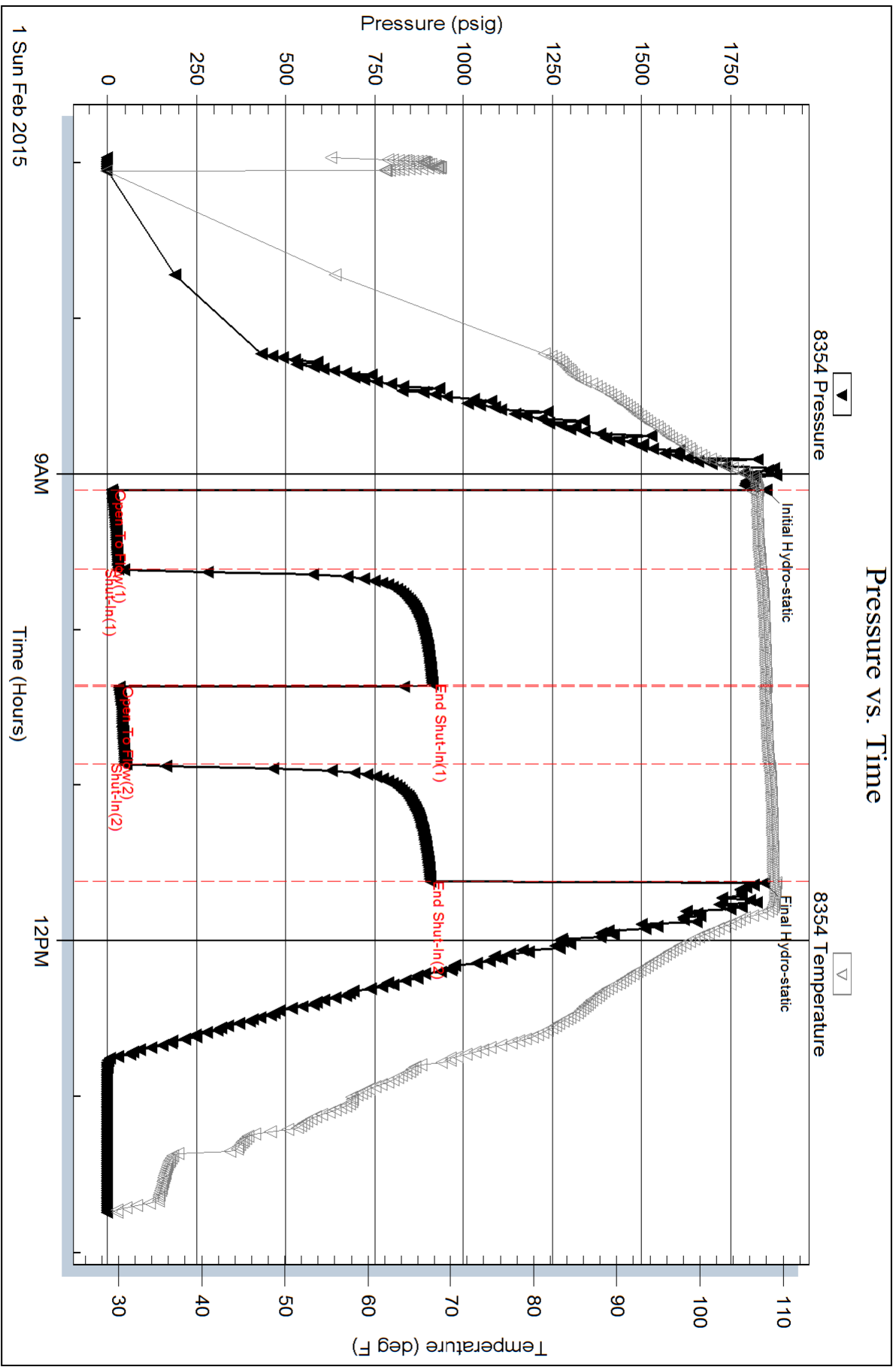
Num Gas Bombs: 0

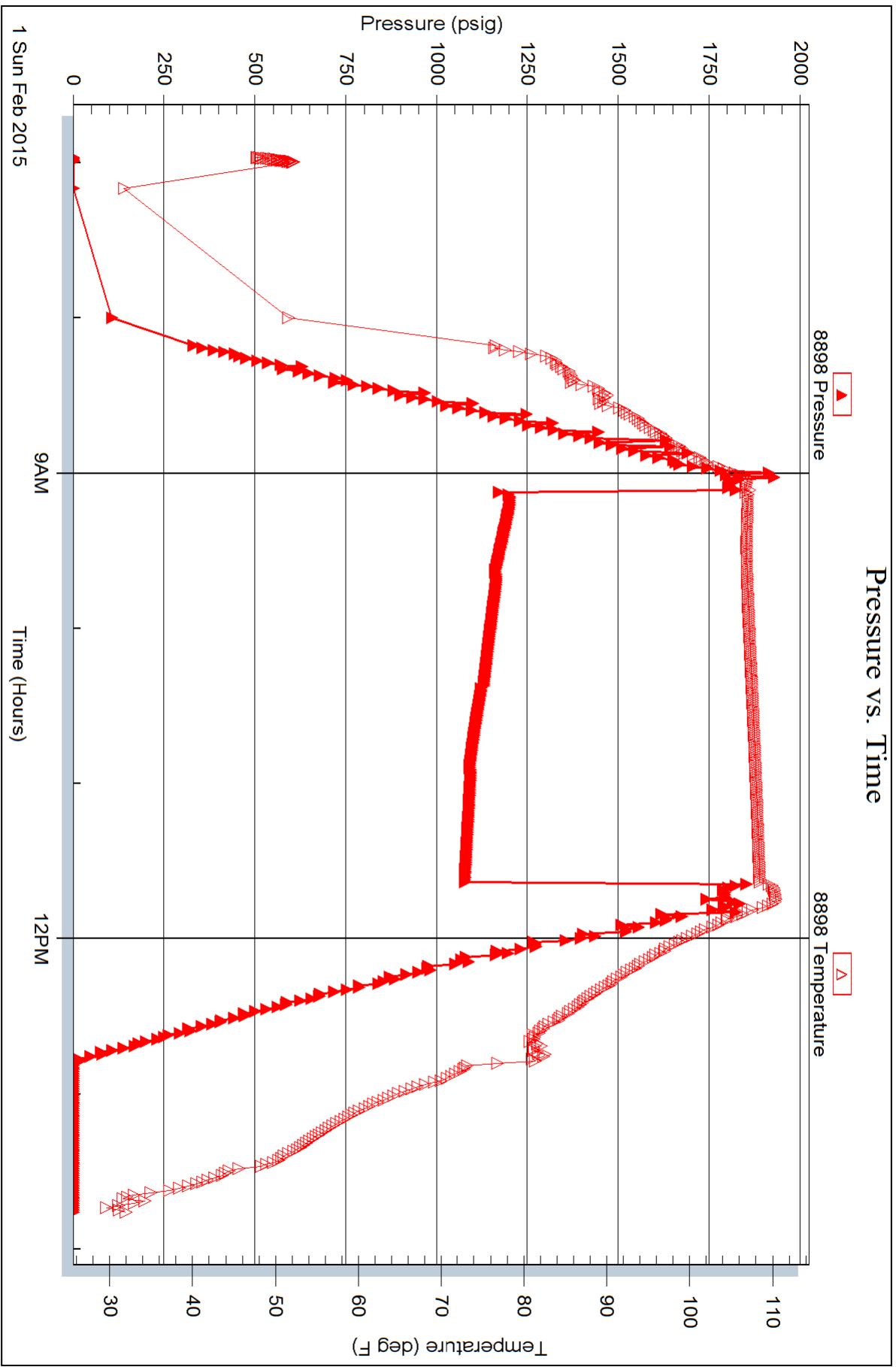
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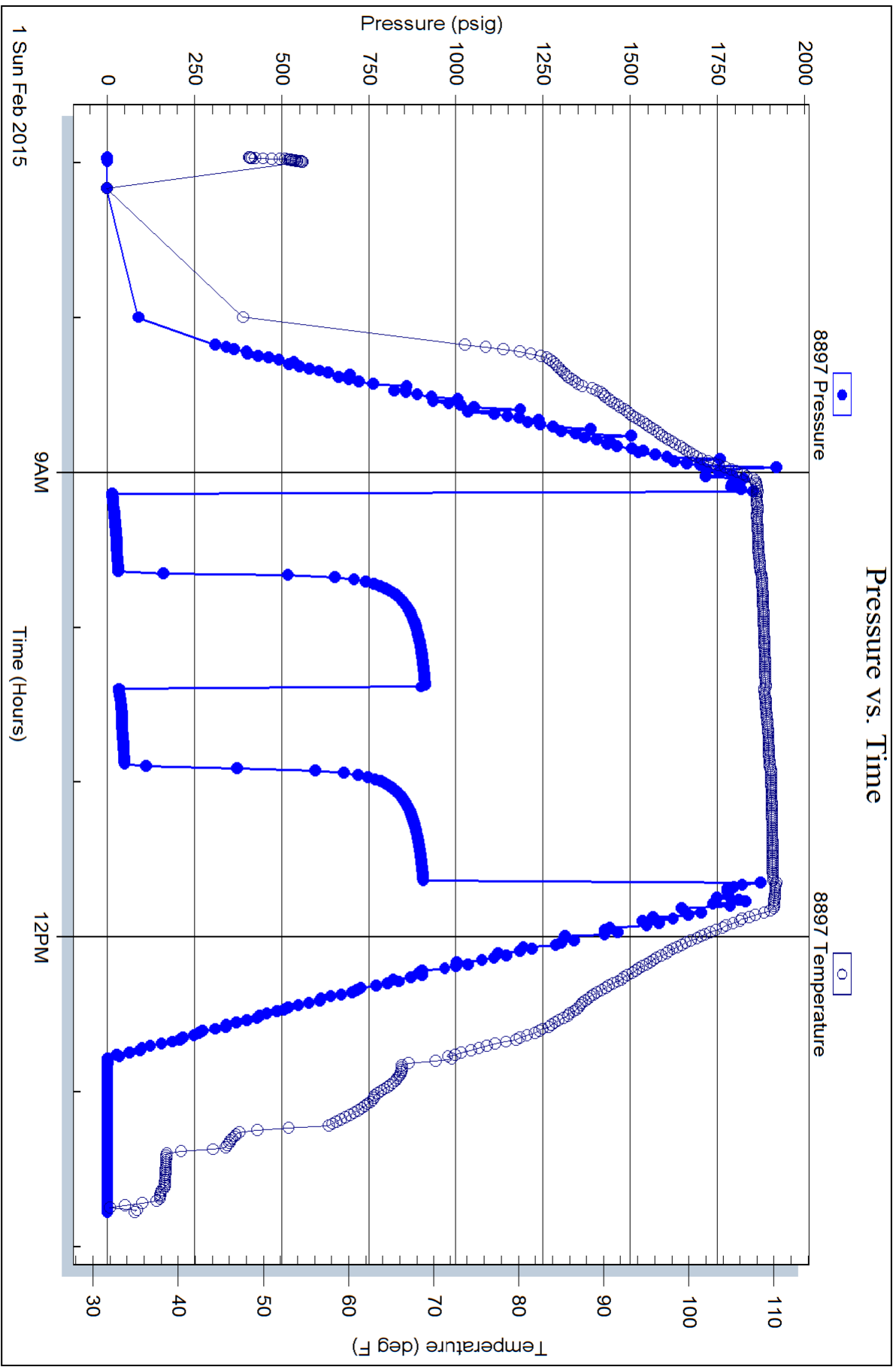
Laboratory Name:

Laboratory Location:

Recovery Comments:









TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Suncoast Technical Services, Inc

Sec. 27-8s-23w Graham, KS

P.O. Box 860037
Plano, TX 75086

Roaring Fork #1

Job Ticket: 62452

DST#: 3

ATTN: Jeff Lawler/Anita Ba

Test Start: 2015.02.01 @ 20:31:00

GENERAL INFORMATION:

Formation: **LKC "J-K"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:53:00
 Time Test Ended: 06:05:40
 Interval: **3740.00 ft (KB) To 3800.00 ft (KB) (TVD)**
 Total Depth: 3800.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Phillip Gage
 Unit No: 77
 Reference Elevations: 2255.00 ft (KB)
 2247.00 ft (CF)
 KB to GR/CF: 8.00 ft

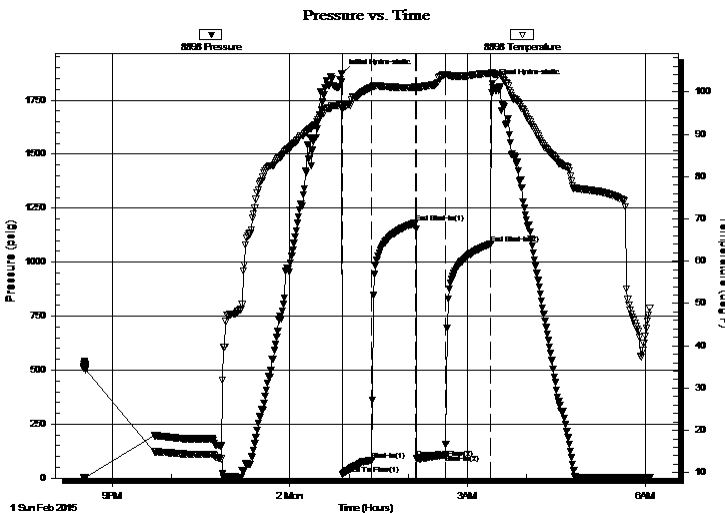
Serial #: 8898

Outside

Press @ Run Depth: 108.97 psig @ 3741.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.02.01 End Date: 2015.02.02 Last Calib.: 2015.02.02
 Start Time: 20:31:01 End Time: 06:05:40 Time On Btm: 2015.02.02 @ 00:52:50
 Time Off Btm: 2015.02.02 @ 03:25:30

TEST COMMENT: 30-IF-Built to 7 1/2"
 45-ISI-Surface Blow, Died in 20 mins.
 30-FF-Built to 5 1/2"
 45-FSI-Weak Surface Blow, Died in 10 mins.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1874.39	96.62	Initial Hydro-static
1	16.29	95.77	Open To Flow (1)
31	82.43	101.08	Shut-In(1)
75	1182.30	101.11	End Shut-In(1)
76	92.26	100.57	Open To Flow (2)
106	108.97	104.10	Shut-In(2)
151	1085.62	104.41	End Shut-In(2)
153	1825.47	104.32	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
63.00	WM, 30%w, 70%m	0.31
126.00	VSWCM, 5%w, 95%m	1.26
15.00	M, 100%m	0.21

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Suncoast Technical Services, Inc

Sec. 27-8s-23w Graham, KS

P.O. Box 860037
Plano, TX 75086

Roaring Fork #1

Job Ticket: 62452

DST#: 3

ATTN: Jeff Lawler/Anita Ba

Test Start: 2015.02.01 @ 20:31:00

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:

25000 ppm

Viscosity: 43.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
63.00	WM, 30%w , 70%m	0.310
126.00	VSWCM, 5%w , 95%m	1.257
15.00	M, 100%m	0.210

Total Length: 204.00 ft Total Volume: 1.777 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .8 @ 2 degrees = 25,000 Salinity

Pressure vs. Time

