



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1255059
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: _____



1255059

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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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. 1068

Date	12-18-2014	Sec.	17	Twp.	14	Range	25	County	Trego	State	Kansas	On Location	5:00 PM
Location								Colyer KS 13 3/4 S 1/2 W					

Lease	Harvey "SHR"	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	MURKIN DALL	Rig #	16	Charge To	Phillips Petroleum Exploration LC
Type Job	Cement Space	Hole Size	12 1/4	T.D.	220
Csg.	8 5/8	Depth	220'	Street	
Tbg. Size	23# used	Depth		City	State
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	15	Shoe Joint		Cement Amount Ordered	150 Sx Com.
Meas Line		Displace	13 / BBL		3% cc 2% gel

EQUIPMENT

Pumptrk	18	No.	Cementer	Glenn G.	Common	150
			Helper	Cody B.	Poz. Mix	
Bulktrk	4	No.	Driver	Tyler	Gel.	3
			Driver		Calcium	5
Bulktrk		No.	Driver			
			Driver			

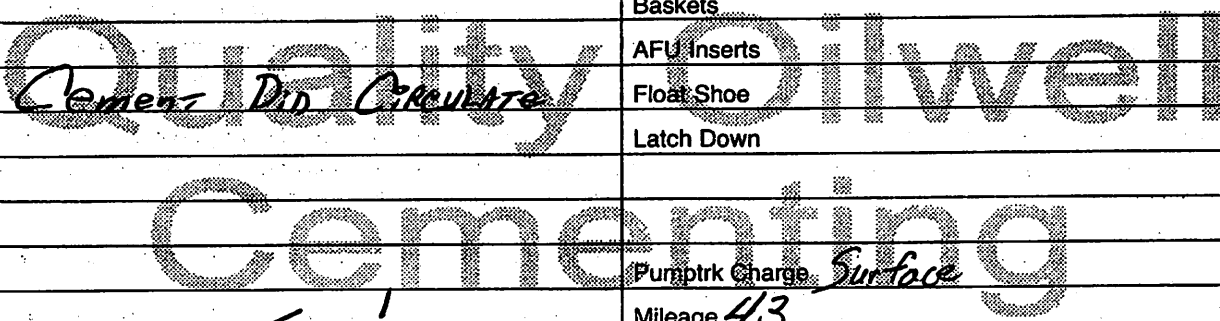
JOB SERVICES & REMARKS

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	
		Handling	158
		Mileage	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Set @ 220'
Cement w/ 150 Sx Com 3% cc
Displace 13 / BBL H₂O
SHUT IN @ 200#



Cement Did Circulate

THANKS!

X Signature *[Handwritten Signature]*

Pumptrk Charge	Surface	Tax	
Mileage	43	Discount	
		Total Charge	

QUALITY OILWELL CEMENTING, INC.

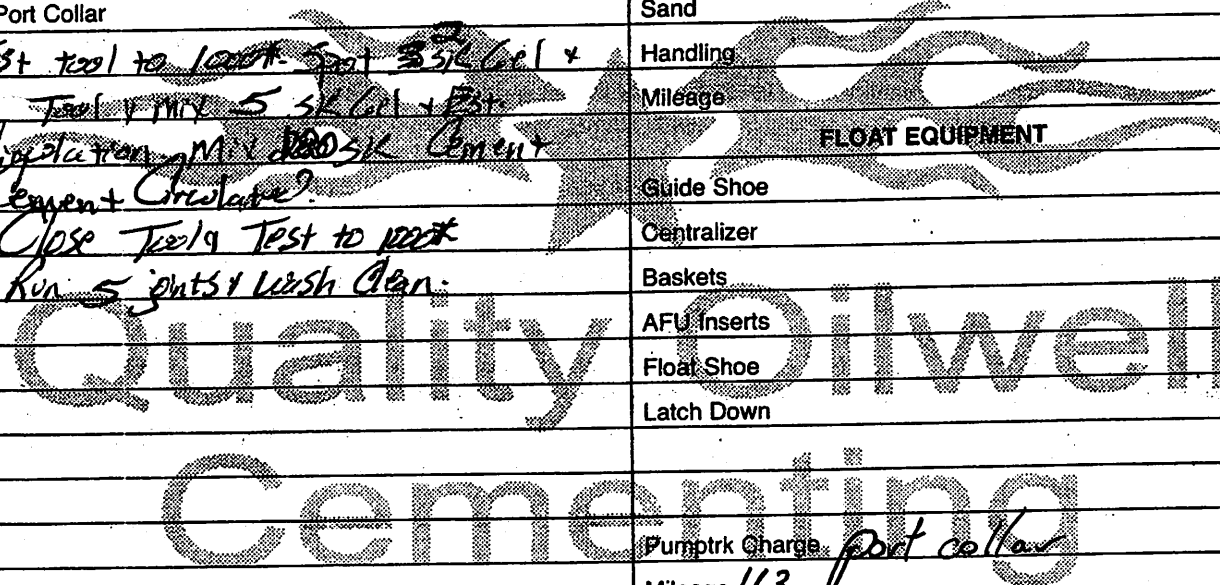
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 995

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-9-15				Trego	KS		10:00 A.M.
Lease <u>Harvey SHR</u>				Well No. <u>1</u>		Owner	
Contractor <u>Fischer</u>				To Quality Oilwell Cementing, Inc.			
Type Job <u>Port Collar</u>				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 <u>7 7/8</u>		T.D.		Charge To <u>Phillips Exploration</u>			
Csg. <u>5 1/2</u>		Depth		Street			
Tbg. Size <u>2 3/8</u>		Depth		City		State	
Tool <u>Port Collar</u>		Depth <u>1842</u>		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered <u>380 #20 QMDC 1/4 #F10</u>			
Meas Line		Displace <u>50 BL</u>		<u>200K + 70K</u>		used <u>180</u>	
EQUIPMENT				Common			
Pumptrk <u>18</u>	No.	Cement Helper <u>Craig</u>		Poz. Mix			
Bulktrk	No.	Driver <u>Cody</u>		Gel.			
Bulktrk <u>19</u>	No.	Driver <u>Chad</u>		Calcium			
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			
<u>Test tool to 1000' spot 3 3/4 Gel +</u>				Handling			
<u>open Tool + mix 5 sl Gel + 100</u>				Mileage			
<u>Circulation mix 100 slk Cement</u>				FLOAT EQUIPMENT			
<u>+ Cement Circulate?</u>				Guide Shoe			
<u>Close Tool + Test to 1000'</u>				Centralizer			
<u>Run 5 joints + Wash Clean.</u>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>port collar</u>			
				Mileage <u>43</u>			
				Tax			
				Discount			
				Total Charge			
Signature <u>[Signature]</u>							



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. 1371

Date <u>1-1-15</u>	Sec. <u>17</u>	Twp. <u>14</u>	Range <u>25</u>	County <u>Trego</u>	State <u>KS</u>	On Location	Finish <u>2:15AM</u>
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Location Collyer, 13.8s, wn 2

Lease <u>Harvey SHR</u>	Well No.	Owner
Contractor <u>Murfin 16</u>		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 <u>longstring</u>		Charge To <u>Phillips Exp.</u>
Hole Size <u>7 7/8</u>	T.D. <u>4072</u>	Street
Csg. <u>5 1/2 14"</u>	Depth <u>4073.50</u>	City
Tbg. Size	Depth	State
Tool <u>Port Collar</u>	Depth <u>1842</u>	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <u>19.72</u>	Cement Amount Ordered <u>210sx Com, 10% salt, 5% gilsonite</u>
Meas Line	Displace <u>99661</u>	<u>10661 KCL</u>

EQUIPMENT

Pumptrk <u>5</u>	No.	Cementer	Common <u>210</u>
		Helper <u>Brett</u>	Poz. Mix
Bulktrk <u>9</u>	No.	Driver	Gel.
		Driver <u>Ryan</u>	
Bulktrk <u>Ph</u>	No.	Driver	Calcium <u>KCL 1 gal</u>
		Driver <u>Travis</u>	

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole <u>30sx</u>	Salt <u>17</u>
Mouse Hole <u>20sx</u>	Flowseal <u>1000#</u>
Centralizers <u>2,3,4,5,6,8,10,12,15, 51</u>	Kol-Seal <u>1000#</u>
Baskets <u>16, 52</u>	Mud CLR 48 <u>500gal</u>
DA or Port Collar <u>52</u>	CFL-117 or CD110 CAF 38
	Sand

Pipe on bottom brake circulation Pumped 500gal Mud CLR 48 with 10661 KCL water behind it. Plugged Rat hole with 30sx and mouse hole with 20sx. Hooped to 5k and mixed 160sx shut down washed pump and lines. Released plug and displaced with 99661 fw. Plug landed and held.

Handling <u>137</u>
Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer <u>10 turbos</u>
Baskets <u>2 Red</u>
AFU Inserts
Float Shoe <u>1</u>
Latch Down <u>1</u>
<u>40 Recp. Scrappers</u>
<u>1 Port collar</u>
Pumptrk Charge <u>prod string</u>
Mileage <u>43</u>

1.4T pressure 700 psi

Plug landed at 1520 psi

X Signature [Signature]

Tax
Discount
Total Charge