



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259079
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: _____



1259079

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Field Ticket Number: MLK 1506270930 Field Ticket Date: Saturday, June 27, 2015

Bill To:
CHARLES N GRIFFIN
#N/A
#N/A

Job Name: 02 Production/Long String
Well Location: BARBER, KS
Well Name: CAROLINE
Well Number: 1
Well Type: NEW WELL
Rlg Number: MAVERICK # 106
Shipping Point: Medicine Lodge, KS
Sales Office: Mid Con

PERSONEL		EQUIPMENT	
JUSTIN BOWER		PICK UP 674	
JAKE HEARD		PICK UP 717	
KINDEL HOLIMAN		892-555	
JOE HALCOMB		819-823	

SERVICES - SERVICES - SERVICES							
Description	QTY	UOM	Unit Amt	Gross Amt	Unit Net	Discount	Net Amount
PUMP, CASING CEMENT 4001-5000 FT	1.00	min. 4 hr	2,765.75	2765.75	1,438.19	48.0%	1,438.19
CMLP	1.00	per day	275.00	275.00	143.00	48.0%	143.00
PHDL	311.00	per cu. Ft.	2.48	771.28	1.29	48.0%	401.07
DRYG	67.00	ton-mile	2.75	184.25	1.43	48.0%	95.81
MILV	5.00	per mile	4.40	22.00	2.29	48.0%	11.44
MIHV	5.00	per mile	7.70	38.50	4.00	48.0%	20.02

FLOAT EQUIPMENT -- FLOAT EQUIPMENT -- FLOAT EQUIPMENT							
AFFS-5.5	1.00	each	545.00	545.00	283.40	48.0%	283.40
CB-5.5	1.00	each	395.00	395.00	205.40	48.0%	205.40
LBP-5.5	1.00	each	660.00	660.00	343.20	48.0%	343.20
CEN -5.5	3.00	each	57.00	171.00	29.64	48.0%	88.92

MATERIALS - MATERIALS - MATERIALS							
CW-HVS	12.00	bbl	25.00	300.00	13.00	48.0%	156.00
CW-MC	12.00	bbl	41.09	493.08	21.37	48.0%	256.40
CB-ASA	200.00	sack	23.50	4,700.00	12.22	48.0%	2,444.00
FL-160	57.00	POUND	18.90	1,077.30	9.83	48.0%	560.20
KOLSEAL	1000.00	POUND	0.98	980.00	0.51	48.0%	509.60
DEFOAMER	28.00	POUND	3.50	98.00	1.82	48.0%	50.96
CB-APA-40604	45.00	sack	18.92	851.40	9.84	48.0%	0.00
KCL	10.00	GALLON	26.90	269.00	13.99	48.0%	139.88

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS							
Additional hours, in excess of set hours		per hour	440.00	0.00	228.80	48.0%	0.00

	Gross	Discount	Final
Services Total	4,056.78	1,947.25	2,109.53
Equipment Total	1,771.00	850.08	920.92
Materials Total	8,768.78	4,651.74	4,117.04
Additional Items	0.00	0.00	0.00
Final Total	14,596.56	7,449.08	7,147.48

Allied Rep: JUSTIN BOWER
Customer Agent: JR GRIFFIN

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

X
Customer Signature: 

Field Ticket Total (USD):

\$7,147.48

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6355

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
062215	15	32s	12w	Bourbon	KS	7:00PM	9:00AM
Lease	Well No.		Location				
Caroline	1		Medicine, W, 1s, 7w, s/4				
Contractor				Owner			
Maverick 106				Charles N. Griffin			
Type Job				To Quality Well Service, Inc.			
Surface				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		T.D.		Charge To			
12 1/4		270		Griffin			
Csg.		Depth		Street			
8 5/8		265					
Tbg. Size		Depth		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			
20'		N/A		175sx class A + 2% gel + 3%			
Meas Line		Displace		cc + 1/4" Flowseal			
		15 1/2 BBLs Fresh					
EQUIPMENT							
Pumptrk	No.			Common			
8	David F			175			
Bulktrk	No.			Poz. Mix			
9	David B						
Bulktrk	No.			Gel.			
				3			
Pickup	No.			Calcium			
				6			
JOB SERVICES & REMARKS							
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal 4" 75			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
Pipe on Btm, Break Circ, Pump				CFL-117 or CD110 CAF 38			
Spacer, Mix 175sx A 2#3 cement				Sand			
Start Disp w/ Fresh H ₂ O, wash up				Handling 184			
truck, See steady increase in P.S.Z.				Mileage 10			
slow rate, stop pump at 15 1/2 BBLs				FLOAT EQUIPMENT			
total Disp, Shut in, Cement Did Circ.				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				1 MV 10			
				Cement separator			
				Pumptrk Charge			
				Surface			
				Mileage 20			
				Tax			
				Discount			
				Total Charge			
Signature		C. D. Farmer					