



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1259096  
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: \_\_\_\_\_



1259096

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](mailto: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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Betty 2
Doc ID	1259096

Tops

Name	Top	Datum
Lansing	3810	-2243
Stark	4182	-2615
Base KC	4272	-2705
Mississippian	4362	-2795
Kinderhook	4548	-2981
Viola	4660	-3093
Simpson	4762	-3195
Simpson Sand	4774	-3207

Field Ticket Number: MLK1505191525      Field Ticket Date: Sunday, June 21, 2015

**Bill To:**  
Charles Griffin  
Pratt, Kansas 67124  
#N/A

**Job Name:** 02 Production/Long String  
**Well Location:** Barber, Kansas  
**Well Name:** Betty  
**Well Number:** # 2  
**Well Type:** New Well  
**Rig Number:** MAVERICK # 106  
**Shipping Point:** Medicine Lodge, KS  
**Sales Office:** Mid Con

PERSONEL		EQUIPMENT	
JAKE HEARD		CEMENTERS PICK-UP 717	
KEVIN BRUNGARDT		PUMP TRUCK 892-555	
JOE HALCOMB		BULK TRUCK 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
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
CB - 5.5	1.00	each	395.00	395.00	205.40	48.0%	205.40

MATERIALS - MATERIALS - MATERIALS							
CW-HVS	12.00	bbl	25.00	300.00	13.00	48.0%	156.00
CB-ASA	200.00	sack	23.50	4,700.00	12.22	48.0%	2,444.00
CLC-KOL	1000.00	pound	0.98	980.00	0.51	48.0%	509.60
CFL-210	57.00	pound	18.90	1,077.30	9.83	48.0%	560.20
CDF-100P	28.00	pound	3.50	98.00	1.82	48.0%	50.96
CB-APA-40604	45.00	sack		0.00	0.00	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	7,155.30	3,434.54	3,720.76
Additional Items	0.00	0.00	0.00
<b>Final Total</b>	<b>12,983.08</b>	<b>6,231.88</b>	<b>6,751.20</b>

Allied Rep: JAKE HEARD  
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): **\$6,751.20**

# QUALITY WELL SERVICE, INC.

6352

Federal Tax I.D. # 481187368

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	06-15-15	Sec.	14	Twp.	32s	Range	12w	County	Barber	State	KS	On Location	8:00 PM	Finish	9:15 PM
Lease	Betty	Well No.	2	Location: Med. (dget) 1w, 3/4s, E into											
Contractor	Maverick 106	Owner										Griffin			
Type Job	Surface	To Quality Well Service, Inc. 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	12 1/4	T.D.	265	Charge To											
Csg.	8 5/8	Depth	265	Griffin											
Tbg. Size		Depth		Street											
Tool		Depth		City											
Cement Left in Csg.	20'	Shoe Joint	N/A	State											
Meas Line		Displace	15 1/4 BBl's	The above was done to satisfaction and supervision of owner agent or contractor.											
<b>EQUIPMENT</b>				Cement Amount Ordered 175sx Class A + 2% gel											
Pumptrk	8	No.	David F	+ 3% gel + 1/4" Flowseal											
Bulktrk	10	No.	<del>Mike Dillon</del>	Common 175											
Bulktrk		No.		Poz. Mix											
Pickup		No.	Mike B	Gel. 3											
<b>JOB SERVICES &amp; REMARKS</b>				Calcium 6											
Rat Hole		Hulls													
Mouse Hole		Salt													
Centralizers		Flowseal 43.75													
Baskets		Kol-Seal													
D/V or Port Collar		Mud CLR 48													
Pipe on Btm Break Circ., Pump Spacers		CFL-117 or CD110 CAF 38													
Mix 175sx A 2#3 cement, start		Sand													
Disp. w/ Fresh H <sub>2</sub> O Slow Rate, stop		Handling 184													
Pump at 15 1/4 BBl's total Disp.		Mileage 10													
Shut in - Cement Did Circ.		<b>FLOAT EQUIPMENT</b>													
		Guide Shoe													
		Centralizer													
		Baskets													
		AFU Inserts													
		Float Shoe													
		Latch Down													
		LMV 10													
		Service Supervisor													
		Pumptrk Charge Surface													
		Mileage 20													
		Tax													
		Discount													
		Total Charge													
X Signature	Paul E. Janner														