



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259181
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: _____



1259181

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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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. 1217

Date	3-5-15	Sec.	Twp.	Range	County	State	On Location	Finish
					ROCKS	KS		

Location Zurich 45 BBR 15 N into

Lease	<u>Wusch</u>	Well No.	<u>215</u>	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	<u>Western Well</u>				
Type Job	<u>Port Collar</u>				
Hole Size	<u>7 7/8</u>	T.D.		Charge To	<u>American Oil</u>
Csg.	<u>5 1/2 15.50</u>	Depth		Street	
Tbg. Size	<u>2 7/8</u>	Depth		City	State
Tool	<u>Quality</u>	Depth	<u>1531</u>	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	<u>250 80/20 QMDC 1/4 #710</u>
Meas Line		Displace	<u>ZBL</u>	<u>USED 180 SK</u>	

EQUIPMENT

Pumptrk	<u>20</u>	No.	Cementer	<u>John</u>	Common	<u>180 Qmde</u>
			Helper			
Bulktrk		No.	Driver	<u>Dick</u>	Poz. Mix	
			Driver		Gel.	
Bulktrk	<u>21</u>	No.	Driver	<u>Chad</u>	Calcium	
			Driver			

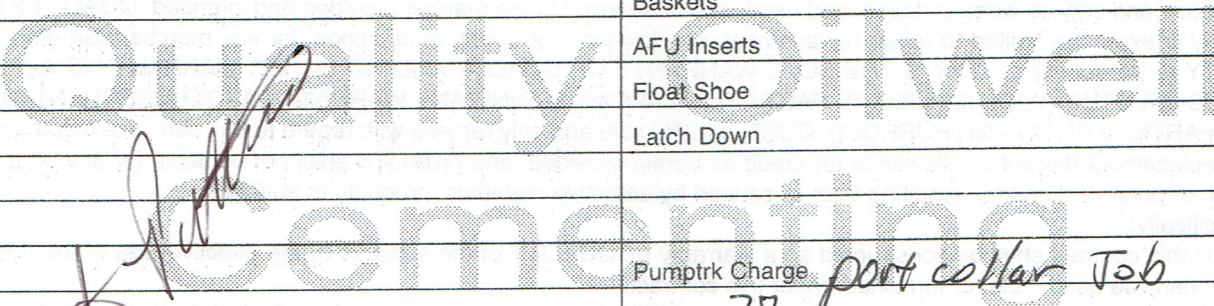
JOB SERVICES & REMARKS

Remarks:		Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	<u>62#</u>
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	<u>250</u>
		Mileage	

Test 5/2 to BOOT. Open Tool y
Est. Circulation. Mix 180 SK Cement
Circulated. Close Tool y Test to BOOT
Run 5 joints + wash clean.

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	



Pumptrk Charge port collar Job
Mileage 37

X Signature	Tax	
	Discount	
	Total Charge	

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Federal Tax I.D.# 20-2886107

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

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

No. 1215

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-3-15	15	10	19	ROCKS	KS		9:00 a.m.

Location Zunch 45 BBRD 1E Dinto

Lease	Well No.	Owner	
Nutsch	2.15	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	Type Job	Charge To	
Discovery #1	Production String	American Oil	
Hole Size	T.D.		
7 7/8	3790		
Csg.	Depth	Street	
5 1/2	3788		
Tbg. Size	Depth	City	
		State	
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
Bit Collar	1531		
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered	
2318	23	195 com 10% salt 5% Gilsomite	
Meas Line	Displace	10 BZ KCL 50 gal mud clear	
	90 BZ		

EQUIPMENT

Pumptrk	No.	Cementer	Common
		Helper	195
Bulktrk	No.	Driver	Poz. Mix
		Brett	
Bulktrk	9 No.	Driver	Gel.
		Chad	
		Driver	Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	KCL 1 gal
30SK	
Mouse Hole	Salt 17
15SK	
Centralizers	Flowseal
	Kol-Seal 900#
Baskets	Mud CLR 48
	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
	Handling 221
5 1/2 on bottom Est. Circulation	Mileage
Pump 50 gal mud flush 9 10 BZ spacer	
Cement Katherex Neesehole Cement	
5 1/2 with 150SK Clear lines & Displace	
Plus 1st 10 BZ KCL	
Plus landed @ 1700'	
Release Pressure Dr./	

FLOAT EQUIPMENT

Guide Shoe	5 1/2
Centralizer	8 Turbols
Baskets	2
AFL Inserts	port Collar
Float Shoe	1
Latch Down	1

Pumptrk Charge prod string
Mileage 37

Tax
Discount
Total Charge

X Signature 