



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1259725
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: _____



1259725

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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Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	REGIER 1
Doc ID	1259725

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.5	8.6250	23	270	Unknown	225	Unknown
Production	7.8750	5.5	14	3163	Unknown	0	Unknown
Production	7.8750	4.5	10.5	3217	Unknown	0	Unknown
Production	7.8750	3.5	7.58	2738	Class A	200	2% Gel

Quality Well Service, Inc.

324 Simpson St.
Pratt, KS 67124

Invoice

Date	Invoice #
6/26/2015	C-1308

Bill To
Trek AEC, LLC 4925 Greenville Ave, Ste.915 Dallas, TX 75206

P.O. No.	Terms	Lease Name
		Regier #1

Description	Qty	Rate	Amount
Common	200	15.50	3,100.00T
Gel	4	22.00	88.00T
Calcium	5	60.00	300.00T
3 1/2" Top Rubber Plug	1	52.00	52.00T
Liner	1	900.00	900.00T
Handling	209	2.10	438.90
.08 * sacks * miles	3,750	0.08	300.00
Service Supervisor	1	150.00	150.00
LMV	10	3.75	37.50
Heavy Equipment Mileage	20	8.00	160.00
Customer Discount		-1,776.00	-1,776.00
Customer Discount		-434.56	-434.56
		0.00	0.00

RECEIVED
JUL 06 2015

Mal...

7/6/2015
9508
AFE#AEC073

Thank You for your business!	Subtotal	\$3,315.84
	Sales Tax	\$245.57
	Total	\$3,561.41

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6358

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	062515	Sec.	25	Twp.	22	Range	03	County	Harvey	State	KS	On Location	12:30pm	Finish	800pm		
Lease	Regier	Well No.	1		Location		B. J. Hunt 10E, 3S, 1W 12N										
Contractor	Sun Flower w/s				Owner	Trek											
Type Job	Liner				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					T.D.												
Csg.	4 1/2	105	Depth		Charge To												
Tbg. Size	3 1/2	7.58	Depth		2732												
Tool					Depth	Street											
Cement Left in Csg.					Shoe Joint	City											
Meas Line					Displace	25 1/2 BBls		Cement Amount Ordered								200sx class A + 27.9 gal +	
EQUIPMENT					296cc												
Pumptrk	8	No.	David F		Common											200	
Bulktrk	9	No.	David B		Poz. Mix												
Bulktrk		No.			Gel.											4	
Pickup		No.	Mike B		Calcium											5.00	
JOB SERVICES & REMARKS					Hulls												
Rat Hole					Salt												
Mouse Hole					Flowseal												
Centralizers					Köl-Seal												
Baskets					Mud CLR 48												
D/V or Port Collar					CFL-117 or CD110 CAF 38												
Liner at 2732, est. w/ 30 BBls, Mix 160 sx cement, stop, wash Pump & Lines, Release Plug, start Disp. w/ Brine water, 2 1/2 BPM at 400# PSI, see increase in PSI, slightly grey water. Casing Bump Plug at 25 1/2 BBls total Disp. from 800# to 1300#, Release PSI, float did hold, Hook up to Back side mix 40 sx at 400# PSI, at 18PM Press increased, Shutdown, Shut in.					Sand												
					Handling											209	
					Mileage											10	
					FLOAT EQUIPMENT												
					Guide Shoe												
					Centralizer												
					Baskets												
					AFU Inserts												
					Float Shoe												
					Latch-Down											3.5 Top Rubber Plug	
											LMV 10						
											Service Supervisor						
											Pumptrk Charge	Liner					
											Mileage	20					
											Tax						
											Discount						
											Total Charge						

X Signature *Thad Starn*