



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1269816  
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: \_\_\_\_\_



1269816

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Tracy 1
Doc ID	1269816

Tops

Name	Top	Datum
Elgin Sand	3469	-1911
Heebner	3564	-2006
Douglas	3620	2062
Lansing	3743	-2185
Stark	4128	-2570
Base/Kansas City	4226	-2668
Mississippi	4310	-2752
Kinderhook	4452	-2894
Viola	4549	-2991
Simpson Shale	4657	-3099
Simpson Sand	4672	-3114

# QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6375

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	09-28-15	Sec.	08	Twp.	32s	Range	12w	County	Barber	State	KS	On Location	6:30 PM	Finish	8:15 PM	
Lease	TRACY		Well No.	1		Location 160 & 281 rd, 4w, n/into										
Contractor	W W # 4					Owner Gaffin										
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.	270												
Csg.	8 5/8		Depth	269												
Tbg. Size			Depth													
Tool			Depth													
Cement Left in Csg.	20'		Shoe Joint	N/A												
Meas Line			Displace	1 5 1/2 BBLs												
<b>EQUIPMENT</b>										3% oil + 1/4 # Flaseal						
Pumptrk	8	No.	David F													
Bulktrk	9	No.	David B													
Bulktrk		No.														
Pickup		No.														
<b>JOB SERVICES &amp; REMARKS</b>										Common 175						
Rat Hole											Salt					
Mouse Hole											Flowseal 42 MB					
Centralizers											Kol-Seal 4000					
Baskets											Mud CLR 48					
D/V or Port Collar											CFL-117 or CD110 CAF 38					
Pipe on BHM, Break Circ, Pump Spacer, Mix 175sx A 2# cement										Sand						
Start Disp w/ Fresh H2O, wash up truck, See steady increase in PSI										Handling						
Slow Rate, Stop Pump at 1 5 1/2 BBLs total Disp, Shut in Cement										Mileage						
- Did Circ.										<b>FLOAT EQUIPMENT</b>						
										Guide Shoe						
										Centralizer						
										Baskets						
										AFU Inserts						
										Float Shoe						
										Latch Down						
										LMV 10						
										Service equipment						
										Pumptrk Charge						
										Mileage 70						
										Tax						
										Discount						
Signature <i>Walter Brown</i>										Total Charge						



JASON MCLEMORE

CELL # 620-617-0527

General Information

<b>Company Name</b>	CNG	<b>Job Number</b>	K261
<b>Contact</b>	Charles N. Griffin	<b>Representative</b>	Jason McLemore
<b>Well Name</b>	Tracy #1	<b>Well Operator</b>	CNG
<b>Unique Well ID</b>	DST #1 Elgin Sand 3466-3477	<b>Prepared By</b>	Jason McLemore
<b>Surface Location</b>	8-32s-12w Barber	<b>Qualified By</b>	Macklin M. Armstrong
<b>Field</b>	Wildcat	<b>Test Unit</b>	6
<b>Well Type</b>	Vertical		

Test Information

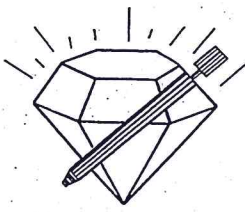
<b>Test Type</b>	Straddle Test	<b>Representative</b>	Jason McLemore
<b>Formation</b>	Elgin Sand	<b>Well Operator</b>	CNG
<b>Well Fluid Type</b>	01 Oil	<b>Report Date</b>	2015/10/03
<b>Test Purpose (AEUB)</b>	Initial Test	<b>Prepared By</b>	Jason McLemore
<b>Start Test Date</b>	2015/10/03	<b>Start Test Time</b>	05:06:00
<b>Final Test Date</b>	2015/10/03	<b>Final Test Time</b>	12:30:00

Test Results

RECOVERED:

425 Muddy Water With Oil Puddle on Top, 95% Water, 5% Mud  
425 TOTAL FLUID

CHLORIDES: 100,000  
PH: 7



DIAMOND TESTING, LLC  
 P.O. Box 157  
 HOISINGTON, KANSAS 67544-0157  
 (800) 542-7313

TIME ON: 5:06 AM  
 TIME OFF: 12:30 PM

**DRILL-STEM TEST TICKET**  
 FILE: Tracy 1st 1

Company CNG Lease & Well No. Tracy #1  
 Contractor WW #4 Charge to CNG  
 Elevation KB 1558 Formation Elgin Sand Effective Pay \_\_\_\_\_ Ft. Ticket No. K 261  
 Date 10-3-15 Sec. 8 Twp. 32 S Range 12 W County Barber State KANSAS  
 Test Approved By \_\_\_\_\_ Diamond Representative JASON McLEMORE

Formation Test No. 1 Interval Tested from 3466 ft. to 3477 ft. Total Depth 4730 ft.  
 Packer Depth 3461 ft. Size 6 3/4 in. Packer depth 3477 ft. Size 6 3/4 in.  
 Packer Depth 3466 ft. Size 6 3/4 in. Packer depth \_\_\_\_\_ ft. Size 6 3/4 in.  
 Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) 5588 3452 ft. Recorder Number 5588 Cap. 6,000 P.S.I.  
 Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
 Below Straddle Recorder Depth 5513 3486 ft. Recorder Number 5513 Cap. 5,000 P.S.I.  
 Mud Type Chemical Viscosity 56 Drill Collar Length 120 ft. I.D. 2 1/4 in.  
 Weight 9.3 Water Loss 9.6 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.  
 Chlorides 8,000 P.P.M. Drill Pipe Length 3433 ft. I.D. 3 1/2 in.  
 Jars: Make STERLING Serial Number 6 Test Tool Length 34 ft. Tool Size 3 1/2-IF in.  
 Did Well Flow? NO Reversed Out \_\_\_\_\_ Anchor Length 10 ft. Size 4 1/2-FH in.  
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Good Blow, BOB in 15 min, No Blowback  
 2nd Open: Fair Blow, BOB in 23 min, No Blowback

Recovered 425 ft. of Muddy Water with Oil Puddle on Top.  
 Recovered 425 ft. of TOTAL FLUID  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
 Recovered \_\_\_\_\_ ft. of \_\_\_\_\_

Recovered _____ ft. of _____	Price Job
Remarks: <u>Chlorides: 100,000</u> <u>PH: 7</u>	Other Charges
	Insurance
	Total

Time Set Packer(s) 7:20 AM A.M. P.M. Time Started Off Bottom 10:35 AM A.M. P.M. Maximum Temperature 113  
 Initial Hydrostatic Pressure..... (A) 1711 P.S.I.  
 Initial Flow Period..... Minutes 30 (B) 17 P.S.I. to (C) 125 P.S.I.  
 Initial Closed In Period..... Minutes 45 (D) 839 P.S.I.  
 Final Flow Period..... Minutes 60 (E) 121 P.S.I. to (F) 226 P.S.I.  
 Final Closed In Period..... Minutes 60 (G) 836 P.S.I.  
 Final Hydrostatic Pressure..... (H) 1689 P.S.I.

Diamond Testing, LLC shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

CNG

DST #1 Elgin Sand 3466-3477  
Start Test Date: 2015/10/03  
Final Test Date: 2015/10/03

Tracy #1  
Formation: Elgin Sand  
Pool: Wildcat  
Job Number: K261

# Tracy #1

