



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1272522
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: _____



1272522

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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10 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2513
 Foreman Russell Mc Coy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-1-15	1099	TREMAIN # 9				Coffey	KS
Customer Quest Development			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 413				105	Dave		
City TOLA				113	ED		
State KS				115	A-B		
Zip Code 66749				144	cliff		

Job Type Longstring Hole Depth 1295' Slurry Vol. 54 Bbl Tubing 2718
 Casing Depth 1268' Hole Size 6 3/4" Slurry Wt. 13.4 + 14 # Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 7.5 Bbl Displacement PSI 375 # Bump Plug to _____ BPM _____

Remarks: Safety meeting, Rig up to 2718 Tubing set @ 1268' Break circulation w/ 5 Bbl water. Mix 300# gel, 10 Bbl water spacer. Mix + Pump 125 SK's Light wt 60/40 Pacmix @ 13.4 # = 36 Bbl Slurry Tail IN w/ 75 SK's owc w/ # 1 Phenoseal @ 14 # = 23 Bbl slurry = 500 Ft Fill on Bottom. Shut Down wash out Pump + Line's Release 2 2718 Top Rubber Plug's Displace 7.5 Bbl water @ 1 BPM 350-375# Final Pump PSI. Bump Plug to 750# check float, float held. 6 Bbl Slurry to PIT. Close Tubing IN O PST. KEEP ANNULUS Full of cement slurry From Flow Ditch. Job Complete, TEAR Down.
 THANK YOU
 Russ + crew

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1050.00	1050.00
C-107	30	Mileage	3.95	118.50
C-202	75	SK's owc cement	19.15	1436.25
C-20B	75 #	Phenoseal = 1# per/sk } Tail cement	1.25	93.75
C-203	125	SK's 60/40 Pacmix	12.75	1593.75
C-206	650 #	Gel = 6%	.20	130.00
C-20B	65 #	Phenoseal 1/2 # per/sk } cement	1.25	81.25
C-206	300 #	Gel Flush Ahead	.20	60.00
C-113	3 hr	80 Bbl VAC TRUCK	85.00	255.00
C-224	3,000	GALLONS city water	10 %/gal	30.00
C-108B	5.37 hr	Tow mileage Unit 115 125 SK's light	250.00	250.00
C-108B	4.12 hr	Tow mileage unit 113 125 SK's owc	250.00	250.00
				5,348.50
Sales Tax				222.63
Authorization by <u>HAI</u> Title <u>Co Rep</u>				Total <u>5571.13</u>

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

WoCo Drilling LLC

1135 30th Rd
 Yates Center, Kansas 66783
 Steve 620-330-6328 Nick 620-228-2320

Operator License # 4175	API # 15-031-24176
Operator: Dvoracheck, Harold A. dba Quest Development Co.	Lease: Tremain
Address: PO Box 413 lola Ks, 66783	Well #9
Phone:620-228-3378	Spud Date: 8/28/15 Completed: 9/1/15
Contractor License: 33900	Location: SEC: 33 TWP: 22 R: 17
T.D. 1295' Bit Size: 6 3/4"	1035 Ft. from North line
Surface Pipe Size: 8 5/8" Surface Depth: 40'	2270 Ft. from East line
Kind of Well: Oil	County: Coffey

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Broken oil sand	972	974
Clay	4	8	Sand	974	980
Gravel	8	15	Shale	980	1295
Shale	15	119	Top of Mississippi	1295	
Lime	119	172			
Shale	172	181			
Lime	181	232			
Shale	232	345			
Lime	345	395			
Shale	395	417			
Lime	417	419			
Shale	419	438			
Lime	438	566			
Shale	566	739			
Lime	739	745			
Shale	745	756			
Lime	756	764			
Shale	764	767			
Lime	767	776			
Shale	776	837			
Lime	837	842			
Shale	842	864			
Lime	864	867			
Shale	867	909			
Lime	909	917			
Shale	917	920			
Lime	920	925			
Shale	925	956			
1 st cap rock	956	957			
Shale	957	959			
Shale	959	962			
Shale	962	965			
2 nd cap rock	965	966			
Broken oil sand	966	967			
Pure oil sand	967	969			
Pure oil sand	969	972			