



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1309838  
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: \_\_\_\_\_

1309838

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. **2296**  
 Foreman Russell McCoy  
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-10-16	1099	Layman A-6				Coffey	Ks
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Quest Development			Rm	105	Dave		
Mailing Address			Dave	113	Steve		
P.O. Box 413			Steve	145	ALAN		
City			ALAN				
Iola		State	Zip Code				
Ks		66749					

Job Type Longstring Hole Depth 1313 Slurry Vol. 43 Bbl Tubing 2 7/8 set 1303  
 Casing Depth 1303 Hole Size 5 7/8 Slurry Wt. 13.8 Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 2 7/8 Cement Left in Casing 0 Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 7.7 Displacement PSI 500<sup>#</sup> Bump Plug to 950<sup>#</sup> BPM 1 BPM Displacement

Remarks: Safety Meeting, Rig up to 2 7/8 Tubing, Break Circulation w/ 5 Bbl water  
Mix + Pump 6 SKs Gel Flush w/ 15 Bbl water. Mix + Pump 140 SKs o/w cement  
w/ 1# Phenoseal @ 13.8 = 43 Bbl Slurry. Shut Down wash up pump + lines. Pump 2 2 7/8  
TOP Rubber Plug's w/ 7.7 Bbl water. Final Pump PSI 500<sup>#</sup> Bump Plug's to 1,000<sup>#</sup>  
check float, float held. 6 Bbl Cement Slurry to surface. Annulus Staged Full of  
Cement For 1 hr After Job. 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		Mileage IN Area	N.C.	N.C.
C-202	140	owc cement	19.15	2,681.00
C-208	140 <sup>#</sup>	1# Phenoseal	1.25	175.00
C-206	300 <sup>#</sup>	Gel Flush	.20	60.00
C-1008	7.35	Tow Mileage	345.00	345.00
C-401	2	2 7/8 TOP Rubber Plug's	28.00	56.00
C-113	3	hr 80 Bbl UNC TRUCK	85.00	255.00
C-224	3,300	gallon's city water	10 <sup>per 1000</sup>	33.00
590 < 2412.50 > \$4601.81			SL TOTAL	4,655.00
			Sales Tax	195.33

Authorization Witnessed by Hpl Title OWNER Total 4850.33

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 30<sup>th</sup> Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

<b>Operator License # 4175</b>	<b>API # 15-031-24195-00-00</b>
<b>Operator: Dvoracheck, Harold A. dba Quest Development Co.</b>	<b>Lease: Lehamann A</b>
<b>Address: PO Box 413 Iola Ks, 66783</b>	<b>Well #6</b>
<b>Phone:620-228-3378</b>	<b>Spud Date: 3/7/16      Completed: 3/10/16</b>
<b>Contractor License: 33900</b>	<b>Location: SEC: 27      TWP: 22      R: 17</b>
<b>T.D. 1313      Bit Size: 5 7/8</b>	<b>1980 Ft. from North line</b>
<b>Surface Pipe Size:8 5/8      Surface Depth: 40ft</b>	<b>2000 Ft. from West line</b>
<b>Kind of Well: Oil</b>	<b>County: Coffey</b>

## Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Shaley Oil Sand	993	995
Clay	5	15	Pure Oil Sand	995	997
Shale	15	153	Pure Oil Sand	997	1000
Lime	153	199	Pure Oil Sand	1000	1002
Shale	199	210	Broken Sand	1002	1004
Lime	210	265	Shaley Sand	1004	1006
Shale	265	369	Shale	1006	1313
Lime	369	424	Top of Mississippi	1313	
Shale	424	467			
Lime	467	469			
Shale	469	489			
Lime	489	547			
Shale	547	555			
Lime	555	589			
Shale	589	728	T.D. 1313		
Lime	728	732			
Shale	732	787			
Lime	787	796			
Shale	796	809			
Lime	809	812			
Shale	812	859			
Lime	859	868			
Shale	868	886			
Lime	886	892			
Shale	892	909			
Lime	909	913			
Shale	913	926			
Lime	926	931			
Shale	931	935			
Lime	935	939			
Shale	939	981			
1st Cap	981	982			
Shale	982	988			
2 <sup>nd</sup> Cap	988	989			
Shale	989	992			