

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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
--	---

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Fossil Energy, LLC
Well Name	LIBERTY 1
Doc ID	1313129

Tops

Name	Top	Datum
Anhydrite	883	+963
Tarkio Lm	2463	-617
Topeka	2707	-861
Heeb. Sh.	2928	-1082
Toronto	2947	-1101
Lansing	2980	-1134
BKc	3232	-1386
Arbuckle	3313	-1467
TD	3350	-1504

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. 1710

Date	6-9-16	Sec.	Twp.	Range	County	State	On Location	Finish
					Russell	Ks		10:30 AM

Location Gocham, Ks - 1E 8N 1/2W 1/4S

Lease	<u>Liberty</u>	Well No.	<u>1</u>	Owner	<u>E/S</u>
Contractor	<u>Express well Service</u>	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.			
Type Job	<u>port collar</u>				
Hole Size		T.D.		Charge To	<u>Fossil Energy</u>
Csg.	<u>5 1/2"</u>	Depth		Street	
Tbg. Size	<u>2 7/8"</u>	Depth		City	State
Tool	<u>Port Collar</u>	Depth	<u>1518'</u>	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	<u>220 80/20 QMC 1/2# Pb</u>
Meas Line		Displace	<u>7 3/4 BLS</u>		

EQUIPMENT

Pumptrk	<u>5</u>	No.	Cementer	<u>Brett</u>	Common	<u>220</u>
			Helper		Poz. Mix	
Bulktrk	<u>14</u>	No.	Driver	<u>Dave</u>	Gel.	
			Driver		Calcium	
Bulktrk	<u>p.u.</u>	No.	Driver	<u>Rick</u>	Hulls	
			Driver		Salt	

JOB SERVICES & REMARKS

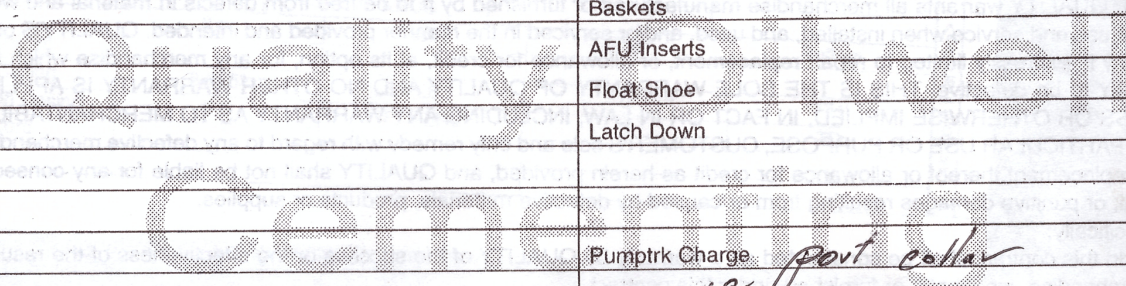
Remarks:	<u>Load hole, pressure tool</u>	Salt	
Rat Hole	<u>to 1500' + held open tool</u>	Flowseal	<u>110</u>
Mouse Hole	<u>establish a blow mix 220</u>	Kol-Seal	
Centralizers	<u>SX Cement + Displaced</u>	Mud CLR 48	
Baskets	<u>w/ 7 3/4 BLS H2O. Closed</u>	CFL-117 or CD110 CAF 38	
D/V or Port Collar	<u>tool pressure tool to 1500'</u>	Sand	
	<u>+ held. Run 5 1/2" tubing + wash</u>	Handling	<u>220</u>
	<u>Clean. Rigged down</u>	Mileage	

Cement did NOT Circulate

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	<u>port collar</u>
Mileage	<u>18</u>

X Signature	<u>[Signature]</u>	Tax	
		Discount	
		Total Charge	



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. 1985

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-10-16	17	12	15	Russell	KS		5:45 AM
				Location Section 15 92' 142' 445' Finto			

Lease <u>Liberty</u>	Well No. <u>11</u>	Owner
Contractor <u>Moyle</u>		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.
Type Job <u>Production String</u>		Charge To <u>Fossil Energy LLC</u>
Hole Size <u>7 7/8</u>	T.D. <u>3350</u>	Street
Csg. <u>5 1/2</u>	Depth <u>3348</u>	City
Tbg. Size	Depth	State
Tool <u>Port Collar</u>	Depth <u>1518</u>	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. <u>21'</u>	Shoe Joint <u>21'</u>	Cement Amount Ordered <u>100 60/40 18' Salt 2' Gel 1/4#FO</u>
Meas Line	Displace <u>8 1/4 BCL</u>	<u>100 SK 60/40 10' Salt 2' Gel 1/4#FO 100 gal mud clear</u>

EQUIPMENT

No.	Equipment	Common
Pumptrk <u>18</u>	Cementer Helper <u>Craig</u>	Poz. Mix
Bulktrk <u>14</u>	Driver <u>Brent</u>	Gel.
Bulktrk <u>9</u>	Driver <u>Doug</u>	Calcium

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole <u>30SK</u>	Flowseal
Mouse Hole <u>153K</u>	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
<u>5 1/2 50 x 2348. 2 Bull @ 3327</u>	Handling
<u>Est Completion Date 10/20/16</u>	Mileage
<u>Clear. Ph. Run mouse hole</u>	

FLOAT EQUIPMENT

<u>Cement 5 1/2</u>	Guide Shoe <u>Port Collar</u>
<u>Divided @ 1500' Held</u>	Centralizer <u>11 Turbo's</u>
<u>Release Pressure 0/1</u>	Baskets <u>2</u>
	AFU Inserts
	Float Shoe
	Latch Down <u>1</u>

Quality Oilwell Cementing

Pumptrk Charge	
Mileage	

Signature <u>[Signature]</u>	Tax
	Discount
	Total Charge

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. 1962

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-16-16	17	12	15	Russell	KS		10:30 AM

Location COMMERCIAL 900 BENTLEY RD 12W 1/4 SE 110

Lease <u>Liberty</u>	Well No. <u>1</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>Royal #1</u>		
Type Job <u>Surface</u>		
Hole Size <u>12 1/4</u>	T.D. <u>771</u>	Charge To <u>Fossil Energy</u>
Csg. <u>8 5/8</u>	Depth <u>770</u>	Street
Tbg. Size	Depth	City State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. <u>40</u>	Shoe Joint <u>40</u>	Cement Amount Ordered <u>280 60/40 3/4 2/4</u>
Meas Line	Displace <u>46 1/2 BBL</u>	

EQUIPMENT

Pumptrk	No. <u>18</u>	Cementer <u>Coig</u>	Helper	Common
Bulktrk	No.	Driver		Poz. Mix
Bulktrk	No. <u>15</u>	Driver <u>Brett</u>		Gel.
		Driver		Calcium

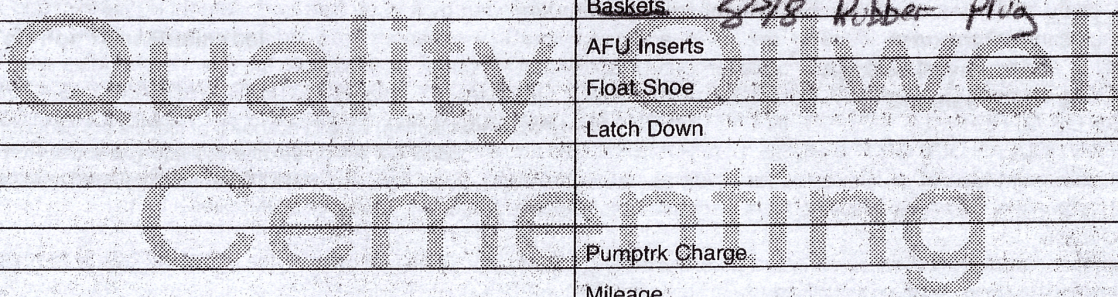
JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38

8 5/8 on bottom Est Circulation
Mix 280SK 1 D s/lug Plug
Baffle plate size 730
Plug landed 800'
Cement Circulated

FLOAT EQUIPMENT

Guide Shoe	Handling
Centralizer <u>8 5/8 Baffle Plate</u>	Mileage
Baskets <u>8 5/8 Rubber Plug</u>	
AFU Inserts	
Float Shoe	
Latch Down	



Pumptrk Charge	Tax
Mileage	Discount
	Total Charge

X Signature Wong Buey