



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1313437
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: _____

1313437

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> _____					
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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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. 1656

Date	3-17-16	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	Zimmerman owned				Location		Ellis 2 E to prophave Tank 25 1/2 E	
Contractor	Super Squeeze				Well No.	1		
Type Job	Squeeze				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.		
Hole Size	5 1/2				T.D.	Charge To Jason Orl		
Csg.					Depth	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.					Shoe Joint	Cement Amount Ordered 200 @ 20 2% CC		
Meas Line	Displace				Common 160 40			
EQUIPMENT								
Pumptrk	20 No.	Cementer	Bary		Common			
		Helper	Dave		Poz. Mix			
Bulktrk	14 No.	Driver			Gel. 4			
		Driver			Calcium			
Bulktrk	No.	Driver			Hulls			
		Driver			Salt			
JOB SERVICES & REMARKS								
Remarks:					Flowseal			
Rat Hole					Kol-Seal			
Mouse Hole					Mud CLR 48			
Centralizers	open hole 3802-10				CFL-117 or ED110 CAF 38			
Baskets	perfs 2 3764-66				Sand			
D/V or Port Collar	3726				Handling			
	packer 2 3726				Mileage			
	Rate 2 + 85L @ 200				FLOAT EQUIPMENT			
	Mixer 200 ft staged				Guide Shoe			
	+ squeezed 2500				Centralizer			
	psi. came out of hole				Baskets			
					AFU Inserts			
					Float Shoe			
					Latch Down			
					Pumptrk Charge Squeeze			
					Mileage 16			
					Tax			
					Discount			
					Total Charge			
X Signature								

Quality Oilwell
Cementing

			Polish Rod		
			Liner		
			Rod Subs		
			Rods		
			Rods		
			Rods		
			Pump		
			Tubing Subs		
			Tubing		
			Tubing		
			Bbl. Seat N.		
		Where Set Type Size	Packer or Tubing Anchor		Where Set Type Size
			Mud Anchor		

Y N Paint _____
 N Diesel 5 Gal x 5.15 = \$25.75
 Thread Dope 5 # \$6.64 each = \$33.20
 Y N Stuff Box Rub _____
 Y N Fishing Tool _____
 N Circ Head \$100.00
 Circ Rubber New _____ (Used) \$80.00
 Y N Packer (type) _____
 Y N Plug _____
 Y N Sand Pump _____
 Y N Swab Equip _____
 Y N Oil Saver Rub _____
 Y N Swab Cups _____

Unit Rig #1
 Operator Jim B. Brey
 Floorman E. Guzman
 Floorman M. Hill

Hrs.	Per Hr.	Amount
82 1/2	88 ⁰⁰	6,600 00
82 1/2	36 ⁰⁰	2,970 00
82 1/2	32 ⁰⁰	2,640 00
82 1/2	32 ⁰⁰	2,640 00
EXTRA EQUIP		238 95
SALES TAX		
TOTAL		15,088 95

Y N Testing tbg: Who tested: _____
 Results: _____
 Items used from SOS: _____

Bad	Replacements
# _____ jts _____	# _____ jts _____
# _____ rods _____	# _____ rods _____
Rod Boxes Replaced 3/4" _____	7/8" _____ 1" _____

Items used from other suppliers: _____

Remarks: Move in + rig up - start drilling cement @ 6' -
to 3225' - get cotton seed hulls to 3745' - had to
circulate every joint - drilling on iron @ 3745' -
get thru plug to 3790' - drilling on iron again -
circulate clean - drill to 3810' - circulate clean -
log bottom + check TD - log shows 3810' - Run PKF -
set @ 3726' - swab + test - all water - squeeze w/ 100 sacks - Redrawn

By: Jim Brey
 Super Well Service "Thank You"

By: _____
 Authorized Signature