

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
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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				

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
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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:	
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Form	ACO1 - Well Completion
Operator	Miller, Todd dba Speedy Well Service
Well Name	WEMMER 111
Doc ID	1313573

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	1143-1149	250 gal 15% HCL	1143-1149
		2000# 20/40 frac sand	



5671

CEMENT FIELD TICKET AND TREATMENT REPORT

Invoice # 807596

Customer	SPEEDY WELL SERVICE LLC	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	LONGSTRING	Section	35	Excess (%)	25%
Customer Acct #	3821	TWP	34S	Density	14.5
Well No.	WEMMER #111	RGE	11E	Water Required	6.6081
Mailing Address	402 W Elm	Formation		Yield	1.4894
City & State	Sedan, KS. 67361	Tubing		Sacks of Cement	170
Zip Code		Drill Pipe		Slurry Volume	45.09
Contact		Casing Size	2 7/8	Displacement	6.91
Email		Hole Size	6 1/4	Displacement PSI	
Cell		Casing Depth	1195	MIX PSI	
Dispatch Location	CUSHING	Hole Depth	1210	Rate	

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
CE0450	PSI CHARGES (0-1500)	1	PER JOB	\$1,500.00	\$ 1,500.00
CE0001	PICKUP MILEAGE CHARGE	90	PER MILE	\$3.00	\$ 270.00
CE0002	PUMP TRUCK/HEAVY EQUIPMENT MILEAGE CHARGE	180	PER MILE	\$7.15	\$ 1,287.00
CE0711	MINIMUM CEMENT DELIVERY CHARGE	1	PER UNIT	\$660.00	\$ 660.00
CE0525	BLENDING CHARGE	253.2	PER CUFT	\$1.80	\$ 455.76
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
EQUIPMENT TOTAL					\$ 4,172.76

Code	Cement, Chemicals and Water	Quantity	Unit	Price per Unit	
CC5800A	CLASS A CEMENT (SALES) BLEND (SK)	170		\$20.00	\$ 3,400.00
CC6079	PHENOSEAL	80		\$1.35	\$ 108.00
CC6077	KOL SEAL (50# SK)	900		\$0.50	\$ 450.00
CC5326	GRANULATED SALT (50#) SELL BY #	900		\$0.75	\$ 675.00
CC5965	PREMIUM GEL/BENTONITE (50#)	300		\$0.30	\$ 90.00
CC6159	CITY WATER (PER 1000 GAL)	5400	Per Gal	\$0.03	\$ 162.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
Chemical Total					\$ 4,885.00

Code	Cement Water Transports	Quantity	Unit	Price per Unit	
WS2402	WATER TRANSPORT (CEMENT)	3	ATER TRANSPORT (CEME	\$120.00	\$ 360.00
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
Transports Total					\$ 360.00

Code	Cement Floating Equipment (TAXABLE)	Quantity	Unit	Price per Unit	
0	Cement Basket	0		\$0.00	\$ -
0	Centralizer	0		\$0.00	\$ -
0	Float Shoe	0		\$0.00	\$ -
0	Float Collars	0		\$0.00	\$ -
0	Guide Shoes	0		\$0.00	\$ -
0	Baffle and Flapper Plates	0		\$0.00	\$ -
0	Packer Shoes	0		\$0.00	\$ -
0	DV Tools	0		\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc	0		\$0.00	\$ -
0	BALL VALVE - 2" STEEL	0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -

Code	Plugs and Ball Sealers	Quantity	Unit	Price per Unit	
CP6176	2 7/8" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
0	Downhole Tools	0		\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 45.00

TRUCK#	DRIVER NAME
659	TRACY WILLIAMS
398	JOHN WADE
564	MAURO LIMAS
679 T-102	TRAMPIS SPELCHTER

Tax: # 209.53

6.00%	SUB TOTAL	\$ 9,462.76
	SALES TAX	\$ 419.05
	TOTAL	\$ 9,881.81
50%	(-DISCOUNT)	\$ 4,940.91
	DISCOUNTED TOTAL	\$ 4,940.91

AUTHORIZATION \_\_\_\_\_  
 DATE 5/12/16

TITLE \_\_\_\_\_  
 FOREMAN Tracy Williams

ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

ENTERED MAY 16 2016

