

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1327442
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: _____

1327442

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

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. 1993

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-2-16	6	9	18	Rock	KS		9:50 AM

Location: *400 1470 4/70 W. 100*

Lease	Well No.	Owner	
<i>Dechant</i>	<i>1-6</i>	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	Type Job	Charge To	
<i>D. S. ...</i>	<i>Bottom</i>	<i>American Oil</i>	
Hole Size	T.D.	Street	
<i>7 7/8</i>	<i>3600</i>		
Csg. Size	Depth	City	
<i>5 1/2 17#</i>	<i>3599</i>	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
<i>DV Tool</i>	<i>1499</i>		
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered	
<i>19.68</i>	<i>19.68</i>	<i>175 Q-Ro-C 10/1 Salt</i>	

Meas Line Displace *8326* *S/C 15000 500gal misc. Chem. VRI/KCL*

EQUIPMENT			
Pumptrk	No.	Cement Helper	Poz. Mix
<i>20</i>		<i>CS</i>	
Bulktrk	No.	Driver	Gel.
<i>9</i>		<i>Shane</i>	
Bulktrk	No.	Driver	Calcium
<i>19</i>		<i>Shane</i>	

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
<i>5 1/2 Sec @ 3599 - 3500 3579</i>	Sand
<i>5 1/2 Centralizer Displacement</i>	Handling
<i>Mix 17500 500gal misc. Chem.</i>	Mileage
<i>Plug loaded @ 15000</i>	
<i>1 1/2 Displacement 8000</i>	
<i>D/S Displacement DV Tool</i>	

FLOAT EQUIPMENT

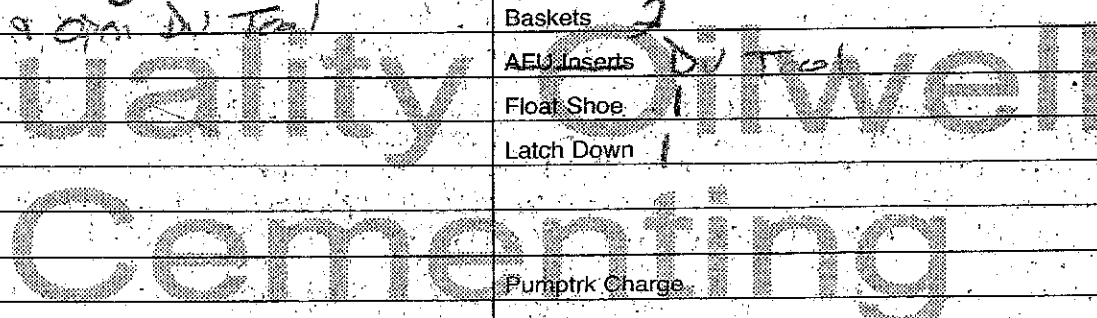
Guide Shoe	
Centralizer	<i>7 Turbo's</i>
Baskets	<i>2</i>
AEU Inserts	<i>DV Tool</i>
Float Shoe	<i>1</i>
Latch Down	<i>1</i>

Pumptrk Charge

Mileage

Tax
Discount
Total Charge

X Signature *Tom W. ...*



QUALITY OILWELL CEMENTING, INC.

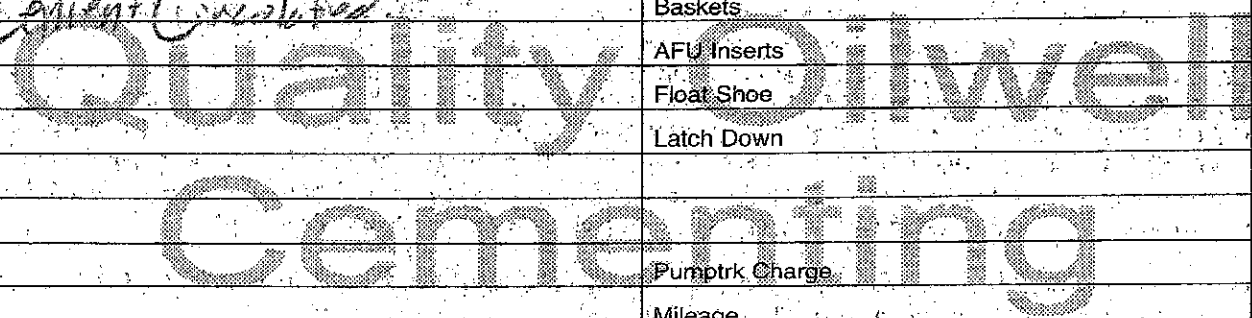
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1996

Date	8-2-16	Sec.	6	Twp.	9	Range	18	County	Rooks	State	KS	On Location		Finish	10:15 AM
Lease								Well No.		Owner					
Contractor								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								Charge To		American Oil					
Hole Size								T.D.		Cement Amount Ordered					
Csg.								Depth		300					
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					
Meas Line								Displace		300					
EQUIPMENT												Common			
Pumptrk	No.	Cementer													
20		Helper	CAG												
Bulktrk	No.	Driver	Shane												
9		Driver	D.M.T.												
Bulktrk	No.	Driver													
19		Driver													
JOB SERVICES & REMARKS												Hulls			
Remarks:												Salt			
Rat Hole												Flowseal			
Mouse Hole												Kol-Seal			
Centralizers												Mud CLR 48			
Baskets												CFL-117 or CD110 CAF 38			
DNV or Port Collar												Sand			
DU Tool												Handling			
Mousing												Mileage			
2355K												FLOAT EQUIPMENT			
Plus leader												Guide Shoe			
Cement												Centralizer			
												Baskets			
												AFU Inserts			
												Float Shoe			
												Latch Down			
												Pumptrk Charge			
												Mileage			
												Tax			
												Discount			
X Signature												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. 7820

Date	7-20-16	Sec.	Twsp.	Range	County	State	On Location	Finish
					Rooks	Ks		2:15 PM

Location *Plainsville W to NHR 1/2 N*

Lease	<i>Dechant</i>	Well No.	<i>1-6</i>	Owner	To Quality Oilwell Cementing, Inc.
Contractor	<i>Discovery 2</i>				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	<i>Surface</i>	T.D.	<i>222</i>	Charge To	<i>American oil</i>
Hole Size	<i>12 1/4</i>	Depth	<i>221</i>	Street	
Csg.	<i>5 1/2</i>	Depth		City	State
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered	
Cement Left in Csg.	<i>10-15</i>	Shoe Joint	<i>13 1/2</i>		
Meas Line		Displace			

EQUIPMENT

Pumptrk	No. <i>5</i>	Cementer	<i>Brett</i>
		Helper	
Bulktrk	No. <i>15</i>	Driver	<i>Dave</i>
		Driver	
Bulktrk	No.	Driver	
		Driver	

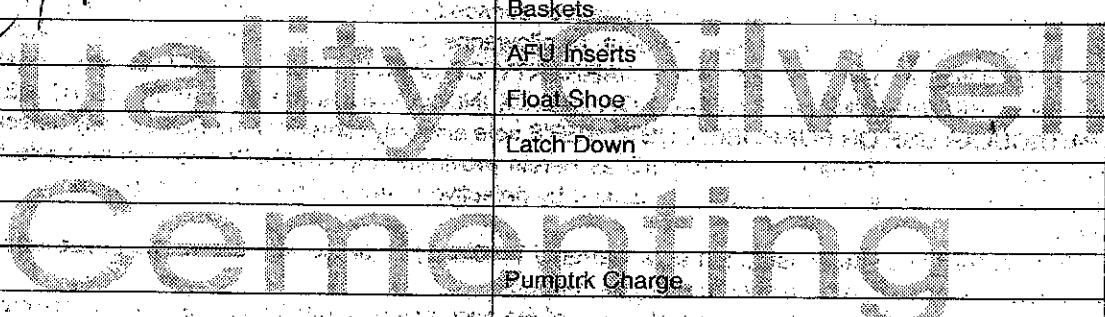
Common	<i>150 5/20 372</i>
Poz. Mix	
Gel.	
Calcium	

JOB SERVICES & REMARKS

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

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch-Down



	Pumptrk Charge
	Mileage

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