

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1352045
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: _____

1352045



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> _____
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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. 3074

Date	11-17-16	Sec.	16	Twp.	11	Range	19	County	Ellis	State	KS	On Location		Finish	7:45 AM
Location <i>Yocemento River Winto</i>															
Lease	<i>Eller</i>			Well No.	<i>2-16</i>			Owner							
Contractor	<i>Discovery #1</i>			<i>Bottom</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.								
Type Job	<i>DV Job</i>			Charge To <i>American O.I</i>											
Hole Size	<i>7 7/8</i>			T.D.	<i>3610</i>			Street							
Csg.	<i>5 1/2 - 17#</i>			Depth	<i>3608</i>			City State							
Tbg. Size				Depth											
Tool				Depth	The above was done to satisfaction and supervision of owner agent or contractor.										
Cement Left in Csg.	<i>21.45</i>			Shoe Joint	<i>21.45</i>			Cement Amount Ordered <i>175 com 10/1 Salt St. Gilsomite</i>							
Meas Line				Displace	<i>8.31/4 B.C.</i>			<i>500 gal mud clear</i>							
EQUIPMENT															
Pumptrk	<i>18</i>	No.		Cementer	<i>18</i>			Common <i>175</i>							
				Helper	<i>DW</i>			Poz. Mix							
Bulktrk	<i>15</i>	No.		Driver	<i>Tim</i>			Gel.							
				Driver	<i>Doog</i>			Calcium							
Bulktrk	<i>14</i>	No.		Driver											
JOB SERVICES & REMARKS															
Remarks:	<i>USED 17# 5 1/2</i>														
Rat Hole															
Mouse Hole															
Centralizers	Koi-Seal <i>875#</i>														
Baskets	Mud CLR 48 <i>500 gal</i>														
D/V or Port Collar	CFL-117 or CD110 CAF 38 <i>B</i>														
<i>5 1/2 S&W 3608 Est. Circulation</i>															
<i>Open Tool & Est. Circulation</i>															
<i>Mod Clear Mix 175 SKA Displace</i>															
<i>Plug knife @ 1500'</i>															
FLOAT EQUIPMENT															
Guide Shoe															
Centralizer <i>8</i>															
Baskets <i>1</i>															
AFU Inserts <i>DV Tool</i>															
Float Shoe <i>1</i>															
Latch Down <i>1</i>															
Pumptrk Charge <i>prod string Bottom</i>															
Mileage <i>23</i>															
Tax															
Discount															
Total Charge															
Signature <i>Chf Mappelo</i>															

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. 3075

Date	11-17-16	Sec.	16	Twp.	11	Range	19	County	Ellis	State	KS	On Location		Finish	8:45 AM			
Location													Yacometo N River Winto					
Lease	Eiler		Well No.		2-16		Owner											
Contractor	Dislavon #1		Top stage		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	DU JOB																	
Hole Size	7 7/8		T.D.		3610		Charge To									American Oil		
Csg.	5 1/2 17#		Depth		3608		Street											
Tbg. Size			Depth				City									State		
Tool	DU Tool		Depth		1296		The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.			Shoe Joint				Cement Amount Ordered									250 80/20 QMDC 1/4# FLO		
Meas Line			Displace		308L													
EQUIPMENT																		
Pumptrk	18	No.	Cement	Calk				Common									250 80/20 QMDC	
			Helper	Dues				Poz. Mix										
Bulktrk	15	No.	Driver	Tim				Gel.										
			Driver					Calcium										
Bulktrk	14	No.	Driver	Dues				Hulls										
			Driver					Salt										
JOB SERVICES & REMARKS																		
Remarks:	USED 17# 5 1/2																	
Rat Hole	308K																	
Mouse Hole	155L																	
Centralizers																		
Baskets																		
D/V or Port Collar																		
Plug Rathole mousehole																		
Cement 5 1/2 with 205SK																		
Displace Plug																		
Cement Circulate																		
Plug Rathole @ 1500ft																		
FLOAT EQUIPMENT																		
			Guide Shoe				Handling									250		
			Centralizer				Mileage											
			Baskets															
			AFU Inserts															
			Float Shoe															
			Latch Down															
			Pumptrk Charge				prod string									Top Stage		
			Mileage				23											
													Tax					
													Discount					
													Total Charge					
X Signature	[Signature]																	

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. 3070

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-11-16	16	11	19	Ellis	KS		5:00pm
Location <i>McIntosh R. & F. White</i>							

Lease *Ellis* Well No. *2-16* Owner *McIntosh R. & F. White*

Contractor *D. Scott #2* To Quality Oilwell Cementing, Inc.
Type Job *Surface* 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 *12" H* T.D. *225* Charge To *McIntosh R. & F. White*

Csg. *8 5/8* Depth *224* 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. *10* Shoe Joint Cement Amount Ordered *150 8/20 3/11 2/16*

Meas Line Displace *13 1/2 B.C.*

EQUIPMENT		
Pumptrk	No. Cementer	Common
	Helper	Poz. Mix
Bulktrk	No. Driver	Gel.
	Driver	Calcium
Bulktrk	No. Driver	
	Driver	

JOB SERVICES & REMARKS

Remarks:

Rat Hole

Mouse Hole

Centralizers

Baskets

D/V or Port Collar

8 5/8 on bottom 13-1/2 C.C. on

11 x 15 x 15 Displace

Cement 100 ALL

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	
Mileage	

Signature *[Signature]*

Tax

Discount

Total Charge