

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 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	Quail Oil & Gas, LC
Well Name	TAYLOR 2-6
Doc ID	1359464

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4			3187' - 3195'



810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. 3292  
 Foreman Kevin McCoy  
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-16-17	1016	Taylor #2-6	6	33S	3E	Cowley	Ks
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
QUAIL OIL & GAS, LC	P.O. Box K 525 INDUSTRIAL DR.	GARDEN CITY	Ks	67846	KM AM 2A	104 110	ALAN M. Zevi. A.

Job Type Conductor Hole Depth \_\_\_\_\_ Slurry Vol. 25 BBL Tubing \_\_\_\_\_  
 Casing Depth 50' Hole Size 26" Slurry Wt. 14.8# Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 16" Cement Left in Casing 30' Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 4.5 BBL Displacement PSI \_\_\_\_\_ Bump Piling to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to ReCement 16" Conductor Pipe. Rig up to 16" Pump 15 BBL WATER w/ Good Fluid Returns to SURFACE on ANNULUS OF 13 3/8". MIXED 115 SKS 60/40 Pozmix Cement w/ 3% CACL2, 2% GEL, 1/4" FloSeal @ 14.8#/gal = 25 BBL Slurry. Displace w/ 4.5 BBL Fresh water. Shut casing in. Good Cement Returns to SURFACE. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	50	Mileage	3.95	197.50
C 203	115 SKS	60/40 Pozmix Cement	12.75	1466.25
C 205	300 #	CACL2 3%	.60 #	180.00
C 206	200 #	GEL 2%	.20 #	40.00
C 209	25 #	FloSeal 1/4 #/sk	2.25	56.25
C 108	4.95 TONS	Ton Mileage	M/c	345.00
<u>THANK YOU</u> <u>M</u>			Sub Total	3125.00
			Less 5%	162.13
			Sales Tax	117.62
Authorization <u>Dan Patterson</u> Title _____			Total	3080.49

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. **3308**  
 Foreman Kevin McCoy  
 Camp EUREKA

API # 15-035-24668-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-17-17	1016	Taylor # 2-6	6	33 S	3E	Cowley	Ks
Customer			Unit #	Driver	Unit #	Driver	
QUAIL OIL & GAS, LC			105	DAVE G.			
Mailing Address			110	Zevi A.			
P.O. Box K 525 INDUSTRIAL DR.							
City	State	Zip Code					
GARDEN CITY	Ks	67846					

Safety Meeting  
 KM  
 DG  
 ZA

Job Type SURFACE Hole Depth 347 K.B. Slurry Vol. 51 BBL Tubing \_\_\_\_\_  
 Casing Depth 337.86' G.L. Hole Size 12 1/4" Slurry Wt. 15\* Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 8 5/8 Cement Left in Casing 20' Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 20.7 BBL Displacement PSI \_\_\_\_\_ Bump Plug to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 10 BBL fresh water. Mixed 240 sks 60/40 Pozmix Cement w/ 3% CaCl2, 2% Gel, 1/4 # FloSeal /SK @ 15\*/gal yield 1.20 = 51 BBL slurry. Displace w/ 20.7 BBL fresh water. Shut casing in. Good cement returns to surface = 15 BBL slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	50	Mileage	3.95	197.50
C 203	240 SKS	60/40 Pozmix Cement	12.75	3060.00
C 205	620 *	CaCl2 3%	.60 *	372.00
C 206	410 *	Gel 2%	.20 *	82.00
C 209	60 *	FloSeal 1/4 #/SK	2.25 *	135.00
C 108 B	10.32 Tons	Ton Mileage 50 miles	1.35	696.60
			Sub Total	5383.10
			Less 5%	281.47
			Sales Tax	246.31
			6.75%	
Authorization <u>Daron Patterson</u> Title _____			Total	5347.94

THANK YOU  
 M

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810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. **3310**  
 Foreman Kevin McCoy  
 Camp EUREKA

API # 15-035-24668-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-21-17	1016	Taylor # 2-6	6	33S	3E	Cowley	Ks	
Customer <u>QUAIL OIL &amp; GAS, LC</u>			Unit #		Driver		Unit #	Driver
Mailing Address <u>P.O. Box K 525 INDUSTRIAL DR.</u>			105		DAVE G.			
			113		ALAN M.			
			141		RICK L.			
City <u>GARDEN CITY</u>		State <u>Ks</u>	Zip Code <u>67846</u>					

Job Type Longstring Hole Depth 3299' KB Slurry Vol. 41 BBL Tubing \_\_\_\_\_  
 Casing Depth 3296.74' KB Hole Size 7 7/8 Slurry Wt. 13.8\* Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 5 1/2 15.50\* Cement Left in Casing 2' Water Gal/SK 7.0 Other \_\_\_\_\_  
 Displacement 79.5 BBL Displacement PSI 800 Bump Plug to 1350 PSI BPM \_\_\_\_\_

Remarks: SAFETY Meeting: Rig up to 5 1/2 casing. BREAK Circulation w/ 20 BBL Fresh water. Mixed 125 sks THICK Set Cement w/ 5\* Kol-Seal/sk, 1\* PhenoSeal/sk @ 13.8\*/gal, yield 1.85 = 41 BBL Slurry. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 79.5 BBL Fresh water. Final Pumping Pressure 800 PSI. Bump Aug to 1350 PSI. Wait 2 mins. Release Pressure, Float & Plug Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	50	Mileage	3.95	197.50
C 201	125 sks	THICK Set Cement	19.50	2437.50
C 207	625 *	KOL-SEAL 5*/sk	.45 *	281.25
C 208	125 *	PhenoSeal 1*/sk	1.25 *	156.25
C 108 B	6.88 Tons	Ton Mileage 50 miles	1.35	464.40
C 113	6 HRS	80 BBL VAC TRUCK	85.00	510.00
C 224	3000 gals	CITY WATER	10.00/1000	30.00
C 222	5 gals	KCL (First 40 BBL Displacement water)	34.00	170.00
C 691	1	Guide Shoe	167.00	167.00
C 674	1	AFU FLOAT CDHAR w/ LATCH down	342.00	342.00
C 504	2	5 1/2 x 7 7/8 CENTRALIZERS	48.00	96.00
C 421	1	5 1/2 LATCH down Plug	230.00	230.00
			Sub Total	6131.90
			Less 5%	319.79
			6.75% Sales Tax	263.93
Authorization <u>Daron Patterson</u> Title _____			Total	6076.04

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