

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1363088
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: _____

1363088

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

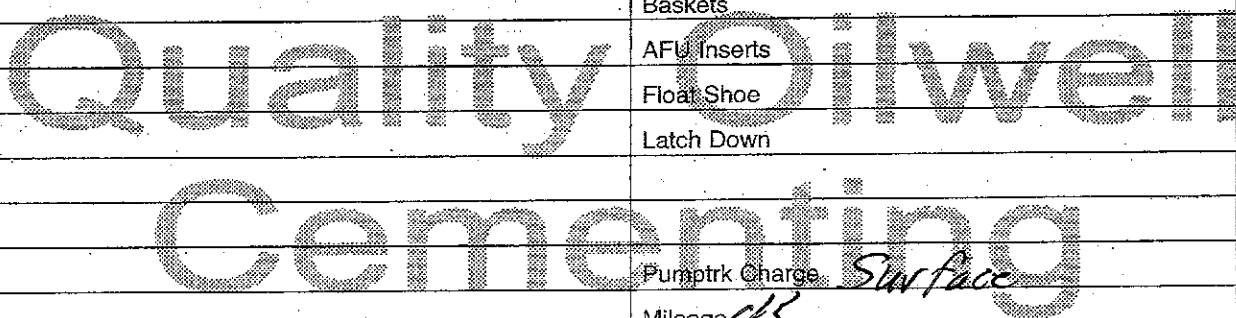
Federal Tax I.D.# 20-2886107

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

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

No. 143

Date	4-8-17	Sec.	23	Twp.	9	Range	21	County	Graham	State	KS	On Location		Finish	10:38pm	
Location								Church of God 1/4 N 1/2 E N into								
Lease	William Hinman				Well No.	7				Owner						
Contractor	D. Seaver #3				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	Surface				Charge To						American O.I.					
Hole Size	13 1/2				T.D.	221				Street						
Csg.	10 3/4				Depth	220				City						
Tbg. Size					Depth					State						
Tool					Depth					The above was done to satisfaction and supervision of owner agent or contractor.						
Cement Left in Csg.	15'				Shoe Joint					Cement Amount Ordered 150 80/20 3 1/2 cu 2-6-17						
Meas Line					Displace	20 1/2 BCL										
EQUIPMENT																
Pumptrk	5	No.	Cement					Common	120							
			Helper	Craig				Poz. Mix	30							
Bulktrk		No.	Driver					Gel.	3							
Bulktrk	3	No.	Driver	Doug				Calcium	6							
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											
10 3/4 on bottom Est. Circulation				Sand				Handling 159								
Mix 150 80/20 Displace				Mileage												
Cement Circulated								FLOAT EQUIPMENT								
				Guide Shoe												
				Centralizer												
				Baskets												
				AFU Inserts												
				Float Shoe												
				Latch Down												
				Pumptrk Charge				Surface								
				Mileage				45								
								Tax								
								Discount								
								Total Charge								
Signature <i>[Signature]</i>																



QUALITY OILWELL CEMENTING, INC.

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

No. 202

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-16-17	23	9	21	Graham	KS		3:30 AM

Location Palco 4W N into

Lease <u>Hinman</u>	Well No. #7	Owner
Contractor <u>Discovery #3</u>		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 <u>Production String Bottom Stage</u>		
Hole Size <u>9 3/4 in</u>	T.D. <u>3869</u>	Charge To <u>American Oil</u>
Csg. <u>7 in</u>	Depth <u>3865</u>	Street
Tbg. Size	Depth	City State
Tool <u>DV</u>	Depth <u>1748'</u>	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. <u>17'</u>	Shoe Joint <u>17'</u>	Cement Amount Ordered <u>175 sx com 10% Salt 5% Gelsolite</u>
Meas Line	Displace <u>151 bbl</u>	

EQUIPMENT

Pumptrk <u>5</u>	No. Cementer	Common <u>175</u>
	Helper <u>Brett</u>	Poz. Mix
Bulktrk <u>13</u>	No. Driver	Gel.
	Driver <u>Rick</u>	Calcium <u>KCL 2 gal</u>
Bulktrk	No. Driver	
	Driver <u>Doug</u>	

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt <u>15</u>
Mouse Hole	Flowseal
Centralizers <u>1,3,5,7,9,11 + 49</u>	Kol-Seal <u>875#</u>
Baskets <u>50</u>	Mud GLR 48 <u>-500 gal</u>
D/V <u>collar @ 1748 J+ 50</u>	CFL-117 or CD110 CAF 38 <u>20 bbl KCL</u>
	Sand
	Handling <u>198</u>
	Mileage

FLOAT EQUIPMENT

Ran <u>3865'</u> of <u>7 in</u>	Guide Shoe
Est circulation	Centralizer <u>-7</u>
Mixed <u>500 gal Mud Flush</u>	Baskets <u>- 1</u>
Followed by <u>20 bbl KCL</u>	AFU Inserts
Mixed <u>175 sx</u>	Float Shoe <u>- 1</u>
Displaced <u>63 bbl H₂O 48 bar Mud</u>	Latch Down <u>- 1</u>
Lift Pressure @ <u>600 lbs</u>	DV Tool <u>- 1</u>
Landed @ <u>1500 lbs</u>	

Opened DV @ <u>1500 lbs</u>	Pumptrk Charge <u>prod string</u>	Bottom Stage
	Mileage <u>43</u>	

X Signature <u>Chris Weavlin</u>	Tax
	Discount
	Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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Cell 785-324-1041

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

No. 203

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-16-17	23	9	21	Graham	KS		6:00 AM

Location *Palco 4W Ninto*

Lease <i>Hinman</i>	Well No. <i>#7</i>	Owner
Contractor <i>Discovery #3</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>Production String Top Stage</i>	Charge To <i>American Oil</i>	
Hole Size <i>9 3/4</i>	T.D.	Street
Csg. <i>7"</i>	Depth	City
Tbg. Size	Depth	State
Tool <i>DV</i>	Depth <i>1749'</i>	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered <i>425 80/20 QMDC 1/2 lb</i>
Meas Line	Displace <i>68 1/2 bbl</i>	

EQUIPMENT

Pumptrk <i>5</i>	No.	Cementer	Common <i>425 80/20 QMDC</i>
		Helper <i>Brett</i>	Poz. Mix
Bulktrk <i>19</i>	No.	Driver <i>Rick</i>	Gel.
Bulktrk	No.	Driver <i>Doug</i>	Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole <i>-30sx</i>	Salt
Mouse Hole <i>-15sx</i>	Flowseal <i>212 #</i>
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port <i>@ 17 1/8 Jt 50</i>	CFL-117 or CD110 CAF 38
	Sand

*Plugged Rat & Mouse hole
Mixed 390 sq QMDC
Displaced 68 1/2 bbl H₂O*

*Lift pressure @ 750 lbs
Landed @ 1900 lbs
Cement did circulate!*

Handling <i>425</i>	
Mileage <i>7"</i>	FLOAT EQUIPMENT
Guide Shoe	
Centralizer <i>-7</i>	
Baskets <i>-1</i>	
AFU Inserts	
Float Shoe <i>-1</i>	
Latch Down <i>-1</i>	

Pumptrk Charge <i>prod string</i>	<i>Top Stage</i>
Mileage <i>43</i>	

X Signature *Am Weaving*

Tax	
Discount	
Total Charge	