

1369148

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) (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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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. **226**

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-10-17	7	14	24	Trego	KS		2:00 p.m.

Lease Parke YEP Well No. 1-7 Location Voda J-70 11 1/2 S W into

Contractor Murfin #14 Owner 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 Jim Phillips

Hole Size 12 1/4 T.D. 220 Street _____

Csg. 8 5/8 Depth 218 City _____ State _____

Tbg. Size _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Tool _____ Depth _____ Cement Amount Ordered 150 80/20 3'-LL 2'-GEL

Cement Left in Csg. 10' Shoe Joint _____

Meas Line _____ Displace 13 BC

EQUIPMENT			
Pumptrk	No.	Cementor	Common
<u>20</u>		<u>Craig</u>	<u>120</u>
		Helper	Poz. Mix
		<u>Bratt</u>	<u>30</u>
Bulktrk	No.	Driver	Gel.
		<u>Tony</u>	<u>3</u>
Bulktrk	No.	Driver	Calcium
<u>9</u>		<u>Tony</u>	<u>6</u>

JOB SERVICES & REMARKS Hulls _____

Remarks: Salt _____

Rat Hole Flowseal _____

Mouse Hole Kol-Seal _____

Centralizers Mud CLR 48 _____

Baskets CFL-117 or CD110 CAF 38 _____

D/V or Port Collar Sand _____

8 5/8 on bottom. Est. Circulation. Handling 159

Mix 150 SK & Displace. Mileage _____

FLOAT EQUIPMENT Guide Shoe 8 5/8 Surge

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

Pumptrk Charge Surface

Mileage 38

Tax _____

Discount _____

X Signature Ang DeLuca Total Charge _____

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Federal Tax I.D.# 20-2886107

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

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

No. **056**

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-21-17	7	14	24	Trego	KS		5:30AM

Location Vodia Exit 11 S, W n 2

Lease <u>Parke</u>	Well No. <u>1-7</u>	Owner
Contractor <u>Murfin</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>Plug</u>		
Hole Size <u>7 7/8</u>	T.D. <u>4200</u>	Charge To <u>Phillips Exp.</u>
Csg.	Depth	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.	Shoe Joint	Cement Amount Ordered <u>255 60/40, 4% gel 1/4 Flo</u>
Meas Line	Displace	

EQUIPMENT

Pumptrk <u>20</u>	No.	Cementer <u>Travis</u>	Helper	Common <u>153</u>
Bulktrk <u>14</u>	No.	Driver <u>Doug</u>	Driver	Poz. Mix <u>102</u>
Bulktrk	No.	Driver	Driver	Gel. <u>9</u>
				Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal <u>50#</u>
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<u>50 sx at 1755</u>	Sand
<u>100 sx at 800</u>	Handling <u>264</u>
<u>50 sx at 270</u>	Mileage

FLOAT EQUIPMENT

<u>10 sx at 40</u>	Guide Shoe
<u>30 sx Rat</u>	Centralizer
<u>15 sx Mouse</u>	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

1 wood Plug

Pumptrk Charge plug

Mileage 38

X Signature <u>[Signature]</u>	Tax
	Discount
	Total Charge