

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

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](mailto: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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# ALLIED CEMENTING CO., INC.

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>12-27-83</u>	SEC <u>33</u>	TWP. <u>7</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Magnolia</u>		WELL # <u>3</u>	LOCATION <u>Hill City 2N 3E 2N</u>			COUNTY <u>Osage</u>	STATE <u>Ks</u>

OLD OR NEW (Circle one)

CONTRACTOR <u>White &amp; Ems</u>	
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 3/4</u>	T.D. <u>297</u>
CASING SIZE <u>6 7/8</u>	DEPTH <u>297</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u> <u>29'</u> <u>17 3/4' BBL</u>	
PERFS.	

OWNER	CEMENT		
AMOUNT ORDERED	<u>200<sup>00</sup></u>	<u>48.00</u>	<u>8 1/2 70</u>
COMMON	<u>120</u>	@ <u>6.10</u>	<u>732.00</u>
POZMIX	<u>80</u>	@ <u>3.15</u>	<u>252.00</u>
GEL	<u>4</u>	@ <u>7.50</u>	<u>30.00</u>
CHLORIDE	<u>8</u>	@ <u>28.00</u>	<u>224.00</u>
	@		
	@		
	@		
	@		
	@		
HANDLING	@	<u>105</u>	<u>210.00</u>
MILEAGE <u>59 mi</u>		<u>.04</u>	<u>472.00</u>
			TOTAL <u>1928.00</u>

**EQUIPMENT**

PUMP TRUCK	CEMENTER	<u>Dave</u>
# <u>153</u>	HELPER	<u>Mark</u>
BULK TRUCK		
# <u>110</u>	DRIVER	<u>Paul</u>
BULK TRUCK		
#	DRIVER	

**REMARKS:**

Cement  
OK

**SERVICE**

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>445.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>59 mi</u>	@ <u>2.35</u>	<u>138.65</u>
PLUG	@	<u>45.00</u>
	@	
	@	
		TOTAL <u>628.65</u>

CHARGE TO: Vincet Oil Corp  
STREET 100 W. Main, "500  
CITY Wichita STATE Kans ZIP 67203

**FLOAT EQUIPMENT**

	@	
	@	
	@	
	@	
	@	
		TOTAL

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Shelby Stone

TAX \_\_\_\_\_  
TOTAL CHARGE \_\_\_\_\_  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# ALLIED CEMENTING CO., INC.

2310

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Russell

DATE <u>1-4-96</u>	SEC. <u>33</u>	TWP. <u>7 S</u>	RANGE <u>22 W</u>	CALLED OUT <u>12:01 PM</u>	ON LOCATION <u>3:00 PM</u>	JOB START <u>8:00 PM</u>	JOB FINISH <u>8:30 PM</u>
LEASE <u>MORFHEW</u>	WELL# <u>3</u>	LOCATION <u>Hill City 2 N 3 E 1/2 N</u>			COUNTY <u>GRAHAM</u>	STATE <u>KANSAS</u>	

OLD OR NEW (Circle one)  
CONTRACTOR WHITE & ELLIS DRILLING #9 OWNER \_\_\_\_\_

TYPE OF JOB <u>PRODUCTION STRING</u>	CEMENT
HOLE SIZE <u>7 7/8</u>	T.D. <u>3826'</u>
CASING SIZE <u>4 1/2</u>	DEPTH <u>3824'</u>
<del>PIPE</del> SIZE <u>PORT COLLAR @</u>	DEPTH <u>1858'</u>
DRILL PIPE	DEPTH _____
TOOL AFU <u>INSERT</u>	DEPTH <u>3815'</u>
PRES. MAX <u>1,000 #</u>	MINIMUM _____
MEAS. LINE <u>✓</u>	SHOE JOINT <u>8' 68"</u>
CEMENT LEFT IN CSG. <u>8' 68"</u>	PERFS. <u>62 1/2 85'</u>

AMOUNT ORDERED 200 SK ASC, 10% SALT  
500 GAL WFR 2 FLUSH

COMMON	@	_____	_____
POZMIX	@	_____	_____
GEL	@	_____	_____
CHLORIDE	@	_____	_____
<u>200 ASC</u>	@	<u>785</u>	<u>1570.00</u>
<u>SALT 20</u>	@	<u>200</u>	<u>140.00</u>
<u>WFR 2</u>	@	<u>500 gal</u>	<u>500.00</u>
HANDLING	@	<u>105</u>	<u>210.00</u>
MILEAGE <u>59m</u>	@	<u>24</u>	<u>478.00</u>
TOTAL			<u>2392.00</u>

### EQUIPMENT

PUMP TRUCK	CEMENTER <u>SR</u>
# <u>177</u>	HELPER <u>Paul</u>
BULK TRUCK	
# <u>213</u>	DRIVER <u>Paul</u>
BULK TRUCK	
# _____	DRIVER _____

### REMARKS:

FLOAT HELD  
15 SK @ RAT Hole

### SERVICE

DEPTH OF JOB	_____
PUMP TRUCK CHARGE	<u>1030.00</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>59m</u>	@ <u>235</u> <u>1386.5</u>
PLUG <u>1-4 1/2 RUBBER</u>	@ _____ <u>38.00</u>
TOTAL	<u>1206.65</u>

CHARGE TO: VINCENT OIL CORPORATION  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### (BAKER) FLOAT EQUIPMENT

<u>1-Couins SHOE</u>	@	<u>140.00</u>	<u>140.00</u>
<u>1-AFU INSERT</u>	@	_____	<u>235.00</u>
<u>10-CENTRALIZERS</u>	@	<u>53.00</u>	<u>530.00</u>
<u>1-BASKET</u>	@	_____	<u>129.00</u>
<u>1-PORT COLLAR</u>	@	_____	<u>2340.00</u>
TOTAL			<u>3374.00</u>

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TAX \_\_\_\_\_  
TOTAL CHARGE \_\_\_\_\_  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE [Signature]

# ALLIED CEMENTING CO., INC.

4387

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>2-13-76</u>	SEC. <u>33</u>	TWP. <u>7</u>	RANGE <u>22</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>7:00 AM</u>	JOB START	JOB FINISH <u>11:30 AM</u>
LEASE <u>Apache</u>	WELL # <u>3</u>	LOCATION <u>2N 3E 3R Hill City</u>			COUNTY	STATE <u>Ks</u>	

OLD OR NEW (Circle one)

CONTRACTOR P.O.B. Well Service

TYPE OF JOB 1751451

HOLE SIZE 4 1/2 T.D.

CASING SIZE 4 1/2 DEPTH

TUBING SIZE 2 3/8 DEPTH

DRILL PIPE DEPTH

TOOL A.S.C.O. DEPTH 1858

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

OWNER	CEMENT		
AMOUNT ORDERED	<u>5000 6740 6760 1/2 # Flo Seal</u>		
COMMON	<u>300</u>	@ <u>6.10</u>	<u>1830.00</u>
POZMIX	<u>200</u>	@ <u>3.15</u>	<u>630.00</u>
GEL	<u>26</u>	@ <u>9.50</u>	<u>247.00</u>
CHLORIDE		@	
<u>Flo Seal</u>	<u>126</u>	@ <u>1.15</u>	<u>143.75</u>
		@	
		@	
		@	
		@	
HANDLING		@ <u>10.5</u>	<u>525.00</u>
MILEAGE <u>59.2</u>		@ <u>04</u>	<u>1180.00</u>
TOTAL			<u>4555.75</u>

**EQUIPMENT**

PUMP TRUCK CEMENTER \_\_\_\_\_

# \_\_\_\_\_ HELPER \_\_\_\_\_

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**

**SERVICE**

B.P.C. 3050 Total 1100 #  
P.C. 1858  
Cement of 5000 6740 6760 1/2 Flo  
Had partial returns  
Cement did not cure

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>550.00</u>
EXTRA FOOTAGE		@	
MILEAGE <u>59.2</u>		@ <u>23.5</u>	<u>1386.5</u>
PLUG		@	
		@	
		@	
TOTAL			<u>688.65</u>

CHARGE TO: Vincent Oil Corp.

STREET 100 W Main # 501

CITY Wichita STATE Kan ZIP 67202

**FLOAT EQUIPMENT**

	@		
	@		
	@		
	@		
	@		
TOTAL			

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE Pat Livingston





CASING MECHANICAL INTEGRITY TEST

DOCKET # E-32,537

Disposal Well  Enhanced Recovery:  
Repressuring   
Flood   
Tertiary

SW SW NW, Sec 33, T 7 S, R 22 E/W

<sup>hco</sup>  
2983 2970 Feet from South Section Line  
4912 4950 Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15- 065-22764-0001

Lease MORPHEW Well # 3  
County Graham

Operator: Vincent Oil  
Name & Address 200 W Douglas Ave # 725  
Wichita Ks 67202

Operator License # 5004  
Contact Person Eric  
Phone 620-388-5858

**KCC**  
OCT 12 2017  
**HAYS, KS**

Max. Auth. Injection Press. \_\_\_\_\_ Psi; Max Inj. Rate \_\_\_\_\_ bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

	Conductor	Surface	Production	Liner	Size	Tubing
Size	_____	<u>8 7/8</u>	<u>4 1/2</u>	_____	_____	<u>2 7/8</u>
Set at	_____	<u>297</u>	<u>3648</u>	_____	_____	<u>3574</u>
Cement Top	_____	<u>200-SXS</u>	<u>500-SXS</u>	_____	_____	<u>ST</u>
" Bottom	_____	_____	_____	_____	_____	_____

DV/Perf. PC 1858' 500-SXS TD (and plug back) 3827 ft. depth

Packer type A-D-1 Size 4 1/2 Set at 3574

Zone of injection ~~3574~~ 3602 ft. to ft. 3616 Perf. or open hole \_\_\_\_\_

Type MIT: Pressure:  Radioactive Tracer Survey:  Temperature Survey:

F Time: Start 0 Min. 15 Min. 30 Min.

E Pressures: 340 340 340 Set up 1  
D \_\_\_\_\_ Set up 2  
D \_\_\_\_\_ Set up 3

System Pres. during test \_\_\_\_\_

Annular Pres. during test \_\_\_\_\_

Fluid loss during test \_\_\_\_\_ bbls.

A T Tested: Casing  or Casing - Tubing Annulus

*\* Pass pending approval from Wichita UIC dept. DB*

The bottom of the tested zone in shut in with A Packer

Test Date 10-12-17 Using Hurricane Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3574 feet

was the zone tested [Signature] Foreman Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_

**PASSED**

State Agent: MARU Milk Title: E.C.R.S. Witness: YES  NO \_\_\_\_\_

REMARKS: New Well 9-22-17 Shot casing @ 360'. Pumped 700-SX cement.

Origin. Conservation Div.:  KDHE/T:  Dist. Office

Computer Update **Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)**

GPS Lat 39.40197 GPS Long 99.78816

(If YES please describe in REMARKS)