

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. 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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 329

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

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

Date	10-26-17	Sec.		Twp.		Range		County	Carthagen KS	State	KS	On Location		Finish	1/100 Am.
Lease	Well No. S.W.D														
Contractor	Fac/Kner Chito's														
Type Job	1" Buckside														
Hole Size	7 7/8														
Csg.	5 1/2														
Tbg. Size	1"														
Tool															
Cement Left in Csg.	Shoe Joint														
Meas. Line	Displace														
EQUIPMENT															
Pumptk	No.	Cementer													
Bulktrk	No.	Helper	3												
Bulktrk	No.	Driver	Bert												
Bulktrk	No.	Driver	Tony												
Bulktrk	No.	Driver													
JOB SERVICES & REMARKS															
Remarks:	KCS Pat Bedore														
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
DN or Port Collar															
	1" Pm to 332' Cement Circulator														
	Mix 80 SK v Cement Circulator														
	Top of Rathole 12SK														
	USES 90SK														
	TAMKS														
	FLOAT EQUIPMENT														
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	Pumptk Charge: Circulate Cement														
	Mileage 47														
	Tax														
	Discount														
	Total Charge														
X Signature	Bob Plante														

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. 400

Date	9-29-17	Sec.	14	Twp.	8	Range	22	County	Graham	State	KS	On Location		Finish	9:00AM
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Lease: Faulkner Well No. 154D
 Contractor: Discretion #3
 Type Job: Production String
 Hole Size: 7 7/8
 Csg.: 5 1/2
 Tbg. Size: 1682
 Tool: Depth
 Cement Left in Csg.: 27.56
 Meas Line: Displace 39' 1/4" B.C.

Owner: H.C.
 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.

Charge To: H.C.
 Street: _____
 City: _____
 State: _____

The above was done to satisfaction and supervision of owner agent or contractor.
 Cement Amount Ordered: 415 80/20 EMD C 1/4 #110

Common: 415 80/20 EMD C
 Poz. Mix: _____
 Gel: _____
 Calcium: _____
 Hulls: _____
 Salt: _____

Flowseal: 100 #
 Kol-Seal: _____
 Mud CLR 48: _____
 CFL-117 or CD110, CAF 38: _____
 Sand: _____

Handling: 415
 Mileage: _____
 Guide Shoe: Packer Shoe
 Centralizer: #2
 Baskets: 32
 AFU Inserts: _____
 Float Shoe: _____
 Latch Down: 1

Pumptrk 5 No. Cementer LOUIS
 Helper BRETT
 Bulktrk No. Driver BRETT
 Bulktrk 19 No. Driver Doug

EQUIPMENT
 JOB SERVICES & REMARKS

Remarks: _____
 Rat Hole: 305K
 Mouse Hole: 155K

Centralizers: _____
 Baskets: _____
 D/M or Port Collar: _____

Packer shoe set @ 1682 Baffle 1654
Bst. Cementation Drop Ball 1
Set Packer shoe
Phy. Katherin Mousehole.
Cement 5 1/2 with 320SK.
Displace Plug. Plug landed @
1500ft.
Cement in Cement

FLOAT EQUIPMENT
 Mileage: 45
 Pumptrk Charge: _____
 Mileage: 45
 Tax: _____
 Discount: _____
 Total Charge: _____

Signature: Bob Plaut
 Quality Oilwell Cementing