

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 Recompletion Date _____ 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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Form	ACO1 - Well Completion
Operator	Vincent Oil Corporation
Well Name	DEMUTH 1-18
Doc ID	1372478

Tops

Name	Top	Datum
Heebner Shale	4208	(-1812)
Brown Limestone	4342	(-1946)
Lansing	4353	(-1957)
Stark Shale	4667	(-2271)
Pawnee	4874	(-2478)
Cherokee Shale	4922	(-2526)
Base Penn Lime	4999	(-2603)
Mississippian	5018	(-2622)
RTD	5120	(-2724)
LTD	5122	(-2726)

QUALITY WELL SERVICE, INC.

6683

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	7-12-17	Sec.	18	Twp.	28	Range	21	County	Ford.	State	Ks	On Location	9:15	Finish	10:45 am.			
Lease	Demuth		Well No.		1-18		Location									Hwy 400 + 131 Spur Rd. 2 N 1/4 W		
Contractor	Duke 7							Owner									N into	
Type Job	Surface							To Quality Well Service, Inc.									You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Hole Size	12 1/4		T.D.		610		Charge To									Vincent		
Csg.	8 5/8		Depth		591		Street											
Tbg. Size			Depth		17' land ft		City									State		
Tool			Depth				The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.	42'		Shoe Joint		4220'		Cement Amount Ordered									125sx MDC 2% Gel 3% CC		
Meas Line			Displace		36 bbls		1/4 C.F. 150sx Common 2% Gel 3% CC 1/4 CC											
EQUIPMENT																		
Pumptrk	No.							Common								150		
Bulktrk	No.							Roz. Mix								125 MDC		
Bulktrk	No.	10						Gel.								11		
Pickup	No.							Calcium								10		
JOB SERVICES & REMARKS																		
Rat Hole								Hulls										
Mouse Hole								Salt										
Centralizers								Flowseal									66.25	
Baskets								Kol-Seal										
D/V or Port Collar								Mud CLR 48										
Ran 14jts 8 5/8 csg Broke circulating with Rig. Mixed 125sx MDC and 150sx common 2% Gel 3% CC 1/4 C.F. released plug displaced with 36 bbls 1 1/2" plug Landed shut in 500 psi. cement did circulate																		
CFL-117 or CD110 CAF 38																		
Sand																		
Handling 271																		
Mileage 50																		
FLOAT EQUIPMENT																		
Guide Shoe																		
Centralizer																		
Baskets																		
AFU Inserts																		
Float Shoe 8 5/8 Baffle Plate																		
Latch Down 8 5/8 Wooden Plug																		
LMV 50																		
Service supervisor																		
Pumptrk Charge Surface																		
Mileage 100																		
Tax																		
Discount																		
Total Charge																		
X Signature																		

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6690

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

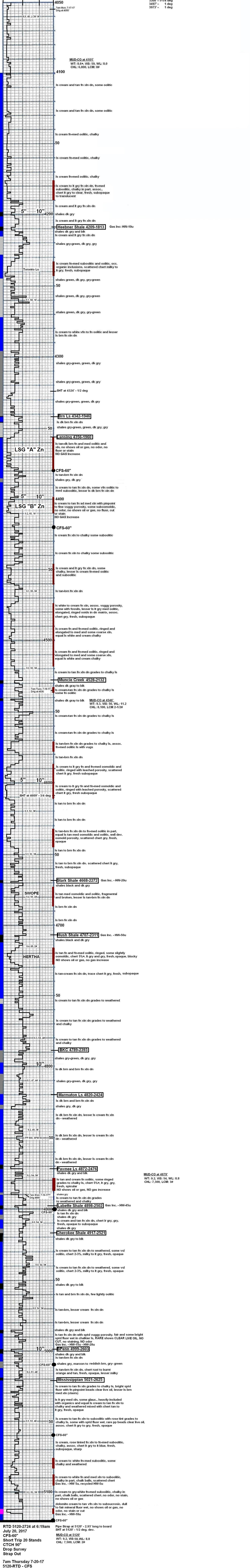
Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	7-21-17	Sec.	18	Twp.	28	Range	21	County	Ford	State	Ks	On Location	11:00 pm.	Finish	3:30 AM	
Lease	Demuth		Well No.		1-18		Location									
Contractor	Duke J							Owner								
Type Job	Rotary Plug							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	12 1/2		T.D.		110		Charge To									
Csg.	12 1/2		Depth		541		Vincent									
Tbg. Size			Depth				Street									
Tool			Depth				City				State					
Cement Left in Csg.			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.											
Meas Line			Displace				Cement Amount Ordered				170 sx 60/40 4% Gel					
EQUIPMENT																
Pumptrk	No.						Common 105									
Bulktrk	No.						Poz. Mix 65									
Bulktrk	No.						Gel. 6									
Pickup	No.						Calcium									
JOB SERVICES & REMARKS																
Rat Hole	30 sx							Hulls								
Mouse Hole	20 sy							Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
1st Pumped	50 sx 60/40 4%							CFL-117 or CD110 CAF 38								
Gel @	1410'							Sand								
								Handling 170								
								Mileage 50								
2nd Pumped	50 sx 60/40 4%							FLOAT EQUIPMENT								
Gel @	660'							Guide Shoe								
								Centralizer								
3rd Pumped	20 sy 60/40 4%							Baskets								
Gel @	60' to surface							AFU Inserts								
								Float Shoe								
								Latch Down								
								LHW 50								
								Cement Supervisor								
								Pumptrk Charge Rotary Plug								
								Mileage 100								
												Tax				
												Discount				
												Total Charge				
X Signature																

API 15-057-20983-0000
 Vincent Oil Corporation
 Demuth 1-18
 2310 FNL & 2142 FWL
 Sec. 18-T28S-R21W
 Ford County, Kansas
 KB 2396

Geologist on Location
 at 3750 feet

SHT at 312' - 3/4 deg
 598' - 1/2 deg
 995' - 1/2 deg
 1501' - 3/4 deg
 2003' - 1-1/4 deg
 2229' - 1-1/4 deg
 2514' - 3/4 deg
 2927' - 3/4 deg
 3308' - 1-1/4 deg
 3497' - 1 deg
 3973' - 1 deg



RTD 5120-2724 at 6:19am
 July 20, 2017
 CFS-60"
 Short Trip 20 Stands
 CTCH 90"
 Drop Survey
 Strap Out

7am Thursday 7-20-17
 5120-RTD - CFS

ELI WL Svc. on location at
 1:20 pm 7-20-17

Logging off bottom at 3:15pm
 LTD 5122-2724

Finished logging at 4:30pm

Decision based on lack
 of quality dolomite development
 and associated zones to PLUG and
 ABANDON

Pipe Strap at 5120' - 2.93' long to board
 SHT at 5120' - 1/2 deg. dev.

MUD-CO at 5120'
 WT: 9.2, VIS: 58, WL: 8.8
 CHL: 7,500, LCM: 2#

MUD-CO at 4879'
 WT: 9.2, VIS: 54, WL: 8.8
 CHL: 7,300, LCM: 3#

NO DRILL STEM TESTS