

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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Anderson
Ready Mix

1000 3000 PA
 (505) 453 8070
 600 300 7000

ORDER NO. 20119	DATE ORDERED 08/16/17	QUANTITY 04.00	ORDERED 10/06	DELIVERED 11/08
CITY AND OPERATING LLC 7 TREE DRIVE LOS AN				
CITY OF LOS ANGELES				
MELL CORALEY LL				

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
10.00	YD	MELL 110 MASH FOR CURB	1.00	10.00
10.00	YD	MELL 1 MI MIX 3 MIX	1.00	10.00

3.30	17.50	3.30	
THE TOTAL OF ORDER IS PAID WITH THE CHECK. ORDER IS PAID IN FULL.			

THE CHECK IS SUBJECT TO THE TERMS AND CONDITIONS OF THE ORDER. ORDER IS PAID IN FULL.	ORDER NO. 20119 DATE ORDERED 08/16/17
--	--

ORDER NO. 20119
 DATE ORDERED 08/16/17
 ORDERED FOR YOU BY ORDER NO. →

PLEASE PRINT OR TYPE
 NAME OF BUYER
 MELL CORALEY LL
 ADDRESS
 7 TREE DRIVE
 LOS ANGELES, CA 90030
 PHONE NO. (505) 453 8070
 FAX NO. (505) 453 8070
 ORDER NO. 20119
 DATE ORDERED 08/16/17

PLEASE PRINT OR TYPE
 NAME OF SELLER
 ANDERSON READY MIX
 ADDRESS
 1000 3000 PA
 LOS ANGELES, CA 90030
 PHONE NO. (505) 453 8070
 FAX NO. (505) 453 8070
 ORDER NO. 20119
 DATE ORDERED 08/16/17

PLEASE PRINT OR TYPE
 NAME OF CARRIER
 ADDRESS
 PHONE NO.
 ORDER NO. 20119
 DATE ORDERED 08/16/17

PLEASE PRINT OR TYPE
 NAME OF CONTRACTOR
 ADDRESS
 PHONE NO.
 ORDER NO. 20119
 DATE ORDERED 08/16/17

PLEASE PRINT OR TYPE
 NAME OF INSURER
 ADDRESS
 PHONE NO.
 ORDER NO. 20119
 DATE ORDERED 08/16/17

PLEASE PRINT OR TYPE
 NAME OF AGENT
 ADDRESS
 PHONE NO.
 ORDER NO. 20119
 DATE ORDERED 08/16/17

PLEASE PRINT OR TYPE
 NAME OF OFFICE
 ADDRESS
 PHONE NO.
 ORDER NO. 20119
 DATE ORDERED 08/16/17

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 ADDRESS
 PHONE NO.
 ORDER NO. 20119
 DATE ORDERED 08/16/17

Shirley Galt
 330 5.30 2

Total



Operator:
Quad Operating, LLC
Iola, KS

Donley #1i
Anderson Co, KS
31-22-19E
API # 003-26612-00-00

Spud Date:	8/9/2017	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	20'	Longstring:	907.95'
Surface Cement:	5 sx	Longstring Date:	8/14/2017
Longstring:	2 7/8 EUE		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	7	Clay & Gravel	
7	45	Lime	
45	135	Shale	
135	152	Lime	
152	221	Shale	
221	273	Lime	
273	305	Shale	
305	306	Lime	
306	337	Shale	
337	402	Lime	
402	411	Shale	
411	425	Lime	
425	428	Shale	
428	449	Lime	
449	625	Shale	
625	627	Lime	
627	630	Shale	
630	661	Lime	
661	730	Shale	
730	742	Lime	
742	758	Shale	
758	770	Lime	
770	785	Shale	

Donley #1-i
Anderson, Co, KS

785	787	Lime	
787	820	Shale	
820	849	Broken Sand	Slight odor, mostly shale
849	857	Broken Sand	Slight Bleed
857	866	Sand	Slightly broken, good bleed
866	873	Sand	Black sand
873	913	Shale	
913		TD	

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

January 17, 2018

Tom miller
Quad Operating, LLC
2526 N. FUNSTON ST.
IOLA, KS 66749

Re: ACO-1
API 15-003-26612-00-00
DONLEY 1-I
NE/4 Sec.31-22S-19E
Anderson County, Kansas

Dear Tom miller:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/9/2017 and the ACO-1 was received on January 16, 2018 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department