

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) (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	Royal Energy, Inc.
Well Name	GOTTSCHALK 1
Doc ID	1380778

All Electric Logs Run

Anhy
Heebner
LKC
BKC
Pawnee
Cherokee
RTD

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6595

Home Office 324 Simpson St., Pratt, KS 67124

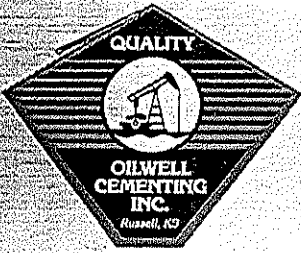
Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	01 13 17	Sec.	07	Twp.	268 13w	Range	Pratt	County	KS	State	On Location	300AM	Finish	530AM
Lease	Young	Well No.	1	Location		Pratt #105, N, W, Sinto								
Contractor	Southwind				Owner		Round Energy							
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	7 7/8		T.D.											
Csg.			Depth		Charge To									
Tbg. Size	4 1/2 16.6 DP		Depth		900'									
Tool			Depth		Street									
Cement Left in Csg.			Shoe Joint		City									
Meas Line			Displace		State									
											The above was done to satisfaction and supervision of owner agent or contractor.			
											Cement Amount Ordered			
											170 sy 60' 40' 4 1/2 gal			
EQUIPMENT														
Pumptrk	8	No.	Mico B		Common									
Bulktrk	10	No.	David F		Poz. Mix									
Bulktrk		No.			Gel.									
Pickup		No.	David B		Calcium									
JOB SERVICES & REMARKS														
Rat Hole														
Mouse Hole														
Centralizers														
Baskets														
D/V or Port Collar														
Drill pipe at 900', hole full, Pump 4 All. Sand														
Mix SDS, Disp. w/ 9 Bbls Fresh Handling														
Drill Pipe at 360' 1st Hole Pump 3 All. Mileage														
Mix SDS Disp. w/ 2 Fresh														
FLOAT EQUIPMENT														
DP at 60' mix 20 sy cement Dis. Guide Shoe														
Plus Rat & Mouse Holes w/ SDS Centralizer														
AFU Inserts														
Float Shoe														
Latch Down														
Pumptrk Charge														
Mileage														
Tax														
Discount														
Total Charge														
Signature <i>[Handwritten Signature]</i>														



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 WEST WICHITA AVE, RUSSELL KS 67665
 PHONE: 785-324-1041 FAX: 785-483-1087
 EMAIL: cementing@ruraltel.net

Date: 7/27/2017
 Invoice # 356
 P.O.#:
 Due Date: 8/26/2017
 Division: Russell

Invoice

Contact:

Address/Job Location:

Royal Energy
 P.O. Box 1820
 Dodge City KS 67801

Reference:
 GOTTSCHALK 1 SEC 12-16-21

Description of Work:
 PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 601.97	Yes				
Common-Class A	162	\$ 2,251.60	Yes				
POZ Mix-Standard	108	\$ 510.07	Yes				
Premium Gel (Bentonite)	10	\$ 195.66	Yes				
Bulk Truck Matl-Material Service Charge	280	\$ 188.92	Yes				
Flo Seal	70	\$ 94.46	Yes				
Pump Truck Mileage-Job to Nearest Camp	31	\$ 94.12	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	31	\$ 73.20	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 4,010.00
 Discount Available ONLY if Invoice is Paid & Received
 within listed terms of invoice: \$ (100.25)

SubTotal for Taxable Items: \$ 3,909.75
 SubTotal for Non-Taxable Items: \$ -

Total: \$ 3,909.75
 Tax: \$ 254.13

6.50% Rush County Sales Tax

Thank You For Your Business!

Amount Due: \$ 4,163.88
 Applied Payments:
 Balance Due: \$ 4,163.88

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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QUALITY OILWELL CEMENTING, INC.

Federal Tax ID # 20-2886107

No. 268

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

Phone 785-483-2025

Cell 785-324-1041

Date	7-21-17	Sec	12	Range	16	Well No.	21	County	Ness	State	Ks	Off Location		Finish	8:45 AM
Well No.	Gross School														
Contractor	White Knight														
Type Job	Surface														
Hole Size	12 1/4"	T.D.	211'												
Csg.	8 5/8"	Depth	208'												
Tub. Size		Depth													
Total		Depth													
Cement Left in Csg.	15'	Shoe Joint	15'												
Displace	12 1/4 BLS														
EQUIPMENT															
Pumptrk.	No.	Cement	Frank												
Bulktrk.	No.	Driver	Jordan												
Bulktrk.	No.	Driver	Rick												
JOB SERVICES & REMARKS															
Remarks	Cement did Circulate														
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Fiber Shoe															
Latch Down															
Pumptrk Charges															
Mileage															
Signature	Terry Austin														
To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.															
Charge To: Rowan Energy															
Street: P.O. Box 1805															
City: Dodge City, State: Ks 67801															
The above was done to satisfaction and supervision of owner agent or contractor.															
Cement Amount Ordered 150 8 5/8 3% CC 2 1/2															
Total Charge															