

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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 333

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-30-17	9	12	25	Trego	KS		10/30/17
Location				Collar 1/4E Sinto			

Lease	Well No.	Owner	
Rohleder	1-9 SHR	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.	
Contractor	Type Job	Charge To	
Mundy #16	Surface	Phillips Exploration	
Hole Size	T.D.	Street	
12 1/4	220		
Csg.	Depth	City	
8 5/8	218	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
		Cement Amount Ordered 150 8/20 3/14 2/14	
Cement Left in Csg.	Shoe Joint	Meas Line Displace 13 1/4 BCL	
10'		EQUIPMENT	

Pumptrk	No.	Cement	Common
20		Helper	120
Bulktrk	No.	Driver	Poz. Mix
		Driver	30
Bulktrk	No.	Driver	Gel.
14		Driver	3
		Driver	Calcium
		Driver	6

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt
Rat Hole		Flowseal
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
DV or Port Collar		Sand
8 5/8 on bottom Est. Circulation.		Handling 159
Mix 150% of Displace.		Mileage

Cement Circulated!		FLOAT EQUIPMENT
		Guide Shoe 8 5/8
		Centralizer 1
		Baskets Swage
		AFU Inserts
		Float Shoe
		Latch Down

Pumptrk Charge	Mileage	Tax
Surface	42	Discount
		Total Charge

X Signature *Ang [unclear]*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 338

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

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

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-5-17	9	12	25	Trego	KS		9:15pm

Location *Calley 1/20 1/4E Sinter*

Lease <i>Rohlfager</i>	Well No. <i>19 SHR</i>	Owner 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.
Contractor <i>Martin #16</i>	<i>Bottom Stage</i>	
Type Job <i>DV Job</i>		Charge To <i>Phillips Exploration</i>
Hole Size <i>7 7/8</i>	T.D. <i>4250</i>	
Csg. <i>5 1/2 14#</i>	Depth <i>4247</i>	Street
Tbg. Size	Depth	City State
Tool <i>DV Tool</i>	Depth <i>2179</i>	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. <i>23.44</i>	Shoe Joint <i>23.44</i>	Cement Amount Ordered <i>175 com 10% salt 5/- Gilsomite</i>

Meas Line	Displace <i>103 BCL</i>	<i>500 gal mud clear 20BL KCL</i>
EQUIPMENT		Common <i>175</i>
Pumptrk <i>5</i> No.	Cement Helper <i>raig</i>	Poz. Mix
Bulktrk No.	Driver <i>Brett</i>	Gel.
Bulktrk <i>14</i> No.	Driver <i>Tony</i>	Calcium <i>KCL 2 gal</i>

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt <i>15</i>
Rat Hole		Flowseal
Mouse Hole		Kol-Seal <i>875 #</i>
Centralizers		Mud CLR 48 <i>500 gal x 2</i>
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand

<i>5 1/2 set @ 4247. Balled 4223.56</i>	Handling <i>198</i>
<i>Est. Circulation Pump 500 gal mud clear</i>	Mileage
<i>20BC KCL Cement 5 1/2 with 175 gal</i>	FLOAT EQUIPMENT <i>5 1/2</i>
<i>Displace Plug with 50BL water</i>	Guide Shoe <i>28 searchers</i>
<i>45BL mud & 48L water to land Plug.</i>	Centralizer <i>7 Turbo's</i>
<i>Plug land @ 1500 #</i>	Baskets <i>2 Cases</i>
<i>Drop Dart & Est. Circulation</i>	AFU Inserts
<i>Circulate 3 HRS.</i>	Float Shoe <i>1</i>
	Latch Down <i>1</i>

	<i>DV Tool</i>	
	Pumptrk Charge <i>prod string</i>	<i>Bottom Stage</i>
	Mileage <i>42</i>	

	Tax
	Discount
X Signature <i>[Signature]</i>	Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

339

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

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

No.

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-6-17	9	12	25	TRAGO	KS		1:30 AM 1:30 AM
Lease <u>Rohleder</u>				Well No. <u>1-9-5NR</u>		Owner	
Contractor <u>Martin #16</u>				<u>Tap stage</u>		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.	
Type Job <u>DV Job</u>				Charge To <u>Phillips Exploration</u>			
Hole Size <u>7 7/8</u>				T.D. <u>4250</u>		Street	
Csg. <u>5 1/2 14#</u>				Depth <u>4247</u>		City	
Tbg. Size				Depth		State	
Tool <u>DV Tool</u>				Depth <u>2179</u>		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.				Shoe Joint		Cement Amount Ordered <u>350 @ 70 QMDC 1/4 # 16</u>	
Meas Line				Displace <u>5334</u>			
EQUIPMENT							
Pumptrk <u>5</u>	No.	Cementor			Common		
		Helper			Poz. Mix		
Bulktrk	No.	Driver			Gel.		
Bulktrk <u>21</u>	No.	Driver			Calcium		
JOB SERVICES & REMARKS							
Remarks:				Hulls			
Rat Hole <u>301K</u>				Salt			
Mouse Hole <u>155K</u>				Flowseal <u>87 #</u>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48 <u>500 gal</u>			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<u>DV Tool @ 2179</u>				Sand			
<u>Pump 500 gal mud flush</u>				Handling <u>350</u>			
<u>Phys Retriever</u>				Mileage			
<u>Cement 5 1/2 with 305 sc</u>				FLOAT EQUIPMENT			
<u>Displace Phys.</u>				Guide Shoe			
<u>Cement Circulated</u>				Centralizer			
<u>Phys Landed @ 1500 ft</u>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>prod string</u>			
				Mileage <u>42</u>			
				Tax			
				Discount			
				Total Charge			
X Signature <u>[Signature]</u>				<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <u>Top Stage</u> </div>			