

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](mailto: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

Phone 785-483-2025

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

No. 449

Cell 785-324-1041

Date	11-15-17	Sec.		Twp.		Range		County	Barton	State	Ks	On Location		Finish	2:30 PM				
Lease								Well No.		Location									
Morgenstern								1-12		Russell + Barton CL., 2S to 210 Rd									
Contractor								Owner		To Quality Oilwell Cementing, Inc.									
Western Well Service								1 1/2 E, 1/2 Int		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								Charge To		American Oil									
Port Collar																			
Hole Size				T.D.				Street				City				State			
Csg. 5 1/2"				Depth															
Tbg. Size 2 7/8"				Depth 893'															
Tool Port Collar				Depth 893'															
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered				200 8 1/2 QMDC 1/4 # Flowseal							
Meas Line				Displace 4 BUS				Used 120											
EQUIPMENT								Common 120 8 1/2 QMDC											
Pumptrk 18 No. Cementer				Helper				Poz. Mix											
Travis																			
Bulktrk 3 No. Driver				Driver				Gel.											
Tony																			
Bulktrk P.U. No. Driver				Driver				Calcium											
Rick																			
JOB SERVICES & REMARKS								Hulls											
Remarks:								Salt											
Rat Hole								Flowseal 50 #											
Mouse Hole								Kot-Seal											
Load tubing + test tool to								Mud CLR 48											
Centralizers 800 #, open tool + establish a								CFL-117 or CD110 CAF 38											
Baskets blow + mix 120 5x QMDC 1/4 #								Sand											
D/V or Port Collar <del>closed</del> + Displaced w/ 4 BUS								Handling 200											
Hw. Closed tool + test tool to								Mileage											
800 #, Run 5 Jts + wash clean																			
wash up + Rigged down								FLOAT EQUIPMENT											
Cement did Circulate								Guide Shoe											
								Centralizer											
								Baskets											
								AFU Inserts											
Used 120								Float Shoe											
								Latch Down											
Thanks																			
								Pumptrk Charge port collar											
								Mileage 20											
								Tax											
								Discount											
X Signature								Total Charge											

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

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

No. 336

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-2-17	12	16	14	Barton	Ks		6:15 p.m.
Location				Russell & C. 2 Line 25 1/2 E Winto			

Lease	Morgan Stern	Well No.	12	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	Discovery #2			Charge To	American Oil
Type Job	Production String			Street	
Hole Size	7 7/8	T.D.	3440	City	State
Csg.	5 1/2 15.50"	Depth	3439.73	The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size		Depth		Cement Amount Ordered 175 com 10 / Salt 5 / Gibsonite	
Tool	Port Collar	Depth		Meas Line Displace 8 1/2 BCL 1/4 FFO 500 gal mud clear	
Cement Left in Csg.	16.77	Shoe Joint	16.77	Common 175	

EQUIPMENT			
Pumptrk	18	No.	Cementer <i>Eric</i> Helper <i>Travis</i>
Bulktrk		No.	Driver
Bulktrk	14	No.	Driver <i>Jordan</i> Driver

JOB SERVICES & REMARKS	
Remarks:	Hulls
Rat Hole 30SK	Salt 16
Mouse Hole 15SK	Flowseal
Centralizers	Kol-Seal 800#
Baskets	Mud CLR 48 500 gal
D/V or Port Collar	CFL-117 or CD110 CAP 38
5 1/2 @ 3439.73 - <del>Ball</del> @ 3422.96	Sand
Est. Circulation - Pump 500 gal mud clear.	Handling 199
Phy Ratholes made.	Mileage
Cement 5 1/2 with 130SK Clear	FLOAT EQUIPMENT 5 1/2
Line sp Displace Phg.	Guide Shoe Port Collar
Lift pressure 700#	Centralizer 7
Phg landed @ 1500#	Baskets 21
	AFU Inserts
	Float Shoe 1
	Latch Down 1
	1 Limit Clamp
	Pumptrk Charge prod string
	Mileage 20

X Signature <i>Ann Weaving</i>	Tax
	Discount
	Total Charge