

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) (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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WoCO Drilling
1135 30th Rd
Yates Center, Kansas 66783

Bill To:
Hal Dvoracheck DBA Quest Development
PO Box 413
Iola, Kansas 66749

Date: 2-18-2018

Drilling Lehmann # 7 1057 ft. @ \$6.00 ft.	\$ 6342.00
Digging and closing pit	\$ 250.00
Hauling Water	\$ 200.00
2 gal polymer @ \$50.00 per gal.	\$ 100.00
10 sacks cement @ \$15.25	\$ <u>152.50</u>
Total	\$ 7044.50

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 4175		API # 15-031-24279-00-00	
Operator: Dvoracheck, Harold A. dba Quest Development Co.		Lease: Lehmann	
Address: PO Box 413 Iola Ks, 66783		Well 7	
Phone: 620-228-3378		Spud Date: 1-30-2018 Completed: 2-1-2018	
Contractor License: 33900		Location: SEC: 27 TWP: 22 R: 17	
T.D. 1057	Bit Size: 6 inch	1980 Ft. from North line	
Surface Pipe Size: 7 inch	Surface Depth: 41 ft	1560 Ft. from West line	
Kind of Well: Oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	3	Shale	908	926
Clay	3	13	Lime	926	928
Clay & Gravel	13	26	Shale	928	930
Shale	26	146	Lime	930	933
Lime	146	168	Shale	933	939
Shale	168	173	Lime	939	943
Lime	173	195	Shale	943	977
Shale	195	211	1 st Lime Cap	977	978
Lime	211	263	Shale	978	988
Shale	263	362	2 nd Lime Cap	988	989
Lime	362	423	Broken Sand	989	991
Shale	423	480	Oil Sand	991	995
Lime	480	488	Broken Sand	995	997
Shale	488	493	Badly Broken Sand	997	999
Lime	493	539	Shale	999	1057
Shale	539	543			
Lime	543	547			
Shale	547	552			
Lime	552	591			
Shale	591	595			
Lime	595	598			
Shale	598	760			
Lime	760	772			
Shale	772	781			
Lime	781	788			
Shale	788	800			
Hard Lime	800	804			
Soft Lime	804	806			
Shale	806	850			
Lime	850	854			
Shale	854	856			
Hard Lime	856	864			
Shale	864	883			
Lime	883	887			
Shale	887	903			
Lime	903	908			

Box 92
A, KS 67045
(0) 583-5561



Cement or Acid Field Report
Ticket No. **3696**
Foreman Kevin McCoy
Camp EUR&KA

15-031-24279-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
2-1-18	1099	Lehmann A #7	27	22S	17E	Coffey	ks
Customer		Safety Meeting	Unit #	Driver	Unit #	Driver	
Quest Development		KM AM JH DG	104	ALAN M.			
Mailing Address			110	JASON H.			
P.O. Box 413			140 T147	DAVE G.			
City	State	Zip Code					
To/la	ks	66749					

Job Type Longstring Hole Depth 1060' Slurry Vol. 32 BBL Tubing 2 7/8
 Casing Depth 1050' Hole Size _____ Slurry Wt. 14# Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 6.5 BBL Displacement PSI 500 Bump Plug to 1000 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 2 7/8 Tubing. BREAK CIRCULATION w/ fresh water. Pump 6 SKs Gel Flush, 10 BBL WATER SPACER. MIXED 120 SKs OWC Cement w/ 1" PhenoSeal /SK @ 14#/gal, yield 1.50 = 32 BBL SLURRY. Shut down. WASH out pump & LINES. STUFF 2 Plugs. Displace w/ 6.5 BBL FRESH WATER. FINAL Pumping Pressure 500 PSI. Bump Plugs to 1000 PSI. Release Pressure, Float Held. Shut in @ 0 PSI. 2 BBL Cement Slurry to fit. Job Complete. Rig down

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1650.00	1050.00
C 107	.50	Mileage	3.95	197.50
C 202	120 SKs	OWC Cement	19.15	2298.00
C 208	120 #	PhenoSeal 1#/SK	1.25 #	150.00
C 206	.300 #	Gel Flush	.20 #	60.00
C 108 B	6.24 Tons	Ton Mileage .50 miles	1.35	421.20
C 401	2	2 7/8 Top Rubber Plugs	28.00	56.00
C 114	3.5 Hrs	Water Transport	110.00	385.00
C 224	4000 gals	City water	10.00/1000	40.00
THANK You — AA —				
			Sub Total	4657.70
			Sales Tax 6.5%	169.26

Authorization Witnessed By Hal Dvorachek Title owner Total 4826.96

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.