

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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Form	ACO1 - Well Completion
Operator	Bruce Oil Company, L.L.C.
Well Name	THIBAULT 3
Doc ID	1416530

All Electric Logs Run

micro
dual induction
dual comp. por.
cement bond



# 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. 777

Date	Sec.	Twp.	Range	County	State	On Location	Finish
S-27-18	22	8	14	Osborne	Ks		3:15A

Lease	Well No.	Owner
Thibault	3	Russell-N to T, 3W to 182nd, 2N, 1/2E, 9N 2E, 3N, 1/2W, 3N, E+S to well

Contractor	Type Job	Charge To
Royal 1	Long string	Bruce oil

Hole Size	T.D.	Street
7 7/8"	2900'	

Csg. 15.504 5 1/2 used	Depth	City	State
	2890'		

Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor	

Cement Left in Csg.	Shoe Joint	Cement Amount Ordered
11, 13'	11, 13'	150 60/40 10% Salt 25% Gils

Meas Line	Displace	Common
	68 1/2 BLS	90

**EQUIPMENT**

Pumptrk	No.	Cementer	Poz. Mix
17		David	60
Bulktrk	No.	Driver	Gel.
15		Jordan	
Bulktrk	No.	Driver	Calcium
p.u.		Rick	

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole	Salt 13
Mouse Hole	Flowseal
Centralizers	Kol-Seal 750#
Baskets	Mud CLR 48 500 gal
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling 170
	Mileage

pipe on bottom break  
Circulation pump 500 gal mud  
Clear 48, plug kothole w/ 300#  
plug mousehole w/ 150# cement 5 1/2"  
Casing w/ 105# cement, shut down  
wash pump + lines Released plug + Displace  
w/ 68 1/2 BLS.  
Released + held.  
Lift pressure 500 #  
Land plug to 1500 #

**FLOAT EQUIPMENT**

Guide Shoe	Centralizer
	5
Baskets	2
AFU Inserts	
Float Shoe	1
Latch Down	1
Rotating head	
Pumptrk Charge	prod string
Mileage	36

Signature	Tax
	Discount
	Total Charge

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

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

No. 774

Date	5-23-18	Sec.	22	Twp.	08	Range	14	County	Osborne	State	Ks	On Location		Finish	12:00 P
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Lease Thibault Well No. 3 Location Russell N to T, 3W to 182 Rd, 2N, 1/2 E, 9N, 2E

Contractor Royal I Owner 3N, 1/8 W, 3N, E + S to well  
To Quality Oilwell Cementing, Inc.

Type Job Surface 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 12 1/4" T.D. 809' Charge To Bruce oil

Csg. 8 5/8" Depth 809' Street \_\_\_\_\_

Tbg. Size \_\_\_\_\_ Depth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Tool \_\_\_\_\_ Depth \_\_\_\_\_ The above was done to satisfaction and supervision of owner agent or contractor

Cement Left in Csg. 20' Shoe Joint 20' Cement Amount Ordered 350 60/10 4% CC 2% Gel

Meas Line \_\_\_\_\_ Displace 50 1/4 BLS

**EQUIPMENT**

Pumptrk 17 No. 17 Cementer David Common 210  
Helper \_\_\_\_\_ Poz. Mix 140

Bulktrk 19 No. 19 Driver Jordan Gel. 7

Bulktrk p.u. No. p.u. Driver Rick Calcium 15

**JOB SERVICES & REMARKS**

Remarks: Cement did Circulate Hulls \_\_\_\_\_

Rat Hole \_\_\_\_\_ Salt \_\_\_\_\_

Mouse Hole \_\_\_\_\_ Flowseal \_\_\_\_\_

Centralizers \_\_\_\_\_ Kol-Seal \_\_\_\_\_

Baskets \_\_\_\_\_ Mud CLR 48 \_\_\_\_\_

DV or Port Collar \_\_\_\_\_ CFL-117 or CD110 CAF 38 \_\_\_\_\_

\_\_\_\_\_ Sand \_\_\_\_\_

\_\_\_\_\_ Handling 372 \_\_\_\_\_

\_\_\_\_\_ Mileage \_\_\_\_\_

**FLOAT EQUIPMENT**

Guide Shoe Rubber plug

Centralizer \_\_\_\_\_

Baskets \_\_\_\_\_

AFU Inserts \_\_\_\_\_

Float Shoe \_\_\_\_\_

Latch Down \_\_\_\_\_

Pumptrk Charge Long Surface

X Signature Long Budig

Tax \_\_\_\_\_  
Discount \_\_\_\_\_  
Total Charge \_\_\_\_\_

