

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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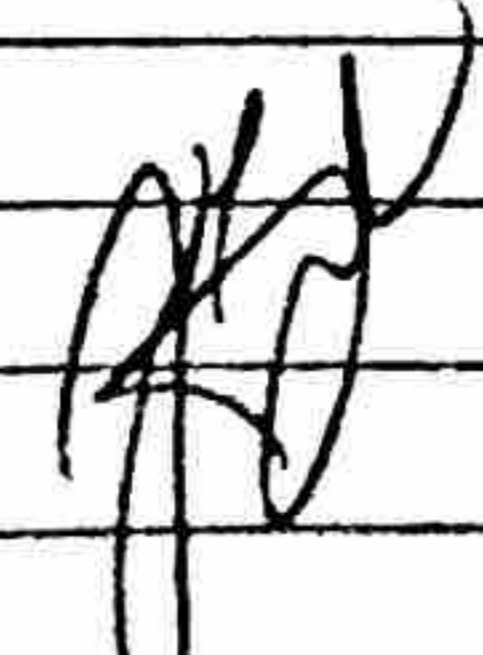
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 570

Date	12-12-17	Sec.		Twp.		Range		County	Ellis	State	KS	On Location		Finish	12:45 p.m.
Location # Cecil & River Road 45 E into															
Lease	Hail 5			Well No.	5			Owner							
Contractor								To Quality Oilwell Cementing, Inc.							
Type Job								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.				Charge To	American Oil						
Csg.	5 1/2			Depth				Street							
Tbg. Size	2"			Depth				City	State						
Tool	Port Collar			Depth	1287			The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered	250 80/20 DMDC 1/4 #10						
Meas Line	Displace 4 BL						used 175								
EQUIPMENT															
Pumptrk	5	No.	Cementer	Craig			Common								
			Helper	Brett			Poz. Mix								
Bulktrk		No.	Driver	Brett			Gel.								
			Driver				Calcium								
Bulktrk	14	No.	Driver	Tony			Hulls								
			Driver				Salt								
JOB SERVICES & REMARKS															
Remarks:	KCC Pat Stach														
Rat Hole	Flowseal 62#														
Mouse Hole	Kol-Seal														
Centralizers	Mud CLR 48														
Baskets	CFL-117 or CD110 CAF 38														
D/V or Port Collar	Sand														
	Test 5 1/2 to 800' - Open tool & Est. Circulation.														
	Mix 150 sk + Displace. Cement Circulated														
	Close Tool & Test to 800' Run 5 joints & wash clear.														
	FLOAT EQUIPMENT														
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	Pumptrk Charge port collar 10 b														
	Mileage 21														
	Tax														
	Discount														
	Total Charge														
X	Signature 														

175
USED 175 SK

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 561

Phone 785-483-2025

Cell 785-324-1041

Date	12-6-17	Sec.	35	Twp.	11	Range	17	County	Ellis	State	KS	On Location		Finish	10:45 AM
Location													C/O Oil & River Road 4 1/2 Einto		

Lease	Hall 5	Well No	6	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Discovery #2	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	Production String	Charge To	American Oil
Hole Size	7 7/8	T.D.	3650
Csg.	5 1/2	Depth	3649
Tbg. Size		Depth	
Tool	Port Collar #58	Depth	1287
Cement Left in Csg.	22.5	Shoe Joint	22.5
Meas Line		Displace	86 1/2

EQUIPMENT				Cement Amount Ordered		180 com 10% salt 5% gilsonite	
Pumptrk	5	No.	Cementing	Common	180		
Bulktrk		No.	Driver	Poz. Mix			
Bulktrk	9	No.	Driver	Gel.			
			Driver	Calcium	KCL 1 gal		

JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt 15			
Rat Hole 30%K				Flowseal			
Mouse Hole				Kol-Seal 800#			
Centralizers 1, 35, 7, 9, 11				Mud CLR 48 500 gal			
Baskets				CFL-117 or CD110 CAF 38			
DV or Port Collar				Sand			

5 1/2 size 3649 Bore @ 3226.50.				Handling 103			
Est. Circulation. Pump 500 gal mud clear				Mileage			
+ 103% KCL. Plug Rathole. Cement				FLOAT EQUIPMENT 5 1/2			
5 1/2 with 150%K. Clear lines +				Guide Shoe Limit Clamp			
Displace Plug.				Centralizer 7			
Plug landed @ 1500#.				Baskets 1			
				AFU Inserts Port Collar			
				Float Shoe 1			
				Latch Down 1			

Pumptrk Charge				prod string			
Mileage				21			
				Tax			
				Discount			
				Total Charge			

X Signature *Ann Weaving*

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. 557

Date	11-30-17	Sec.	35	Twp.	11	Range	17	County	Ellis	State	KS	On Location		Finish	2:30 PM
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Location *Cadalla River Road 4.5 E into*

Lease	<i>Hall J</i>	Well No.	<i>6</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>Discovery #2</i>			Charge To	<i>American O-1</i>
Type Job	<i>Surface</i>			Street	
Hole Size	<i>12 1/4</i>	T.D.	<i>221</i>	City	
Csg.	<i>8 5/8</i>	Depth	<i>220</i>	State	
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered	<i>200 80/120 4 1/2 4 1/2 2 1/2 1/2 # FLO</i>
Cement Left in Csg.	<i>10</i>	Shoe Joint			
Meas Line		Displace	<i>13.34</i>		

EQUIPMENT

Pumptrk	<i>5</i>	No.	<i>1213</i>	Common	<i>136</i>
			<i>1213</i>	Poz. Mix	<i>34</i>
Bulktrk		No.	<i>1214</i>	Gel.	<i>3</i>
			<i>1214</i>	Calcium	<i>8</i>
Bulktrk	<i>15</i>	No.	<i>Tony</i>		

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal <i>100 #</i>
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<i>8 5/8 on bottom EST Circulation</i>	Sand
<i>Mix 170SK + 150 # hulls</i>	Handling <i>200</i>
	Mileage

FLOAT EQUIPMENT

<i>Cement circulated!!</i>	Guide Shoe
<i>(USE) 170SK</i>	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge *Surface*

Mileage *21*

X Signature *[Signature]*

Tax	
Discount	
Total Charge	