

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

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

No. 556

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-30-17				Books	KS		12:00pm

Location *Zunch 10 2 1/4 W into*

Lease	Well No.	Owner	
<i>Marlotta</i>	<i>5</i>	To Quality Oilwell Cementing, Inc.	
Contractor	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			
Hole Size	T.D.	Charge To	
<i>7 7/8</i>		<i>American Oil</i>	
Csg.	Depth	Street	
<i>5 1/2</i>			
Tbg. Size	Depth	City	
<i>2 7/8</i>		State	
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
<i>Port Collar</i>	<i>1556</i>		
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered	
		<i>350 80% QMDC 1/2 #10</i>	

Meas Line	Displace	
	<i>ZBC</i>	<i>7 gal</i>

EQUIPMENT

Pumptrk	No.	Cement	Common
<i>5</i>		<i>Craig</i>	<i>200 98% QMDC</i>
Bulktrk	No.	Helper	Poz. Mix
		<i>Brett</i>	
Bulktrk	No.	Driver	Gel.
<i>19</i>		<i>Doug</i>	<i>6</i>
			Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
<i>KCC Rich william S</i>	Salt
Rat Hole	Flowséal
	<i>175#</i>
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 1000' spot logels
B37 circulating mixed 200#
Cement circulated
Close Tool & Test to 1000'
Run 5 joints & wash clean*

USED logels 200#

FLOAT EQUIPMENT

Handling	Guide Shoe
<i>350</i>	Centralizer
Mileage	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge	
<i>port collar</i>	
Mileage	
<i>37</i>	

[Signature]

X Signature

Tax	
Discount	
Total Charge	

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. 552

Date	11-23-17	Sec.	19	Twp.	9	Range	19	County	Rooks	State	KS	On Location		Finish	3:00 P.M.
Location								Zinch 1W 2 1/4 W 1 into							

Lease	Marquette	Well No.	5	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	Street	
Csg. 5 1/2	15.50"	Depth	3644	City	
Tbg. Size		Depth		State	
Tool	Port Collar	Depth	1556	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	19.65	Shoe Joint	19.65	Cement Amount Ordered	200 10/ Salt 5/ G/ salt etc
Meas Line		Displace	86 1/4 BCL	500 gal mud clear	20 BCL KCL

EQUIPMENT

Pumptrk	5	No.	Cementer	Tom
			Helper	
Bulktrk		No.	Driver	Brett
			Driver	
Bulktrk		No.	Driver	Tom
			Driver	

Common 200
Poz. Mix
Gel.
Calcium KCL 2

JOB SERVICES & REMARKS

Remarks:
Rat Hole 30SK
Mouse Hole 15SK
Centralizers
Baskets
D/V or Port Collar
5 1/2 size 3644 Ballbed @ 3624
Bst. Circulation Pump 500 gal mud clear
& 10 BCL KCL Plug Reather hole
MIX 155SK. Clear lines & Displace
Plug 1st 10 BCL with KCL
Plug landed @ 13000'

Hulls
Salt 17
Flowseal
Kol-Seal 850 #
Mud CLR 48500 gal
CFL-117 or CD110 CAF 38
Sand
Handling 225
Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer 7
Baskets 1
AFU inserts Port Collar
Float Shoe 1
Latch Down 1

Pumptrk Charge
Mileage 37 Prod string

X Signature *Ann Neavling*

Tax
Discount
Total Charge

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. 347

Date	11-17-17	Sec.	19	Twp.	9	Range	19	County	Rooks	State	KS	On Location		Finish	9:45 p.m.
Location								Zunich 10 3/4 W N1110							

Lease	Marquette	Well No.	5	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	Surface				
Hole Size	12 1/4	T.D.	222	Charge To	American Oil
Csg.	8 5/8	Depth	221	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.	10'	Shoe Joint		Cement Amount Ordered	150 8/20 3/4 2/6 EL

Meas Line	Displace	1336			
EQUIPMENT					
Pumptrk	5	No.	Cementor	Common	120
			Helper	Poz. Mix	30
Bulktrk		No.	Driver	Gel.	3
Bulktrk	9	No.	Driver	Calcium	6

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

FLOAT EQUIPMENT					
	Guide Shoe				
	Centralizer				
	Baskets				
	AFU Inserts				
	Float Shoe				
	Latch Down				
	Pumptrk Charge				
	Surface				
	Mileage 37				

X Signature	Tax	
	Discount	
	Total Charge	

