

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)</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  
Cell 785-324-1041

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

No. 818

Date	5-7-18	Sec.	20	Twp.	14	Range	25	County	Trego	State	KS	On Location		Finish	5:30pm
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Lease Rosemary Well No. 2-2051R Location Collyer-13s Winto Owner \_\_\_\_\_

Contractor mwn/4 #16 To Quality Oilwell Cementing, Inc.  
Type Job Surface You are hereby requested to rent cementing equipment and furnish  
Hole Size 12 1/4 Charge Phillips Exploration  
Csg. 8 5/8 Depth 218 cementer and helper to assist owner or contractor to do work as listed.

T.D. 219 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Depth 218  
Tbg. Size \_\_\_\_\_ Depth \_\_\_\_\_  
Tool \_\_\_\_\_ Depth \_\_\_\_\_

Cement Left in Csg. 10' Shoe Joint \_\_\_\_\_ The above was done to satisfaction and supervision of owner agent or contractor.  
Cement Amount Ordered 150 80/20 3/11 2/11

Meas Line \_\_\_\_\_ Displace 133L

EQUIPMENT					
Pumptrk	20	No.	Cement Helper <u>Ernie</u>	Common	120
Bulktrk		No.	Driver <u>Brett</u>	Poz. Mix	30
Bulktrk	14	No.	Driver <u>Doug</u>	Gel.	3
			Driver	Calcium	6

**JOB SERVICES & REMARKS**

Remarks: \_\_\_\_\_  
Rat Hole \_\_\_\_\_  
Mouse Hole \_\_\_\_\_  
Centralizers \_\_\_\_\_  
Baskets \_\_\_\_\_  
D/V or Port Collar \_\_\_\_\_  
8 5/8 on bottom Est. Circulation  
Mix 150SK & Displace

Cement Circulated!

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	1
Baskets	<u>Swage</u>
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	<u>Surface</u>
Mileage	<u>38</u>

X Signature [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. 767

Date	5-13-18	Sec.	20	Twp.	14	Range	25	County	Trego	State	Ks	On Location		Finish	3:00 PM
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Lease	Rosemary	Well No.	2-20 SHR	Location	Colluer - 13 1/2 S w/ into	Owner	
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Contractor	Murfin #16	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.	
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Type Job	Plug	Charge To	Phillips Exploration
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Hole Size	7 7/8"	T.D.	4000'
Csg.		Depth	
Tbg. Size	4 1/2" D.P.	Depth	1875'
Tool		City	State

Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
Meas Line	Displace	Cement Amount Ordered

Displace	H2O/mud	Cement Amount Ordered	255 60/40 40% bel 44# flored
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EQUIPMENT			
Pumptrk	20	No.	Cementer
			Helper
Bulktrk	15	No.	Driver
			Driver
Bulktrk	p.u	No.	Driver
			Driver

JOB SERVICES & REMARKS			
Remarks:	1875' - 50 SX	Common	153

Rat Hole	850' - 100 SX	Poz. Mix	102
Mouse Hole	275' - 50 SX	Gel.	9

Centralizers	40' - 10 SX w/ plug	Calcium	
Baskets	Rathole w/ 30 SX	Hulls	

D/V or Port Collar	Mousehole w/ 15 SX	Salt	
		Flowseal	56#

		Kol-Seal	
		Mud CLR 48	

		CFL-117 or CD110 CAF 38	
		Sand	

		Handling	264
		Mileage	

FLOAT EQUIPMENT			
		Guide Shoe	Dry hole plug

		Centralizer	
		Baskets	

		AFU Inserts	
		Float Shoe	

		Latch Down	
		Pumptrk Charge	plug

		Mileage	38
		Tax	

		Discount	
		Total Charge	

X Signature *Greg Deibel*