KOLAR Document ID: 1425958

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 # 4058
Name: American Warrior, Inc.
Address 1: PO BOX 399
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + __ __ __ __
Contact Person: Kevin Wiles SR
Phone: (620) 275-2963
CONTRACTOR: License # 34422
Name: Red Rock Energy Services Inc.
Wellsite Geologist: NONE
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: American Warrior INC
Well Name: Wolff 1-2
Original Comp. Date: 02/18/2009 Original Total Depth: 5300
☐ 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 #:

10/29/2018 Spud Date or Recompletion Date
Date Reached TD
10/30/2018 Completion Date or Recompletion Date

API No.: 15-077-21648-00-01
Spot Description:
SE - NW - NW - NW Sec. 2 Twp. 34 S. R. 6 ☐ East ☑ West
4945 Feet from ☐ North / ☑ South Line of Section
4945 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
GPS Location: Lat: (e.g. xx.xxxxx) , Long: (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Harper
Lease Name: WOLFF Well #: 1-2
Field Name:
Producing Formation: Arbuckle
Elevation: Ground: 1283 Kelly Bushing: 1293
Total Vertical Depth: 5300 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 305 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:** Karen Ritter **Date:** 10/30/2018

Operator Name: American Warrior, Inc. Lease Name: WOLFF Well #: 1-2

Sec. 2 Twp. 34 S. R. 6 ☐ East ☑ West County: Harper

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 *(Attach Additional Sheets)*	☐ Yes	☑ No	
Samples Sent to Geological Survey	☐ Yes	☑ No	
Cores Taken	☐ Yes	☑ No	
Electric Log Run	☐ Yes	☑ No	
Geologist Report / Mud Logs	☐ Yes	☑ No	

List All E. Logs Run:

☑ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Arbuckle	5180	-3887

CASING RECORD ☑ New ☐ 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
Surface	12.250	8.625	23	305	common	200	2%gel 3%cc
Production	7.875	5.50	17	5180	EA-2	250	D-air
Liner	5.50	4.50	10.5	5160	Standard	200	2%gel 3%cc

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate ☐ Protect Casing ☐ Plug Back TD ☐ 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: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other *(Explain)*

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:	
		Top	Bottom
☐ Vented ☐ Sold ☐ Used on Lease *(If vented, Submit ACO-18.)*	☑ Open Hole ☐ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)*	5180	5300

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record *(Amount and Kind of Material Used)*

TUBING RECORD:	Size:	Set At:	Packer At:
	2.375	5155	5155

Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	WOLFF 1-2
Doc ID	1425958

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.250	8.625	23	305	common	200	2%gel 3%cc
Production	7.875	5.50	17	5180	EA-2	250	D-air
Liner	5.50	4.50	10.5	5160	Standard	200	2%gel 3%cc

QUALITY WELL SERVICE, INC.

6957

Federal Tax I.D. # 481187368
Home Office 30060 N. Hwy 281, Pratt, KS 67124
Mailing Address P.O. Box 468
Office 620-727-3410 **Rich's Cell 620-727-3409**
Fax 620-672-3663 **Brady's Cell 620-727-6964**

	Sec.	Twp.	Range	County	State	On Location	Finish
Date 10-25-18	2	34S	6W	HARPER	Ks		

Lease WOLFF Well No. 1-2 SWD Location Anthony, Ks. 4E 2S 1E SE Inf

Contractor RED Rock ENERGY SERVICES INC

Type Job 4½ Liner

Hole Size 5½ 17'

Csg. 4½ 11.6#

Tbg. Size

Tool

Cement Left In Csg.

Meas Line

T.D.

Depth

Depth

Depth

Shoe Joint

Displace 30.26

Owner

To Quality Well Service, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Charge To AMERICAN WARRIOR INC.

Street

City State

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

Cement Amount Ordered 275 sc Common 2% Gel 3% CC USED 200 sc

EQUIPMENT

Pumptrk 8	No.	T5
Bulktrk 7	No.	JAKE
Bulktrk	No.	
Pickup	No.	

JOB SERVICES & REMARKS

Run 5175' 4½ 11.6# csg
Hook up to Csg. Start Pumping H2o Est Circ
4½ out 7½ BPM 220#
Start MK 200 sc Common 2% Gel 3% CC
12.8-13.0 Last TUB 13.8-14.2
Shut Down wash up Rel Release
4½ Top Rubber Plug
Start Disp 30 Bbls out Caught PSI
1½ BPM 1900#
71 out Circ CMT to Pit
Land Plug 2700# 81½ out
Held 5 min Release & Held
Good Circ the job
Thank You
PLEASE CALL AGAIN
Todd TJ JAKE

X Signature

Common	200
Poz. Mix	
Gel.	4 sk
Calcium	7 sk
Hulls	
Salt	
Flowseal	
Kol-Seal	
Mud CLR 48	
CFL-117 or CD110 CAF 38	
Sand	
Handling	211
Mileage	75

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
SERVICE SUPERVISOR	
LMV 75	
Pumptrk Charge	Liner
Mileage	150
Tax	
Discount	
Total Charge	

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