

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 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	McCoy Petroleum Corporation
Well Name	LAHEY A 3-24
Doc ID	1429105

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	4364	4374			Perf: Iola. AC: 750gls 15% Ne-Fe
	4044	4045			Squeeze Toronto with 50 Sacks Cement
4	4030	4036			Perf: Toronto. AC: 750gls 15% Fe-Ne. Removed RBP.
4	4656	4661			KC "C"
4	4718	4725			Basal KC
4	4707	4709			Basal KC
4	4748	4753			Marmaton "A"
4	4756	4759			Marmaton "A"
4	4788	4794			Marmaton "B"
4	4879	4883			Pawnee
					Production from All Zones



**Quality Well Service, Inc.**

**Invoice**

**PO Box 468  
Pratt, KS 67124**

*100997*

Date	Invoice #
9/12/2018	C-1834

Bill To
McCoy Petroleum Corporation PO Box 39 Spivey KS 67142

*#3 622880*

P.O. No.	Terms	Lease Name
		Lahey A #3-24

Description	Qty	Rate	Amount
Common	50		
Calcium	2		
Squeeze Manifold	1		
Squeeze	1		
Handling	52		
.08 * sacks * miles	3,500		
Service Supervisor	1		
Heavy Equipment Mileage	100		
Customer Discount			
Discount Expires after 30 days from the date of the invoice			
Lahey A #3-24			
Stevens Co.			

*11/637  
Squeeze job*

Thank You for your business!	<b>Subtotal</b>
	<b>Sales Tax (7.5%)</b>
	<b>Total</b>

*mx*

# QUALITY WELL SERVICE, INC.

6918

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410  
Fax 620-672-3663

Rich's Cell 620-727-3409  
Brady's Cell 620-727-6964

Date	9-6-18	Sec.	24	Twp.	31S	Range	35W	County	STEVENS	State	Ks	On Location		Finish									
Lease	LAKE?		Well No.	A 3-24		Location Satada Ks. W to 27 Rd 2 S 1/4 E																	
Contractor	Post & Martin Well Service					Owner Sinto																	
Type Job	SQ JOB					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.																	
Hole Size	7 7/8		T.D.																				
Csg.	5 1/2 15.5		Depth					Charge To								McCoy Petroleum Corporation							
Tbg. Size	2 7/8		Depth					Street															
Tool			Depth					City								State							
Cement Left in Csg.			Shoe Joint					The above was done to satisfaction and supervision of owner agent or contractor.															
Meas Line			Displace					22.82 PCL								Cement Amount Ordered				100% (Gum) 3 PCL			
<b>EQUIPMENT</b>																							
Pumptrk	B	No.	TS		25 25		JSC 50									Common				50			
Bulktrk	12	No.	TODD				Poz. Mix																
Bulktrk		No.					Gel.																
Pickup		No.					Calcium									2							
<b>JOB SERVICES &amp; REMARKS</b>																							
Rat Hole	Hulls																						
Mouse Hole	Salt																						
Centralizers	Flowseal																						
Baskets	Kol-Seal																						
D/V or Port Collar	Mud CLR 48																						
	CFL-117 or CD110 CAF 38																						
	Perfs 4044'-45' PCL 3942'																						
	Hool up to Well! START LOW Annulus																						
	38 Bbls 500° HELD																						
	Mileage 50																						
	TAKE IN RATE 14 1/4 at 1000°																						
	<b>FLOAT EQUIPMENT</b>																						
	STARTED FEEDING 1 BPM 800°																						
	Guide Shoe																						
	START MIC 50% Common 3 PCL 15:00/40																						
	Centralizer																						
	SHUT DOWN WAIT UP TO																						
	Baskets																						
	START DSI 1 BPM 0'																						
	AFU Inserts																						
	12 at 200" slow RATE 13 at 1/2 BPM																						
	Float Shoe																						
	300' 16 at 500' 23 at PCL (6 at 1000'																						
	Latch Down																						
	23 1/2 SHUT DOWN WOC 30 min 800°																						
	So Manifold																						
	Pickup 1500 LET SET Down Hour + Release																						
	Service Supervisor																						
	Pull Line 2 PCL at 4) Bbls																						
	Pumptrk Charge															SQ JOB							
	Pull 2 at 4) Bbls Pickup on SQ 1000'																						
	Mileage															100							
	Close DI																						
	Thank you Please call me at TODD																						
X Signature	[Signature]																						
																Tax							
																Discount							
																Total Charge							