

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](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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# 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. 875

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-23-18	4	13	24	Trego	KS		9:00 AM
Location <i>Wakeney Ss MR SW 200 1/2 S</i>							

Lease	Well No.	Owner	
<i>Wanker</i>	<i>2-4</i>	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		Charge To	
<i>Mon #16</i>		<i>Jim Phillips Exploration</i>	
Type Job	T.D.	Street	
<i>Surface</i>	<i>218</i>		
Hole Size	Depth	City	
<i>12 1/4</i>	<i>217</i>	State	
Csg.	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
<i>8 5/8</i>		Cement Amount Ordered <i>150 #/20 3/4 2.62</i>	
Tbg. Size	Shoe Joint	Meas Line Displace <i>1334</i>	
		EQUIPMENT	
Tool		Common <i>120</i>	
		Poz. Mix <i>30</i>	
Cement Left in Csg.		Gel. <i>3</i>	
<i>10'</i>		Calcium <i>6</i>	
		JOB SERVICES & REMARKS	
		Hulls	
		Salt	
		Rat Hole	
		Flowseal	
		Mouse Hole	
		Kol-Seal	
		Centralizers	
		Mud CLR 48	
		Baskets	
		CFL-117 or CD110 CAF 38	
		D/V or Port Collar	
		Sand	
		Handling <i>159</i>	
		Mileage	
		FLOAT EQUIPMENT	
		Guide Shoe	
		Centralizer <i>8 5/8 Subj</i>	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		Pumptrk Charge <i>Surface</i>	
		Mileage <i>41</i>	

Remarks:  
 Rat Hole  
 Mouse Hole  
 Centralizers  
 Baskets  
 D/V or Port Collar  
*8 5/8 on bottom. Est Circulation.  
 mix 150 SK + Displace.  
 Cement Circulated*

X Signature *[Signature]*

Common *120*  
 Poz. Mix *30*  
 Gel. *3*  
 Calcium *6*  
 HULLS  
 SALT  
 RAT HOLE  
 FLOWSEAL  
 MOUSE HOLE  
 KOL-SEAL  
 CENTRALIZERS  
 MUD CLR 48  
 BASKETS  
 CFL-117 or CD110 CAF 38  
 D/V or PORT COLLAR  
 SAND  
 HANDLING *159*  
 MILEAGE  
 FLOAT EQUIPMENT  
 GUIDE SHOE  
 CENTRALIZER *8 5/8 Subj*  
 BASKETS  
 AFU INSERTS  
 FLOAT SHOE  
 LATCH DOWN  
 PUMPTRK CHARGE *Surface*  
 MILEAGE *41*  
 TAX  
 DISCOUNT  
 TOTAL CHARGE

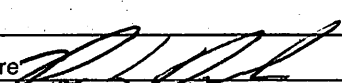
# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 497

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-3-18	4	13	24	Trego	KS		11:30 AM
Lease <del>Wanker</del>				Well No. 2-4		Owner 1/2 S	
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.			
Type Job Production Spring				Charge To Phillips Exploration			
Hole Size 7 7/8		T.D. 4410		Street			
Csg. 5 1/2		Depth 4188		City			
Tbg. Size		Depth		State			
Tool Port Collar		Depth 1990'		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg. 42.20		Shoe Joint 42.20		Cement Amount Ordered 22.5 sk com 10% sc 1r			
Meas Line		Displace 101 bbl		5% gilsonite			
<b>EQUIPMENT</b>				Common 225			
Pumptrk 20	No.	Cementer Helper Brett		Poz. Mix			
Bulktrk 9	No.	Driver David		Gel.			
Bulktrk	No.	Driver Jim		Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Remarks:				Salt 17			
Rat Hole - 30sx				Flowseal			
Mouse Hole - 15sx				Kol-Seal 900#			
Centralizers 2, 4, 6, 8, 10 + 51				Mud CLR 48 500 bbl			
Baskets 11 + 52				CFL-117 or CD110 CAF 38 40 bbl KCL			
<del>Port Collar</del> J+ 52 @ 1990'				Sand			
Ran 99 J+ / 4188' of 5 1/2 casing Est. in				Handling 251			
Mixed 500 Gal Mud Flush + 20 bbl KCL				Mileage 5 1/2			
Plugged Rat + Mouse				<b>FLOAT EQUIPMENT</b>			
Mixed 180 sx				Guide Shoe			
Displaced 101 bbl H <sub>2</sub> O 1st 20 KCL				Centralizer - 6			
Lift pressure @ 800 lbs				Baskets - 2			
Land plug @ 1700 lbs				AFI Inserts			
Plug held				Float Shoe - 1			
				Latch Down - 1			
				Port Collar 2 Limit Clamp			
				20 scratchers			
				Pumptrk Charge good string			
				Mileage 41			
X Signature 				Tax			
				Discount			
				Total Charge			

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 922

Cell 785-324-1041

Date	8-9-18	Sec.	4	Twp.	13	Range	24	County	Trego	State	Ks	On Location		Finish	12:30 PM
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Location *Wakeeny, 55 to m rd, 5w to 200 rd, 1/25*

Lease *Wanker* Well No. *2-45HR* Owner

Contractor *Fischer well service* To Quality Oilwell Cementing, Inc.

Type Job *port collar* 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 T.D. Charge To *Phillips Exploration*

Csg. *5 1/2"* Depth Street

Tbg. Size *2 3/8"* Depth City State

Tool *Port Collar* Depth *1990'* The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered *350 80/20 QMDC 1/4# Flt seal*

Meas Line Displace *6 3/4 bbl* *8 gal*

**EQUIPMENT**

Pumptrk *20* No. Cementer *Craig* Common *200 80/20 QMDC*

Bulktrk *21* No. Driver *Jack* Poz. Mix

Bulktrk *Pit* No. Driver *Rick* Gel. *8*

**JOB SERVICES & REMARKS**

Remarks: *test tool to 1000# closed* Hulls

Rat Hole *spot 3 sx gel to tool* Salt

Mouse Hole *opened + pump 5 more sx* Flowseal *100#*

Centralizers *of gel, mix 200 sx cement* Kol-Seal

Baskets *+ displaced. closed tool* Mud CLR 48

D/V or Port Collar *+ pressure to 1000#* CFL-117 or CD110 CAF 38

*Run 5 JTs tubing + wash* Sand

*Clear. Rigged down.* Handling *350*

**FLOAT EQUIPMENT**

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge *port collar job*

Mileage *36*

Signature *[Signature]* Tax

Discount

Total Charge

*Cement did Circulate*

*Used 200 slt  
8 gal 80/20 QMDC  
1/4 Flt*

*Thanks*