

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. 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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|--|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|



# 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. 1024

|          |      |      |       |                              |       |             |        |
|----------|------|------|-------|------------------------------|-------|-------------|--------|
| Date     | Sec. | Twp. | Range | County                       | State | On Location | Finish |
| 9-30-18  | 2    | 13   | 26    | Carroll                      | KS    |             | 7:30   |
| Location |      |      |       | Chillicothe 25 mi W 4W Sinto |       |             |        |

|                     |             |            |        |  |  |
|---------------------|-------------|------------|--------|--|--|
| Lease               | Home Place  | Well No.   | 1-25HR | Owner  | To Quality Oilwell Cementing, Inc.<br>You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. |
| Contractor          | Myrtin #16  |            |        | Charge To  | Phillips Exploration   |
| Type Job            | Rotary Plug | Hole Size  | 7 7/8  | T.D.   | 4475   |
| Csg.                |             | Depth      |        | 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. |             | Shoe Joint |        | Cement Amount Ordered  | 2.55 60/40 4-1/2 GEL 1/4 HFD   |

|           |          |           |        |          |     |
|-----------|----------|-----------|--------|----------|-----|
| Meas Line | Displace | EQUIPMENT |        | Common   | 153 |
| Pumptrk   | No. 20   | Cementor  | Helper | Poz. Mix | 102 |
| Bulktrk   | No.      | Driver    | Driver | Gel.     | 9   |
| Bulktrk   | No. 15   | Driver    | Driver | Calcium  |     |

|                        |            |                                     |      |
|------------------------|------------|-------------------------------------|------|
| JOB SERVICES & REMARKS |            | Hulls                               |      |
| Remarks:               |            | Salt                                |      |
| Rat Hole               | 305K       | Flowseal                            | 50#  |
| Mouse Hole             | 155K       | Kol-Seal                            |      |
| Centralizers           |            | Mud CLR 48                          |      |
| Baskets                |            | CFL-117 or CD110 CAF 38             |      |
| DV or Port Collar      |            | Sand                                |      |
| 1st                    | 2093 505K  | Handling                            | 264  |
| 2nd                    | 1108 1005K | Mileage                             |      |
| 3rd                    | 267 505K   | FLOAT EQUIPMENT 8 7/8 Dry Hole Plug |      |
| 4th                    | 40' 105K   | Guide Shoe                          |      |
|                        |            | Centralizer                         |      |
|                        |            | Baskets                             |      |
|                        |            | AFU Inserts                         |      |
|                        |            | Float Shoe                          |      |
|                        |            | Latch Down                          |      |
|                        |            | Pumptrk Charge                      | Plug |
|                        |            | Mileage                             | 46   |

|             |           |              |  |
|-------------|-----------|--------------|--|
| X Signature | Ang Sisko | 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. 1020

|         |      |      |       |        |       |             |         |
|---------|------|------|-------|--------|-------|-------------|---------|
| Date    | Sec. | Twp. | Range | County | State | On Location | Finish  |
| 9-24-18 | 2    | 13   | 26    | GOVE   | KS    |             | 7:00 PM |

Lease Home Place Location Center 55 MRU 4W 78RD 1S Binto

Well No. 1-2-SHR Owner To Quality Oilwell Cementing, Inc.

Contractor Munfin #16 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 Charge To Phillips Exploration

Hole Size 12 1/4 T.D. 218 Street \_\_\_\_\_

Csg. 8 5/8 Depth 217 City \_\_\_\_\_ State \_\_\_\_\_

Tbg. Size \_\_\_\_\_ Depth \_\_\_\_\_

Tool \_\_\_\_\_ Depth \_\_\_\_\_

Cement Left in Csg. 10 Shoe Joint \_\_\_\_\_

Meas Line \_\_\_\_\_ Displace 13 BC Cement Amount Ordered 150 80/20 3 1/2 2 1/2 GEL

| EQUIPMENT |     |               |                    |
|-----------|-----|---------------|--------------------|
| Pumptrk   | No. | Cement Helper | Common <u>120</u>  |
|           |     | <u>Graig</u>  | Poz. Mix <u>30</u> |
| Bulktrk   | No. | Driver        | Gel. <u>3</u>      |
|           |     | <u>Brett</u>  | Calcium <u>6</u>   |
| Bulktrk   | No. | Driver        |                    |
|           |     | <u>Jim</u>    |                    |

### 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 |
| <u>8 5/8 on bottom - Est. Circulation.</u> | Sand                    |
| <u>Mix 150/20 - Displace.</u>              | Handling <u>159</u>     |
| <u>Cement Circulated</u>                   | Mileage                 |

### FLOAT EQUIPMENT

|             |                     |
|-------------|---------------------|
| Guide Shoe  | <u>8 5/8 5 wags</u> |
| Centralizer |                     |
| Baskets     |                     |
| AFU Inserts |                     |
| Float Shoe  |                     |
| Latch Down  |                     |

Pumptrk Charge Surface  
Mileage 46

|                                       |              |
|---------------------------------------|--------------|
| X<br>Signature <u>Ag. [Signature]</u> | Tax          |
|                                       | Discount     |
|                                       | Total Charge |