

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.**  
 PO Box 32 - 740 WEST WICHITA AVE, RUSSELL KS 67665  
 PHONE: 785-324-1041 FAX: 785-483-1087  
 EMAIL: cementing@ruraltei.net

Date: 12/8/2018  
 Invoice # 978  
 P.O.#:  
 Due Date: 1/7/2019  
 Division: Russell

# Invoice

Contact:  
 Unrein Oil Company  
 Address/Job Location:

Box 1056  
 Hays Ks 67601

Reference:  
 EGGER 3 SWD SEC 6-13-20

Description of Work:  
 PROD STRING

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 657.71	No				
Multi Density- 80/20	285	\$ 3,781.73	Yes				
5 1/2" Triplex Shoe	1	\$ 987.82	Yes				
5 1/2" Turbolizer	8	\$ 424.62	Yes				
5 1/2" Basket	1	\$ 208.41	Yes				
Bulk Truck Matl-Material Service Charge	285	\$ 210.10	No				
Latch Down Plug & Baffle, 5 1/2"	1	\$ 196.09	Yes				
Flo Seal	75	\$ 110.58	Yes				
Pump Truck Mileage-Job to Nearest Camp	19	\$ 63.03	No				
Bulk Truck Mileage-Job to Nearest Bulk Plant	19	\$ 49.02	No				

**Invoice Terms:**

Net 30

SubTotal: \$ 6,687.10

Discount Available ONLY if Invoice is Paid & Received  
 within listed terms of invoice: \$ (167.18)

SubTotal for Taxable Items:	\$ 5,564.56
SubTotal for Non-Taxable Items:	\$ 955.36
<b>Total:</b>	<b>\$ 6,519.92</b>
<b>Tax:</b>	<b>\$ 361.70</b>

6.50% Ellis County Sales Tax

**Thank You For Your Business!**

**Amount Due: \$ 6,881.62**  
**Applied Payments:**  
**Balance Due: \$ 6,881.62**

Past Due Invoices are subject to a service charge (annual rate of 24%)  
 This does not include any applicable taxes unless it is listed.  
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*pd AE 23600*

# 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. 778

Date	12-8-18	Sec.	6	Twp.	13	Range	20	County	Ellis	State	KS	On Location		Finish	4:45 PM
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Location Ellis 2W 1N E intg

Leas. Egger Well No. #3 SWD Owner

Contractor Discovery #4 To Quality Oilwell Cementing, Inc.  
Type Job Production String You are hereby requested to rent cementing equipment and furnish  
Hole Size 7 7/8 T.D. 1613' Charge Uncain Oil  
Csg. 5 1/2 Depth 1541' 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. 20.22 Shoe Joint 20.22 Cement Amount Ordered 285 80/20 QMDC 1/4 Flt  
Meas Line Displace 36 bbl

**EQUIPMENT**

Pumptrk	17	No.	Cementer	
			Helper	<u>Brett</u>
Bulktrk	9	No.	Driver	
			Driver	<u>David</u>
Bulktrk		No.	Driver	
			Driver	<u>Danny</u>

Common 285 80/20 QMDC  
Poz. Mix  
Gel.  
Calcium

**JOB SERVICES & REMARKS**

Remarks:  
Rat Hole - 30 sx  
Mouse Hole - 15 sx  
Centralizers - 1, 3, 5, 7, 16, 24, 31, 35  
Baskets - 2  
D/V or Port Collar  
Ran 1541' of 5 1/2 est circulation  
Drop ball + set Triplex @ 1000 lbs  
Plugged Rat + Mouse hole  
Mixed 240 sx QMDC down 5 1/2  
Displaced 36 bbl

Hulls  
Salt  
Flowseal 75 lb  
Kol-Seal  
Mud CLR 48  
CFL-117 or CD110 CAF 38  
Sand  
Handling 285  
Mileage 5 1/2

**FLOAT EQUIPMENT**

Life pressure @ 500 lbs  
Landal @ 1000 lbs  
Cement did circulate!!

Guide Shoe  
Centralizer - 8  
Baskets - 1  
AFU Inserts  
Float Shoe  
Latch Down - 1  
Triplex - 1

Pumptrk Charge prod string  
Mileage 19

X Signature [Signature]

Tax	
Discount	
Total Charge	