

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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QUINQUE OPERATING COMPANY
908 N.W. 71ST STREET
OKLAHOMA CITY, OK 73116

API: 15-081-20882

MARY NATION #3 - INJECTION WELL
SENE SEC 34-30S-33W
HASKELL CO., KS

2/6/2019

MIRU RAWHIDE WELL SERV. RU TO PULL
CG. DUG OUT WELL HEAD, AND PIT.SPOT TBG.
SDON.

2/7/2019

MIRU W/L. RIH w/ CIBP. SET CIBP @ 4784.
DUMP BAIL 2 SXS CEMENT ON TOP OF PLUG.
RIH W/ CHEMICAL CUTTER.
CUT 5.5" CASING @ 1810. CASING NOT PULLING FREE
CUT @ 1750 W/ JET CUTTER. CASING PULLED FREE.
LD 4 JTS 5.5". HANG 5.5" IN WELLHEAD @ 1582'.
PU AND TIH W/ 2-3/8" TUBING TO 1765.
RU CEMENTERS. MIX AND PUMP 30 SXS CLASS C
RD CEMENTERS. TOO H TO 1608 W/ TUBING.
CIRCULATE BOTTOMS UP. SDFN.

2/8/2019

TIH AND TAG AT 1745. CONTACT KCC.
KCC APPROVES. ND BOP AND NU 5.5" WH
RIG UP TO PUMP CEMENT.
MIX AND PUMP 300 SXS CEMENT. FULL RETURNS
UNITL 15 BBLS LEFT IN CEMENT JOB. DISPLACE TO 1500'.
SI CASING. SICP 130 PSI. SDFN. WOC OVER WEEKEND

2/11/2019

RU W/L. RIH W/ CBL. TAG AT 1331. NO BOND. PU ON CASING
CASING FREE. TOO H AND LD 38 JTS. JOINT 34 AND 35 PLUGGED,
PU BIT AND SCRAPER. TIH TO 1517. TOO H AND LD BIT AND SCRAPER
SDFN

2/12/2019

RU W/L. RIH w/ CIBP. SET AT 1510. ROOH AND R/D W/L.
PU GUIDE SHOE AND FLOAT COLLAR AND TIH W/ 5.5" CASING. SET AT 1476
RU CEMENTERS. MIX AND PUMP 250 SACKS CEMENT.
CIRCULATE 7 BBLS TO CEMENT TO PIT. BUMP FLOATS. FLOATS HELD.
840 PSI. SDFN.

2/13/2019

RU W/L. RIH W/ NEUTRON AND LOG. PU CBL AND LOG WELL. GOOD BOND.
PU PERF GUNS AND PERFORATE GLORIETTA 1304-1385. 2 SPF. 23 GRAM CHARGES
162 HOLES. RD AND RELEASE W/L. PU PACKER, SN, AND 39 JTS 2-3/8" TUBING.
LAND TUBING. CIRCULATE 23 BBLS OF PACKER FLUID. SET PACKER @ 1259 5K IN
TENSION. PRESSURE TEST BACKSIDE TO 350 PSI. SWI AND WAIT ON INJECTION PERMIT



PRESSURE PUMPING

Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

Job Log

Customer:	Huntington Energy	Cement Pump No.:	38117, 19919 2Hrs.	Operator TRK No.:	96816
Address:		Ticket #:	1718 17224 L	Bulk TRK No.:	27808, 19883 Marc
City, State, Zip:		Job Type:	Z-41 Production Casing		
Service District:	1718 - Liberal, Ks.	Well Type:	OIL		
Well Name and No.:	Mary Nation #3	Well Location:	34,30,33	County:	Haskell
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
Premium Plus Cement	250	2% Calcium Chloride	27808, 19883 Marc	Front	Back
				Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	14.8	1.34	6.34	335	TT Man Hours:	12.5
Tail:					# of Men on Job:	3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure(PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
14:15							ON LOCATION
14:20							SAFETY MEETING
2:36 PM							RIG UP
2:37 PM							PRESSURE TEST TO 2000PSI
2:42 PM	2.8	5			50		CIRCULATE HOLE / LOADED W/ 5BBL
	2.8	5			50		BALL WENT @ 520PSI / CIRCULATE @ 11.5BBL
2:49 PM	2.8	59.6 slurry			50		PUMP 250SX TAIL @ 14.8#
15:11							SHUTDOWN / DROP PLUG / WP
15:17	3	10			60		DISPLACE
	2.7	20			300		CEMENT TO SURFACE 28BBL IN
15:35	2	30			600		SLOW RATE TO 1.5BPM @ 520PSI
15:37	1.6	35.1			600		LAND PLUG / PRESSURE UP TO 840PSI
							RELEASE BACK --- FLOAT HELD
							JOB COMPLETE

Size Hole	8 5/8" 24#	Depth			TYPE	Swage	
Size & Wt. Csg.	5 1/2" 15.5#	Depth	1478'	New / Used	Packer	Depth	
tbg.		Depth			Retainer	Depth	
Top Plugs		Type			Perfs	CIBP	

Customer Signature: <i>[Signature]</i>	Basic Representative:	Daniel Beck
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	2/12/2019