

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) (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	Patterson Energy LLC
Well Name	MABELLE 6
Doc ID	1444013

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	3976	3984			
4	3954	3960			
4	3937	3941			
4	3914	3920			
4	3850	3852			
4	3778	3782			

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 957

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-22-18	25	10	24	Graham	KS		1:00 AM

Location Wakeeney 10 N Rd C 5W S into

Lease Mabelle Well No. #6 Owner _____

Contractor Murfin #24 To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish
Type Job Surface cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4 T.D. 260' Charge To American Oil

Csg. 8 5/8 Depth 260' 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' Shoe Joint _____ Cement Amount Ordered 150 80/20 3% cc 2% Gel

Meas Line _____ Displace 15 1/4 bbl

EQUIPMENT

Pumptrk <u>20</u>	No.	Cementer	Common <u>120</u>
		Helper <u>Brett</u>	Poz. Mix <u>30</u>
Bulktrk <u>21</u>	No.	Driver <u>Tony</u>	Gel. <u>3</u>
		Driver <u>Jim</u>	Calcium <u>6</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
	Sand
	Handling <u>159</u>

Ran 260' 8 5/8 + Est circulation

Mix 150 sx

Displace 15 1/4 bbl

FLOAT EQUIPMENT

<u>Cement circulated !!</u>	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge Surface

Mileage 55

X Signature [Signature]

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. 1023

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-28-18	25	10	24	Graham	KS		CoiborAm.
Lease				Well No. 6		Owner	
Contractor				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				Charge To			
Hole Size				T.D.		American Oil	
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	
Meas Line				Displace		175 10% Salt 5% Gelsante	
EQUIPMENT				500 gal mud clear		20 BL KCL	
Pumptrk	No.	Cement Helper	Common		175		
Bulktrk	No.	Driver	Poz. Mix				
Bulktrk	No.	Driver	Gel.				
Bulktrk	No.	Driver	Calcium		KCL 2 gal		
JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt		15	
Rat Hole				Flowseal			
Mouse Hole				Kol-Seal		750 #	
Centralizers				Mud CLR 48		500 gal	
Baskets				CFL-117 or CD110 CAF 38			
DV or Port Collar				Sand			
5 1/2 set @ 4069. Balled @ 4048				Handling		197	
Est. Circulation. Pump 500 gal mud clear				Mileage			
10 BL KCL spacer. Plug Rathole & mouse hole				FLOAT EQUIPMENT			
Cement 5 1/2 w/ 130SK. Clear lines +				Guide Shoe		Rotator	
Displace Plug. 12" 9 BL KCL				Centralizer			
Lit Pressure 750#				Baskets		1	
Plug land w/ 1500#				AFU Inserts		Port Collar	
				Float Shoe		1	
				Latch Down		1	
				Limit Clamp			
				Pumptrk Charge		prod string	
				Mileage		55	
				Tax			
				Discount			
X Signature				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. 961

Date	10-4-18	Sec.		Twp.		Range		County	Graham	State	KS	On Location		Finish	4:45 pm
Lease								Mabelle		Well No.		#6			
Contractor								Western Well		Owner					
Type Job								Part Collar		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.					
Hole Size								5 1/2		T.D.		Charge To American Oil			
Csg.								5 1/2		Depth		Street			
Tbg. Size								2'		Depth		City State			
Tool								Part Collar		Depth 2050		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.										Shoe Joint		Cement Amount Ordered 350 QMDC 1/4 lb			
Meas Line								Displace 7 bbl		Used 180 sx QMDC 1/4					
EQUIPMENT								Common 180							
Pumptrk 20		No.		Cementer		Helper Brett		Poz. Mix							
Bulktrk 21		No.		Driver Doug		Gel. 6 sx									
Bulktrk		No.		Driver Jim		Calcium									
JOB SERVICES & REMARKS								Hulls							
Remarks:								Salt							
Rat Hole								Flowseal 87#							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
Part Collar @ 2050'								Sand							
Tested Part Collar to 1500								Handling 350							
Open port collar								Mileage							
Mix 6 sx Gel + 180 sx QMDC								FLOAT EQUIPMENT							
Displaced 7 bbl								Guide Shoe							
Ran 5 jts								Centralizer							
Washed clean w/ 20 bbl H ₂ O								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge port collar							
								Mileage 55							
								Tax							
								Discount							
								Total Charge							
Signature								Brenton Jeffman							