

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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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. 1082

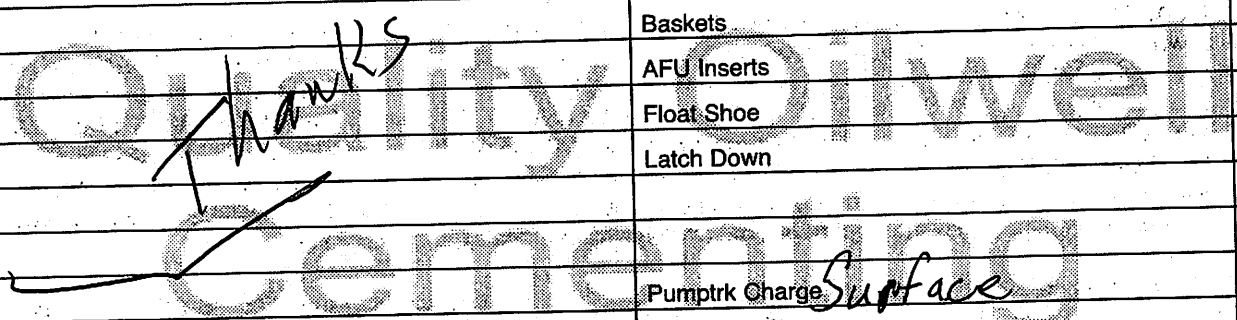
Date	12-5-18	Sec.	3	Twp.	11	Range	24	County	Trego	State	KS	On Location		Finish	4:15 PM
Location								Wakarusa 7N BR 5 1/2 W N into							

Lease	Geyer	Well No.	3	Owner	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	Martin #16				
Type Job	Surface				
Hole Size	12 1/4	T.D.	218	Charge To	Phillips Exploration
Csg.	8 5/8	Depth	217	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.	10'	Shoe Joint		Cement Amount Ordered	150 8 5/8 3 1/2 CC 2 1/2 CC

Meas Line	Displace	13 BCL	Common	120
EQUIPMENT			Poz. Mix	30
Pumptrk	17	No. Cementer Helper	Gel.	3
Bulktrk		No. Driver	Calcium	6
Bulktrk	9	No. Driver		

JOB SERVICES & REMARKS		Hulls	
Remarks:		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	
8 5/8 on bottom Best Circulation		Handling	159
Mix 150 cc & Displace		Mileage	
Cement Circulation		FLOAT EQUIPMENT 8 5/8 Surge	
		Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		Pumptrk Charge	Surface
		Mileage	52

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. 1092

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-18-18	3	11	24	Trego	KS		1:00p
Location				Wakeeney 7N BRD 5W Vinto			

Lease	Well No.	Owner	
Ceyer	3	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	Type Job	Charge To	
Fischer	Port Collar	Phillips Exploration	
Hole Size	T.D.	Street	
7 7/8			
Csg.	Depth	City	
5 1/2		State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
2 3/8	1917	Cement Amount Ordered 350 80/20 QMDC WFFD	
Tool	Shoe Joint	Cement Line Displace	
Port Collar		GBC	

EQUIPMENT		Common
Pumptrk	No.	200 80/20 QMDC
	Cement	
	Helper	
Bulktrk	No.	Poz. Mix
	Driver	Gel. 6
	Driver	Calcium
Bulktrk	No.	
21	Calenn	

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
D/V or Port Collar		Sand

Test 5 1/2 to 900th Open Tool & spot 60 SK gel & test circulation. Mix 200 SK & Displace. Close Tool & Test to 900th run 5 joints & wash clean.

Cement Circulated:
(250) 200SK gel

THANKS

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	part collar Job
Mileage	52

X Signature	Tax
	Discount
	Total Charge

Signature: *Hal B. ...*

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. 981

Date	12-12-18	Sec.	3	Twp.	11	Range	24	County	Trego	State	KS	On Location		Finish	8:00
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Location Wakeeney 7~~0~~N 5W S into

Lease Geyer Well No. #3 Owner

Contractor Murfin 16 To Quality Oilwell Cementing, Inc.

Type Job Production String 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 7 7/8 T.D. 3984 Charge To Jim Phillips/Phillips Exploration

Csg. 5 1/2 Depth 3981' Street

Tbg. Size Depth City State

Tool Port collar Depth 1917' The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 18.86 Shoe Joint 18.86 Cement Amount Ordered 225 com 10% salt

Meas Line Displace 96 3/4 bbl 5% Wilsonite

EQUIPMENT

Pumptrk 17	No.	Cementer		Common	225
		Helper	Brett	Poz. Mix	
Bulktrk 15	No.	Driver	Craig	Gel.	
		Driver	Tony	Calcium	

JOB SERVICES & REMARKS

Remarks: Hulls

Rat Hole - 30_{gx} Salt 17

Mouse Hole - 15_{gx} Flowseal

Centralizers - 2, 4, 6, 8, 10, 13 + 48 Mud CLR 48 - 500 Gal

Baskets - 14 + 4^g CFL-117 or CD110 CAF 38 - 50 bbl KCL

Port Collar J + 49 @ 1917' Sand

Ran 94 ft of 5 1/2 + Est cir Handling 251

Plug Rat + Mouse hole Mileage 5 1/2

Mix 500 Gal Flush + 10 bbl KCL

Mix 180_{gx} down 5 1/2

Displace 96 3/4 bbl H₂O 1st 40 bbl KCL

Lift pressure @ 800^{psi}

Landed plug @ 1200^{psi}

Part collar - 1

Scratchers 28

Pumptrk Charge Prod String

Mileage 52

X Signature *[Signature]*

Tax	
Discount	
Total Charge	