

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.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 986

Date 1-7-19	Sec. 3	Twp. 11	Range 24	County Trego	State KS	On Location	Finish 3' 45" on
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Lease Geyer	Well No. 1-3	Location Wakaeney 9 N C Rd 6 W 200 Rd 1/2 E S 10
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Contractor Murfin #16	Owner To Quality Oilwell Cementing, Inc.
Type Job Surface	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 12 1/4	T.D. 215'	Charge To Phillip Exploration
Csg. 8 5/8	Depth 215	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 80/20 3% cc 2% Gel
Meas Line	Displace 13 bbl	

EQUIPMENT

Pumptrk 20 No.	Cementer Helper Brett	Common 120
Bulktrk 9 No.	Driver Tony	Poz. Mix 30
Bulktrk No.	Driver Jack	Gel. 3
		Calcium 6

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 159
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge Surface
	Mileage 55

X Signature *[Handwritten 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. 1206

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-14-19	3	11	24	Tryon	KS		2:00 PM

Location *Wakarusa CRD low 200 25 B S into*

Lease *Geyer* Well No. *1-3*

Contractor *Wakarusa #16*

Type Job *Production String*

Hole Size *7 7/8* T.D. *4026*

Csg. *5 1/2 14#* Depth *4025*

Tbg. Size _____ Depth _____

Tool *Port Collar #49* Depth *1987*

Cement Left in Csg. *18.57* Shoe Joint *18.57*

Meas Line _____ Displace *97 3/4 BBL*

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.

Charge To *Phillips Exploration*

Street _____

City _____ State _____

The above was done to satisfaction and supervision of owner agent or contractor.

Cement Amount Ordered *225 10% Salt 5% Carbonate*

500 gal mud clear 20 BBL KCL

Common *225*

Poz. Mix _____

Gel. _____

Calcium _____

Mud KCL 5 gal

Salt *17*

Flowseal _____

Kol-Seal *900#*

Mud CLR 48 *500 gal*

CFL-117 or CD110 CAF 38 _____

Sand _____

Handling *251*

Mileage _____

Guide Shoe *Scratchers #27*

Centralizer *7*

Baskets *2*

AFU Inserts *Port Collar*

Float Shoe *1*

Latch Down *1 Limit clamp*

Pumptrk Charge *prod string*

Mileage *55*

Tax _____

Discount _____

Total Charge _____

EQUIPMENT

Pumptrk	No.	Cement	Helper
17		<i>raig</i>	
Bulktrk	No.	Driver	
		<i>Jano</i>	
Bulktrk	No.	Driver	
9		<i>Jim</i>	

JOB SERVICES & REMARKS

Remarks:

Rat Hole *30SK*

Mouse Hole *15SK*

Centralizers *3, 4, 5, 7, 9, 13, 48*

Baskets *14, 49*

D/V or Port Collar *#49 1987*

5 1/2 set @ 4025 feet @ 4006.

Est Circulation - 1000 gal mud clear

10 BBL KCL. Plug Kothole mouse hole.

Cement 5 1/2 with 180SK. Clear

lines + Displace Plug. 12 1/2 BBL KCL

Plug law 200 @ 1500#

L.A Pressure - 900#

FLOAT EQUIPMENT

5 1/2

Guide Shoe *Scratchers #27*

Centralizer *7*

Baskets *2*

AFU Inserts *Port Collar*

Float Shoe *1*

Latch Down *1 Limit clamp*

X Signature *[Signature]*


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. 988

Date	1-21-19	Sec.	3	Twp.	11	Range	24	County	Trego	State	KS	On Location		Finish	1:30 PM	
Location								Wakeneey 8 N Rd C SW 200 Rd 25								
Lease	Geyer			Well No.	1-3			Owner	Eig-o							
Contractor	Fisher			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	Port Collar			Charge To								Phillips Exploration				
Hole Size				T.D.	Street											
Csg.	5 1/2			Depth	City								State			
Tbg. Size	2"			Depth	City								State			
Tool	Port Collar			Depth	1987								The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.				Shoe Joint	Cement Amount Ordered								350 3/20 QMDC 1/4 fls			
Meas Line				Displace	6 1/2 bbl			Used 160 sk								
EQUIPMENT								Common 160 3/20 Qmix								
Pumptrk	17	No.	Cementer	Helper			Brett			Poz. Mix						
Bulktrk		No.	Driver	David			Gel. 6sx									
Bulktrk		No.	Driver	Tony			Calcium									
JOB SERVICES & REMARKS								Hulls								
Remarks:									Salt							
Rat Hole									Flowseal 75#							
Mouse Hole									Kol-Seal							
Centralizers									Mud CLR 48							
Baskets									CFL-117 or CD110 CAF 38							
D/V or Port Collar									Sand							
Run 1987' of tubing								Handling 350								
Tested Port collar @ 1000 lbs								Mileage								
Opened Port collar								FLOAT EQUIPMENT								
Mixed 6sx Gel + 160 sx cement								Guide Shoe								
Displaced 6 1/2 bbl H ₂ O								Centralizer								
Ran 5 Jis								Baskets								
Washed clean								AFU Inserts								
Cement circulated !!								Float Shoe								
								Latch Down								
								Pumptrk Charge								
								Mileage 50								
								port Collar Job								
								Tax								
								Discount								
								Total Charge								
X Signature 																

Thanks