

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. 992

Date	Sec.	Twp.	Range	County	State	On Location	Finish
2-10-19	12	9	19	Rooks	KS		11:00 AM
				Location Planville 2N to URd 5W Ninto			
Lease Hilgers			Well No. #12	Owner			
Contractor Discovery #1			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. 1411'		Charge To Thomas M Brown				
Csg. 8 5/8	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. 47.31	Shoe Joint 47.31		Cement Amount Ordered 550 com 3% cc 2% gel				
Meas Line	Displace 86 3/4 bbl						
<b>EQUIPMENT</b>			Common 550				
Pumptrk 17 No.	Cementer	Helper Brett		Poz. Mix			
Bulktrk 19 No.	Driver	David		Gel. 11			
Bulktrk No.	Driver	Doug		Calcium 20			
<b>JOB SERVICES &amp; REMARKS</b>			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				
Ran 1411' 8 5/8 + Est cir			Handling 581				
Mix 550 sx w/ 500 # hulls			Mileage 8 5/8				
Displaced 86 3/4 bbl			FLOAT EQUIPMENT				
Lift 400 lbs			Guide Shoe				
Landed @ 800 lbs			Centralizer				
Plug landed			Baskets				
Cement circulated!!			AFU Inserts				
			Float Shoe				
			Latch Down				
			Baffle Plate-1				
			Rubber Plug-1				
			Pumptrk Charge Long Surface				
			Mileage 32				
			Tax				
			Discount				
			Total Charge				
Signature <i>[Signature]</i>							



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 1222

Cell 785-324-1041

Date	2-14-19	Sec.	12	Twp.	9	Range	19	County	Rooks	State	KS	On Location		Finish	5:30pm
								Location	Plainville 4w 13R 3N						

Lease	Higlers		Well No.	12	Owner										
Contractor	J. Scovell #1				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.	3550	Charge To	Tom Brown Oil									
Csg.	5 1/2 14#		Depth	3549	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	20'	Cement Amount Ordered	220 ccm 10% salt 5% Gilsomite									

Meas Line			Displace	86 BCL	360 <sup>50</sup> / <sub>20</sub> QMDC 4# FLO	500 gal mud flush
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**EQUIPMENT**

Pumptrk	20	No.	Cementer	Tom	Common	220
			Helper	Brett	Poz. Mix	360 <sup>50</sup> / <sub>20</sub> QMDC
Bulktrk	9	No.	Driver	Tom	Gel.	
			Driver	Tom	Calcium	
Bulktrk	21	No.	Driver	Tom		
			Driver	Tom		

**JOB SERVICES & REMARKS**

Remarks:		Hulls	
Rat Hole	30SK	Salt	17
Mouse Hole	15SK	Flowseal	100ft
Centralizers		Kol-Seal	1100ft
Baskets		Mud CLR 48	500 gal
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	609
		Mileage	

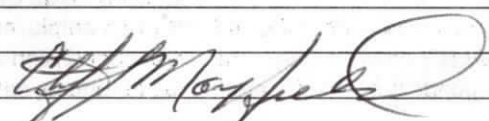
5 1/2 set 3549. Baffle @ 3529  
 Est Circulation. Pumps 500 gal mud clear.  
 Plug bathed mouse hole. Cement  
 5 1/2 with 535SK. Clear lines &  
 Displace Plug. Plug landed @ 1510ft  
 2.5 Pressure  
 Cement Circulated

**FLOAT EQUIPMENT**

Guide Shoe	
Centralizer	3 10
Baskets	5
AFU Inserts	
Float Shoe	1
Latch Down	1

Thanks

Pumptrk Charge	prod string
Mileage	32

X Signature 

Tax	
Discount	
Total Charge	

Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 346-337-6211  
<http://kcc.ks.gov/>

Dwight D. Keen, Chair  
Shari Feist Albrecht, Commissioner  
Susan K. Duffy, Commissioner

Laura Kelly, Governor

July 23, 2019

Jake Brown  
Thomas M. Brown LLC  
PO BOX 250  
PLAINVILLE, KS 67663-0250

Re: ACO-1  
API 15-163-24381-00-00  
HILGERS 12  
SE/4 Sec.12-09S-19W  
Rooks County, Kansas

Dear Jake Brown:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 2/8/2019 and the ACO-1 was received on July 22, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department