

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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 4175	API # 15-031-24406-00-00
Operator: Dvoracheck, Harold A. dba Quest Development Co.	Lease: Lehman A
Address: PO Box 413 Iola Ks, 66783	Well 8
Phone: 620-228-3378	Spud Date: 9-25-2019 Completed: 9-27-2019
Contractor License: 33900	Location: SEC: 27 TWP: 22 R: 17
T.D. 1042 Bit Size: 5 7/8 inch	1815 Ft. from South line
Surface Pipe Size: 7" Surface Depth: 41'	165 Ft. from West line
Surface bit size: 12.25"	County: Coffey
Kind of Well: Oil	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	7	Lime	920	923
Gravel	7	15	Black Shale	923	934
Shale	15	132	Lime	934	936
Lime	132	178	Shale	936	964
Shale	178	200	1 st Cap	964	965
Lime	200	248	Shale	965	974
Shale	248	350	2 nd Cap	974	976
Lime	350	404	Oil Sand	976	981
Shale	404	448	Broken Oil Sand	981	983
Lime	448	454	Shale	983	1042
Broken Lime	454	468			
Hard Lime	468	523			
Black Shale	523	529	T.D. 1042		
Lime	529	536			
Shale	536	541			
Lime	541	558			
Black Shale	558	563			
Lime	563	583			
Shale	583	716			
Lime	716	721			
Shale	721	749			
Lime	749	757			
Shale	757	771			
Lime	771	775			
Shale	775	814			
Lime	814	817			
Shale	817	845			
Lime	845	850			
Shale	850	871			
Lime	871	875			
Shale	875	893			
Lime	893	897			
Shale	897	916			
Lime	916	917			
Shale	917	920			

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
Ticket No. 4788
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-27-19	1099	Lehmann A # 8				Coffey	Ks
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Quest Development			PM	104	Alan		
Mailing Address				112	Steve		
P.O. Box 413				140	Zevi		
City	State	Zip Code		128	Russell		
TOLA	Ks	66749					

Job Type Logging Hole Depth 1042 Slurry Vol. 33 Tubing 2 7/8
 Casing Depth 1032 Hole Size 5 1/8 Slurry Wt. 14 # Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 6.1 Displacement PSI 500 Bump Plug to 1000 # BPM 4

Remarks: Safety Meeting, Rig to 2 7/8 Tubing Break Circulation w/ 5 Bbl fresh water Pump to SKS Gel Flush, 10 Bbl water spacer mix 120 cfs owc w/ 1 # Phenoseal per sk @ 14 # per gallon. yield 1.52 = 33 Bbl Slurry SHOT Down wash out Pump + lines stuff 2 Plug's Displace w/ 6.1 Bbl water. Final Pump PSI 500# Bump Plug to 1,000# check float, float tick. 4 Bbl Slurry to Surface. Annulus Full Close in 0 PSI. Job complete, tear down.

THANK YOU
 Russell McCoy

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1100.00	1100.00
C-107	50	Mileage	4.20	210.00
C-202	120	SKS OWC cement	20.00	2400.00
C-208	120 #	phenoseal 1 # per/sk	1.30	156.00
C-206	300 #	gel flush	.21	63.00
C-108	6.24	Tow's Tow Mileage Bulk Truck 50 miles	1.40	436.80
C-401	2	2 7/8 TOP Rubber Plugs	30.00	60.00
C-114	3.5	hr water Transport	115.00	402.50
C-224	4.00	gallon city water	10 per/1,000	40.00
				4,868.30
			- 5%	252.25
			Sales Tax	116.94

Authorization witnessed by Hal Title owner Total 4,792.99

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.