

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 # 15-031-24407-00-00
Operator: Dvoracheck, Harold A. dba Quest Development Co.	Lease: Tremain
Address: PO Box 413 Iola Ks, 66783	Well 11
Phone: 620-228-3378	Spud Date: 9-17-2019 Completed: 9-24-2019
Contractor License: 33900	Location: SEC: 33 TWP: 22 R: 17
T.D. 1038 Bit Size: 5 7/8 inch	595 Ft. from North line
Surface Pipe Size: 7" Surface Depth: 42'	2270 Ft. from East line
Surface bit size: 12.25"	County: Coffey
Kind of Well: Oil	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	8	Lime	914	919
Gravel	8	12	Shale	919	923
Shale	12	116	Lime	923	929
Lime	116	147	Shale	929	968
Shale	147	175	1 st Cap	968	969
Lime	175	236	Oil Sand	969	977.5
Shale	236	338	Broken Oil Sand	977.5	979.5
Lime	338	395	Shale	979.5	1003
Shale	395	438	Lime	1003	1004
Lime	438	454	Shale	1004	1038
Shale	454	474			
Lime	474	488			
Shale	488	493			
Lime	493	497	T.D 1038		
Shale	497	502			
Lime	502	512			
Shale	512	518			
Lime	518	542			
Shale	542	546			
Lime	546	567			
Shale	567	740			
Lime	740	754			
Shale	754	763			
Lime	763	768			
Shale	768	831			
Lime	831	835			
Shale	835	837			
Lime	837	840			
Shale	840	852			
Lime	852	855			
Shale	855	866			
Lime	866	870			
Shale	870	909			
Lime	909	911			
Shale	911	914			

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



Cement or Acid Field Report

Ticket No. **4768**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-24-19	1099	Tremain # 11	33	22S	19E	Coffey	Ks
Customer <u>Quest Development</u>			Unit #		Driver		State
Mailing Address <u>P.O. Box 413</u>			Safety Meeting <u>Russ Am Steve Josh</u>		Unit #		Driver
City <u>JOLA</u>			State <u>Ks</u>		Zip Code <u>66749</u>		
			104		ALAN M		
			113		Steve		
			140		Josh		
			128		Russell		

Job Type Long string Hole Depth 1037 Slurry Vol. 33 Tubing 2 7/8
 Casing Depth 1030 Hole Size 5 7/8 Slurry Wt. 14 # Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 6.1 Bbl Displacement PSI 500 Bump Plug to 1,050 # BPM 4

Remarks: Safety meeting, Rig to 2 7/8 Tubing, Break Circulation w/ 5 Bbl Fresh water
Pump 6 SK's Gel Flush, 10 Bbl water spacer mix 120 SK's o/wc w/ 1" Phenoseal/SK
14" P-1/gallon yield 1.52 = 33 Bbl slurry, shut down, wash out pump + lines
stuff 2 plugs Displace w/ 6.1 Bbl Fresh water @ 1 Bpm Final Pump PSI 500 #
Pump plugs to 1050 # check float, float H=10. 5 Bbl slurry to surface. Close
2 7/8 IN O PSI Annulus Full of cement 4.00 PM Job complete

*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	SK's o/wc cement	20.00	2,400.00
C-200	120 #	Phenoseal 1" P-1/SK	1.30	156.00
C-206	300 #	Gel Flush	.21	63.00
C-108B	6.24	Tons Tur 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	4.000	gallons city water	10 per 1000	40.00
			SUBTOTAL	4,868.30
			- 5%	252.25
			Sales Tax	176.74
Authorization <u>witnessed by HAI</u>			Title <u>owner</u>	Total <u>4,792.79</u>

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.