

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 785-483-1071
Cell 785-324-1041

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

No. 1720

Date	9-28-19	Sec.	9	Twp.	15	Range	23	County	Trego	State	Ks	On Location		Finish	10:00 PM
Lease								Location				Wakeany - 185 0 , 1E, 3/4N, W/S			
Horchem								Well No. 1-9HP				Owner			
Contractor								#16				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								Surface				Charge To Phillips Exploration			
Hole Size								12 1/4"				T.D. 210'			
Csg.								8 5/8"				Depth 210'			
Tbg. Size												Street			
Tool												City			
Cement Left in Csg.								15'				Shoe Joint 15'			
Meas Line								Displace 12 1/2 BLS				State			
EQUIPMENT								Common 120							
Pumptrk 20 No. Cementer								Tim				Poz. Mix 30			
Bulktrk 15 No. Driver								Mike				Gel. 3			
Bulktrk pu. No. Driver								Rick				Calcium 6			
JOB SERVICES & REMARKS								Hulls							
Remarks: Cement did Circulate								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							
								Handling 159							
								Mileage							
								FLOAT EQUIPMENT							
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge Surface							
								Mileage 25							
												Tax			
												Discount			
												Total Charge			
Signature								[Signature]							

Thanks

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

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

No. 1801

Date	10-10-19	Sec.	9	Twp.	15	Range	23	County	Ness	State	KS	On Location		Finish	4:30pm
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Location Wakeeney 18s AARU 1E Pinto

Lease	<u>Horchheim</u>	Well No.	<u>1-9HP</u>	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	<u>Fischer</u>				Charge To	<u>Phillips Exploration</u>
Type Job	<u>Port Collar</u>					
Hole Size	<u>7 7/8</u>	T.D.				
Csg.	<u>5 1/2</u>	Depth				
Tbg. Size	<u>2 7/8</u>	Depth				
Tool	<u>Port Collar</u>	Depth	<u>1684</u>	The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered <u>300 80/20 QMDC 1/4#H10</u>		

Meas Line Displace T2 9 3/4 BBL 6 gal

EQUIPMENT				Common
Pumptrk	<u>5</u>	No.	Cementer <u>Craig</u>	225 80/20 QMDC
			Helper <u>Tim</u>	Poz. Mix
Bulktrk		No.	Driver <u>Tim</u>	Gel. <u>6</u>
			Driver <u>Doug</u>	Calcium
Bulktrk	<u>21</u>	No.	Driver <u>Doug</u>	

JOB SERVICES & REMARKS

Remarks:		Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	<u>75#</u>
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	<u>300</u>
		Mileage	

Test 5 1/2 to 800#. Spot Sgel.
Open Tool - Mix 1 gal Sgel & Test.
Circulation - Mix 225 SK + Cement
Circulated - Close Tool
Pressure to 800# - Run 5 Sprints
Wash Clean

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

225SK + 6 gal

Pumptrk Charge	<u>port collar Job</u>
Mileage	<u>25</u>

X Signature [Signature]

Tax	
Discount	
Total Charge	

QUALITY OILWELL CEMENTING, INC.

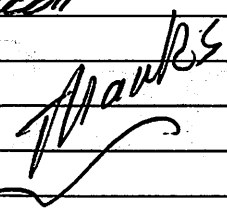
Federal Tax I.D.# 20-2886107

Phone 785-483-1071

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

No. 1548

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-4-19	9	15	23	Trego	KS		10/20/19
Lease				Location		Finish	
Horchem				Wakeney 18s AAR 1E N into		10/20/19	
Contractor			Well No.		Owner		
Auer-Bn #14			1-9 HP		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				Charge To			
Production String				Phillips Exploration			
Hole Size		T.D.		Street			
7 7/8		4326					
Csg.		Depth		City			
5 1/2 14#		4325		State			
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Port Collar		1684		Cement Amount Ordered			
21.25		21.25		225 com 10% Salt			
Cement Left in Csg.		Shoe Joint		Cement			
				500 gal Mud Clear & 200 lb KCL 5% Ca/Salt			
Meas Line		Displace		Comments			
		1053L		225			
EQUIPMENT							
Pumptrk		No.		Cementer		Helper	
20				Cree's			
Bulktrk		No.		Driver		Gel.	
				L.M.			
Bulktrk		No.		Driver		Calcium	
9				Tom/L			
JOB SERVICES & REMARKS							
Remarks:				Halls			
Rat Hole				Salt			
30SK				KCL 2 gal			
Mouse Hole				Flowseal			
17SK				Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
5 1/2 csg @ 4325. Baffled 430375				Handling			
Est. Circulation - Pump 4500 gal				Mileage			
Mud Clear & 200 lb KCL.				FLOAT EQUIPMENT			
Dysg Rathole: 30SK.				5 1/2			
Cement 5 1/2 with 190SK.				Guide Shoe			
1 1/2 15SK @ 12.0 PPS & 175SK @ 14.7*				Rec. Scrubbers -			
Clear lines & Displace Pwg.				Centralizer			
Dysg hand @ 1500*				Baskets			
2.4 pressure 1000*				3			
				AFU Inserts			
				Port Collar			
				Float Shoe			
				1			
				Latch Down			
				1			
				32 Limit Clamps			
				Pumptrk Charge			
				prod string			
				Mileage			
				25			
						Tax	
						Discount	
						Total Charge	
X Signature 