

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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# Invoice 1153

4/30

Quality Oilfield Pipe Manufacturers and Processors

INVOICE NO.

**Remit To: Midwestern Pipeworks Inc.**

Company Transports  
And Storage  
Available

30950

Shop (785)625-4670  
Gary Geist 625-3017

P.O. Box 1199  
North Hwy. 183  
Hays, Kansas 67601

APR - 2 2018

PLEASE REFER TO  
THIS NUMBER IN  
ALL CORRESPONDENCE

Check out our website : [www.midwesternpipeworks.com](http://www.midwesternpipeworks.com)

CUSTOMER ORDER NO.	ORDER DATE	SALESMAN	PAYMENT TERMS	INVOICE DATE	PAYMENT DATE
		Gary		3/29/2018	4/29/2018

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Edmiston Oil Co., Inc.  
125 N. Market Str. Ste. 1420  
Wichita, KS 67202

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Dreilling Lease

DATE SHIPPED	SHIPPING NO.	ROUTING	F.O.B.	PPD	ADD	COL	WEIGHT
		Truck	Our Yard				

QUANTITY	DESCRIPTION	UNIT PRICE	PER	AMOUNT
3,443.30 ft	4 1/2 9.50# R3 Used Casing for Threaded Liner	\$4.95		\$17,044.34
***	Swift Float Shoe was sent with this pipe.			
	1600-161-1965 Casing For Liner			
	Sub Total			\$17,044.34
	Sales Tax 7.00%			\$1,193.10
	Total Balance Due			\$18,237.44
	Interest will be charged on late payments at 18% per annum or at the prevailing legal limit.			

PAID \$ 18,237.44  
Date 4-30-18  
Check #  
Mailed

CONDITIONS OF SALE UNTIL PAID IN FULL, TITLE TO SAID GOODS SHALL REMAIN WITH MIDWESTERN PIPEWORKS, INC. SHOULD THE VENDEE MAKE A DEFAULT IN PAYMENT OR REMOVE ANY OF SAID GOODS OR MORTGAGE OR PART WITH POSSESSION OF SAME WITHOUT CONSENT OF MIDWESTERN PIPEWORKS, INC., THE COMPANY SHALL HAVE RIGHT WITHOUT NOTICE TO RESUME POSSESSION WITHOUT FURTHER PROCEEDINGS, AND COMPANY MAY WITHOUT NOTICE DECLARE THE AGREEMENT TERMINATED AND MAY RETAIN THE CONSIDERATION RECEIVED BY IT THEREUNDER AS LIQUIDATING DAMAGES AND RENTALS OF SAID GOODS.

"Limited Service and/or used Casing and Tubing sold 'as is' with all defects and there are absolutely no guarantees, either expressed or implied, and all warranties of merchantability of fitness for a particular purpose are disclaimed.

**THANK YOU**  
**WE SINCERELY APPRECIATE YOUR BUSINESS**

# Invoice

1153

4/30

Quality Oilfield Pipe Manufacturers and Processors

**Remit To: Midwestern Pipeworks Inc.**

Company Transports  
And Storage  
Available

INVOICE NO.

**Credit Memo**  
Ref: Inv.# 30950

PLEASE REFER TO  
THIS NUMBER IN  
ALL CORRESPONDENCE

Shop (785)625-4670  
Gary Geist 625-3017

P.O. Box 1199  
North Hwy. 183  
Hays, Kansas 67601

**Check out our website : [www.midwesternpipeworks.com](http://www.midwesternpipeworks.com)**

CUSTOMER ORDER NO.	ORDER DATE	SALESMAN	PAYMENT TERMS	INVOICE DATE	PAYMENT DATE
		Gary	NET 30	4/6/2018	5/6/2018

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Edmiston Oil Co., Inc.  
125 N. Market Street Ste. 1420  
Wichita, KS 67202

APR - 9 2018

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Dreiling Lease

DATE SHIPPED	SHIPPING NO.	ROUTING	F.O.B.	PPD	ADD	COL	WEIGHT
		Truck	Our Yard				

QUANTITY	DESCRIPTION	UNIT PRICE	PER	AMOUNT
(20.00) ft	4 1/2 9.50# Used Casing for Liner Returned ~ 1 jt ~	\$4.95		(\$99.00)
1.00	7% Reprocessing Fee	\$6.93		\$6.93
<p>1600-161-1965 Returned 20' casing</p>				
Sub Total				(\$92.07)
Sales Tax 7.00%				(\$6.44)
Total Balance Due				(\$98.51)
<p>Interest will be charged on late payments at 18% per annum or at the prevailing legal limit.</p>				

CONDITIONS OF SALE UNTIL PAID IN FULL, TITLE TO SAID GOODS SHALL REMAIN WITH MIDWESTERN PIPEWORKS, INC. SHOULD THE VENDEE MAKE A DEFAULT IN PAYMENT OR REMOVE ANY OF SAID GOODS OR MORTGAGE OR PART WITH POSSESSION OF SAME WITHOUT CONSENT OF MIDWESTERN PIPEWORKS, INC., THE COMPANY SHALL HAVE RIGHT WITHOUT NOTICE TO RESUME POSSESSION WITHOUT FURTHER PROCEEDINGS, AND COMPANY MAY WITHOUT NOTICE DECLARE THE AGREEMENT TERMINATED AND MAY RETAIN THE CONSIDERATION RECEIVED BY IT THEREUNDER AS LIQUIDATING DAMAGES AND RENTALS OF SAID GOODS.

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**THANK YOU**  
**WE SINCERELY APPRECIATE YOUR BUSINESS**

# 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. 729

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-27-18	34	13	17	Ellis	KS		

Location *Victoria at F 20 1/2 W Sinto*

Lease <i>Dreiling</i>	Well No. <i>1</i>	Owner
Contractor		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 <i>Liner</i>		Charge To <i>F.M.iston Oil</i>
Hole Size <i>5 1/2</i>	T.D.	Street
Csg. <i>4 1/2</i>	Depth <del>3240</del> <i>3450</i>	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered <i>175 com 2/11 2/11/18</i>

Meas Line	Displace	Common <i>175</i>
<b>EQUIPMENT</b>		Poz. Mix
Pumptrk <i>5</i> No.	Cementer <i>Smith</i> Helper	Gel. <i>3</i>
Bulktrk No.	Driver <i>Duff</i> Driver	Calcium <i>3</i>
Bulktrk <i>14</i> No.	Driver <i>Sordan</i> Driver	

<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
<i>4 1/2 set @ <del>3240</del> 3450</i>		Handling <i>181</i>
<i>Load casing + Bit Circulation</i>		Mileage
<i>Mix 125 sg/cc Displace Plug</i>		
<i>Cement did not circulate.</i>		
<i>Mix 525cc down backside.</i>		

<b>FLOAT EQUIPMENT</b>	
Guide Shoe <i>4 1/2 Rubber Plug</i>	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge <i>Liner</i>	
Mileage <i>21</i>	

X Signature <i>Sharon Ruyfe</i>	Tax
	Discount
	Total Charge

