

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

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

785-483-2025

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

No. 1378

85-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-10-20				Graham	KS		Diagram
Lease				Well No.		Owner	
Ziegler				540		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				Type Job		Charge To	
Westerly				Port Collar		Port Collar	
Hole Size				T.D.		Street	
5 1/2							
Csg.				Depth		City	
5 1/2				1607		State	
Tbg. Size				Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
5 1/2				1607			
Tool				Shoe Joint		Cement Amount Ordered	
Port Collar						400 8 1/2" 20' 14" 10'	
Cement Left in Csg.				Displace		Common	
				8 BBL		275	
Meas Line				EQUIPMENT		Poz. Mix	
						Gel.	
Pumptrk				Driver		Calcium	
20				20		10	
Bulktrk				Driver		Hulls	
19				19		10	
Bulktrk				Driver		Salt	
19				19		Flowseal	
JOB SERVICES & REMARKS				KCC Rich Williams		Kol-Seal 100#	
Remarks:						Mud CLR 48	
Rat Hole						CFL-117 or CD110 CAF 38	
Mouse Hole						Sand	
Centralizers						Handling 400	
Baskets						Mileage 400	
D/V or Port Collar						FLOAT EQUIPMENT	
Test 5 1/2" 20' 800# Spot 4 gel						Guide Shoe	
Open to 1 min 6 gel mix 275 sk						Centralizer	
Cement Circulated Displaced 8 BBL						Baskets	
Close Tool Pressure 5 800#						AFU Inserts	
Run 5 joints + wash clean						Float Shoe	
USED 275 sk 10 gel						Latch Down	
						Pumptrk Charge	
						Mileage 34	
						Tax	
						Discount	
						Total Charge	
Signature						Thanks	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 1373

Cell 785-324-1041

Date	7-26-20	Sec.	35	Twp.	10	Range	21	County	Carroll	State	KS	On Location		Finish	11:15p		
Lease								Well No.		Owner							
Zeigler								3		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										Type Job							
Mun #16										Production String							
Hole Size				T.D.				Charge To									
7 7/8				4057				Patterson Energy									
Csg.				Depth				Street									
5 1/2 17#				3870													
Tbg. Size				Depth				City				State					
Port Collar #56				1607													
Tool								The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered									
25.50				25.50				1500m 10/salt 5/g/sorte									
Meas Line				Displace				500gal mud clear									
				89 BL													
EQUIPMENT																	
Pumptrk		No.		Cementer		Helper		Driver		Common							
18				Craig		AOC		AOC		150							
Bulktrk		No.		Driver		Driver		Driver		Poz. Mix							
										Gel.							
Bulktrk		No.		Driver		Driver		Driver		Calcium							
15				Tom						Hulls							
JOB SERVICES & REMARKS																	
Remarks:								Salt 13									
Rat Hole								Flowseal									
305K																	
Mouse Hole								Kol-Seal 750#									
155K																	
Centralizers								Mud CLR 48 500 gal									
Baskets								CFL-117 or CD110 CAF 38									
D/V or Port Collar								Sand									
5 1/2 size 3870. Ball @ 3844.50								Handling 170									
Est. insulation Drop balls open								Mileage									
Triplex shoe. Pump 500 gal mud clear								FLOAT EQUIPMENT									
+ 10BL water spacer.								Guide Shoe Triplex shoe									
Plug Rathole + mousehole. Cement								Centralizer \$ 2									
5 1/2 with 1055K Clear lines								Baskets 4									
Displace Plug								AFU Inserts									
Lift pressure - 600#								Float Shoe									
Land Plug @ 1500#								Latch Down 1									
								Pumptrk Charge									
								Mileage 34 prod string									
Thanks																	
Signature												Tax		Discount		Total Charge	
Ann Wanda																	