

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
Recompletion Date

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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:		

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				

- Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3)
- Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 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 (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5)	PRODUCTION INTERVAL: Top Bottom
--	--	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:
----------------	-------	---------	------------

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. 2046

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8/7/2020	15	13	23	Trego	Kansas		9:45pm

Location Ogallah + I 70 4 3/4 S to PRd 6 W 1/4 N

Lease Green-Kearby	Well No. 1-15 SHR	Owner Winto
Contractor Murfin Drilling Rig 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		
Hole Size 12 1/4	T.D. 210	Charge To Phillips Exploration
Csg. 8 5/8	Depth 208.71	Street
Tbg. Size	Depth	City State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. 15'	Shoe Joint 15'	Cement Amount Ordered 150 80 3+2

Meas Line Displace 12 1/4 bbl

EQUIPMENT			
Pumptrk 20	No.	Cementer Helper Nick	Common 120
Bulktrk 9	No.	Driver Doug	Poz. Mix 30
Bulktrk P.U.	No.	Driver David	Gel. 3
			Calcium 6

JOB SERVICES & REMARKS		
Remarks:		Hulls
Rat Hole		Salt
Mouse Hole		Flowseal
Centralizers		Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
		Sand
		Handling 159
		Mileage

FLOAT EQUIPMENT	
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Cement Did Circulate

Pumptrk Charge Surface

Mileage 37

X Signature <i>[Signature]</i>	Tax
	Discount
	Total Charge

Thanks
[Signature]

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. 1379

Date	8-14-20	Sec.	15	Twp.	13	Range	23	County	Trego	State	KS	On Location	12:30 PM 12:30 PM
------	---------	------	----	------	----	-------	----	--------	-------	-------	----	-------------	---------------------------------

Location WaKeeney (65 PR) 2E 14N Wino

Lease	<u>Green - Kearby</u>	Well No.	<u>1-15 SHR</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>Martin #16</u>				Charge To <u>Phillips Exploration</u>
Type Job	<u>Rotary Plug</u>				
Hole Size	<u>2 7/8</u>	T.D.	<u>4350</u>		
Csg.		Depth		Street	
Tbg. Size		Depth		City	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	<u>255 60/40 4' 60L 1/4" DC</u>

Meas Line	Displace	EQUIPMENT		Common	<u>153</u>
Pumptrk	<u>20</u>	No.	Cementer Helper <u>Long</u>	Poz. Mix	<u>102</u>
Bulktrk		No.	Driver	Gel.	<u>9</u>
Bulktrk	<u>15</u>	No.	Driver <u>Tony</u>	Calcium	

JOB SERVICES & REMARKS		Hulls	
Remarks:		Salt	
Rat Hole	<u>30SK</u>	Flowseal	<u>50#</u>
Mouse Hole	<u>15SK</u>	Kol-Seal	
Centralizers		Mud CLR 48	
Baskets		CFL-117 or CD110 CAF 38	
D/V or Port Collar		Sand	
<u>1st</u>	<u>1920 50SK</u>	Handling	<u>264</u>
<u>2nd</u>	<u>970 100SK</u>	Mileage	
<u>3rd</u>	<u>260 50SK</u>	FLOAT EQUIPMENT <u>8 7/8 Dry Hole Plug</u>	
<u>4th</u>	<u>40 10SK</u>	Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		Pumptrk Charge	<u>Plug</u>
		Mileage	<u>37</u>

X Signature	<u>[Signature]</u>	Tax	
		Discount	
		Total Charge	

Thanks