

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 <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 |
|--|---|

| 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 |
|---|--|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

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. 2321

| | | | | | | | | |
|-----------------------------------|---------|------------------|-------|---|-----------------------|-------|-------------|--------|
| Date | 7-11-21 | Sec. | Twp. | Range | County | State | On Location | Finish |
| | | | | | ROOKS | KS | | 5:00pm |
| Lease | | | | | Location | | | |
| TBrown owwo | | | | | Piville S N 1 E N 1 W | | | |
| Contractor | | Well No. | | Owner | | | | |
| Discovery | | 4 | | 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 | | T.D. | | Charge To | | | | |
| long string | | 3575' | | Thomas M Brown LLC | | | | |
| Hole Size | | Depth | | Street | | | | |
| 7 7/8 | | 3500 | | | | | | |
| Csg. 5 1/2 1 1/2 | | Depth | | City | | | | |
| Tbg. Size | | Depth | | State | | | | |
| Tool | | Depth | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | |
| Cement Left in Csg. 42.05 | | Shoe Joint 42.05 | | Cement Amount Ordered 180 Com 10% Let 5% G.I. | | | | |
| Meas Line | | Displace 82.3 | | 500 Gal Flush | | | | |
| EQUIPMENT | | | | Common 180 | | | | |
| Pumptrk | No. | Cementer Helper | 13: V | | Poz. Mix | | | |
| Bulktrk | 17 | Driver | David | | Gel. | | | |
| Bulktrk | 9 | Driver | Doug | | Calcium | | | |
| JOB SERVICES & REMARKS | | | | Hulls | | | | |
| Remarks: | | | | Salt 13 | | | | |
| Rat Hole 30 | | | | Flowseal | | | | |
| Mouse Hole 15 | | | | Kol-Seal 750# | | | | |
| Centralizers | | | | Mud CLR 48 500 gal | | | | |
| Baskets | | | | CFL-117 or CD110 CAF 38 | | | | |
| D/V or Port Collar | | | | Sand | | | | |
| Pipe Det e 3500 | | | | Handling 200 | | | | |
| Shoe Jt 42.05 | | | | Mileage | | | | |
| Insert 3458 | | | | FLOAT EQUIPMENT | | | | |
| pump 500 gal Flush | | | | Guide Shoe | | | | |
| Cement w/ 135M | | | | Centralizer # | | | | |
| pump plus w/ 82.3 bbls | | | | Baskets 1 | | | | |
| Land plug c 1300# Flat did hold | | | | AFU Inserts 1 port collar | | | | |
| 925 PSI TO open shoe | | | | Float Shoe | | | | |
| | | | | Latch Down 1 | | | | |
| | | | | Triplex shoe | | | | |
| | | | | Pumptrk Charge prod string | | | | |
| | | | | Mileage 31 | | | | |
| | | | | Tax | | | | |
| | | | | Discount | | | | |
| | | | | Total Charge | | | | |
| X Signature | | | | Thanks | | | | |

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2935607

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

Home Office P.O. Box 322 Russell, KS 67665

No. 2337

| | | | | | | | |
|---------|------|------|-------|--------|-------|-------------|--------|
| Date | Sec. | Twp. | Range | County | State | On Location | Finish |
| 7-23-21 | | | | Rooks | Ks | | 3:30pm |

Location Pullen to Q Rd 1 1/2 E

| | | |
|---------------------|------------|--|
| Lease | Well No. | Owner |
| T BROWN | SWD | 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 | | Charge To |
| NUSS | | Thomas M. Brown LLC |
| Type Job | | |
| Port collar | | |
| Hole Size | T.D. | |
| Csg. | Depth | Street |
| 5 1/2 | | |
| Tbg. Size | Depth | City |
| 2 3/4 | | 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 |
| | | 400 @ 20 2% gel |
| Meas Line | Displace | 4.7 gal 1/4" Flow Seal |
| | 6 1/2 | |

EQUIPMENT

| | | | | |
|---------|-----|----------|-------|----------------|
| Pumptrk | No. | Cementer | | Common |
| 17 | | Helper | Bill | 305 80/20 QMBC |
| Bulktrk | No. | Driver | Craig | Poz. Mix |
| | | Driver | | Gel. 4 |
| Bulktrk | No. | Driver | DAVE | Calcium |
| 19 | | Driver | | |

JOB SERVICES & REMARKS

| | |
|--------------------|-------------------------|
| Remarks: | Hulls |
| Rat Hole | Salt |
| Mouse Hole | Flowseal 100 # |
| Centralizers | Kol-Seal |
| Baskets | Mud CLR 48 |
| D/V or Port Collar | CFL-117 or CD110 CAF 38 |
| PORT COLLAR c 1832 | Sand |
| | Handling 400 |
| | Mileage |

FLOAT EQUIPMENT

| | |
|-------------------------|-------------|
| Est. Circ Central 350 # | Guide Shoe |
| Cemt did Circ | Centralizer |
| Close Tool press 500 # | Baskets |
| Wash Clean | AFU Inserts |
| | Float Shoe |
| S.P. Rich Williams | Latch Down |

| | | |
|-------------|-----------------------|--------------|
| used 305 #s | Pumptrk Charge | Tax |
| 4 gal gel | Port Collar Job | Discount |
| | Mileage 31 N/A | Total Charge |
| | Bulk Trk Handling N/A | |

X Signature 