

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](mailto: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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10 E 7TH  
 P.O. Box 92  
 WEAKA, KS 67045  
 (316) 583-5561



**Cement or Acid Field Report**  
 Ticket No. **5727**  
 Foreman David Gaudin  
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-23-21	1099	Tremann #12	33	22S	17E	Coffey	KS

Customer <u>Quest Development</u>		Safety Meeting 126 JH RW SF	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 413</u>			105	Jasen		
City <u>Zela</u>			112	Proker		
State <u>KS</u>		Zip Code <u>66749</u>		144	Shannon	

Job Type Logging Hole Depth 1030' Slurry Vol. 32 Bbl Tubing 2 7/8"  
 Casing Depth 1024' Hole Size 5 7/8" Slurry Wt. 14" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. \_\_\_\_\_ Cement Left in Casing 0' Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 10 1/2 Bbl Displacement PSI 450 Bump Plug to 950 PSI BPM 1

Remarks: Safety meeting. Rig up to 2 7/8" Tubing. Break circulation w/ fresh water. Pump 300# Gel Flush, 10 Bbl water spacer. Mixed 120 SKS OWC cement w/ 1" Phenoseal 1/SK @ 14#/gal, yield 1.50 = 32 Bbl slurry. Shut down. Wash out pump & lines. Stuff 2 Plugs. Displace w/ 10 1/2 Bbl fresh water. Final pumping pressure of 450 PSI. Pump plugs to 950 PSI. Release pressure. Float + plugs held. Shut in @ 0 PSI. Good cement returns to surface = 10 Bbl slurry to pit. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1100.00	1100.00
C107	50	Mileage	4.20	210.00
C202	120 SKS	AWC Cement	22.00	2640.00
C208	120#	Phenoseal 1"/SK	1.45	174.00
C108B	6.24 Tons	Ten Mileage - Bulk Truck	1.40	436.80
C206	300#	Gel Flush	.28	84.00
C401	2	2 7/8" Top Rubber Plug	53.00	106.00
C113	3 1/2 HRS	80 Bbl Vac Truck	90.00/HR	315.00
C224	3300 Gals	City Water	11.06/1000	36.30
<u>Thank You</u>			Sub Total	5,012.10
			Sales Tax	195.02

Authorization Witnessed by Hal Dvorachek Title Owner Total 5,257.12

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

# WoCo Drilling LLC

1135 30<sup>th</sup> Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 4175		API # 15-031-24511-00-00	
Operator: Hal Dvorachek		Lease: <del>Lehmann</del> <i>Treman</i>	
Address: PO Box 413		Well # 12	
Phone: 620-228-3378		Spud Date: 7-21-21      Completed:	
Contractor License: 33900		Location: Sec: 33      TWP: 22      R: 17	
T.D. 1032	Bite Size: 5 7/8	776 ft. from North	
Surface Pipe Size: 7 inch	Surface Depth: 42ft.	1890 ft. from East	
Kind of Well: Oil		County: Coffey	

## Drilling Log

Strata	From	To	Strata	From	To
Soil	0	3	Lime	907	921
Gravel	3	15	Shale	921	956
Shale	15	116	Lime	956	958
Lime	116	140	Shale	958	962
Shale	140	146	Lime	962	964
Lime	146	159	Cap Rock	964	966
Shale	159	173	Oil Sand	966	968
Lime	173	230	Oil Sand	968	970
Shale	230	342	Oil Sand	970	972
Lime	342	358	Dark Sand	972	974
Shale	358	361	Broken Sand	974	976
Lime	361	388	Shale	976	1032
Shale	388	428			
Lime	428	508			
Shale	508	515			
Lime	515	545	TD 1032		
Shale	545	549			
Lime	549	565			
Shale	565	723			
Lime	723	728			
Shale	728	743			
Lime	743	765			
Shale	765	833			
Lime	833	840			
Shale	840	862			
Lime	862	865			
Shale	865	886			
Lime	886	894			
Shale	894	907			