

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) (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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J E 7TH
 O Box 92
 EKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **5787**
 Foreman David Gardner
 Camp Euwaka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-4-21	1099	Lehmann #22	33	22 S.	17 E.	Goffey	KS	
Customer <u>Quest Development</u>			Safety Meeting DG JH SF SM		Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 413</u>					<u>105</u>	<u>Jasen</u>		
City <u>Iola</u>					<u>115</u>	<u>Shannon</u>		
State <u>KS</u>					<u>145</u>	<u>Steve</u>		
Zip Code <u>66749</u>								

Job Type Longstring Hole Depth 1042' Slurry Vol. 32 Bbl Tubing 2 7/8"
 Casing Depth 1029.45' Hole Size 5 7/8" Slurry Wt. 14# Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 6 1/4 Pbl Displacement PSI 600 Bump Plug to 1000 PSI BPM _____

Remarks: Safety Meeting. Rig up to 2 7/8" Tubing. Break circulation w/ fresh water. Pump to SKS Gel Flush, 10 Bbl water spacer. Mixed 120 SKS DW/C Cement w/ 1" Phenoal/SK @ 14#/gal, yield 1.50 = 32 Bbl slurry. Shut down. Wash out pump & lines. Stuff 2 Plugs. Displace w/ 6 1/4 Bbl fresh water. Final pumping pressure of 600 PSI. Pump plugs to 1000 PSI. Release pressure. Float held. Shut in @ 0 PSI. Good cement returns to surface = 4 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	DWC Cement	22.00	2640.00
C208	120 #	Phenoal 1"/SK	1.45	174.00
C108B	624 Tons	Ton Mileage - Bulk Truck	1.90	436.80
C206	300 #	Gel Flush	.28	84.00
C401	2	2 7/8" Top Rubber Plugs	33.00	66.00
C113	3 1/2 HRS	80 Bbl Vac Truck	90.00/HR	315.00
C224	3300 Gals	City Water	11.00/1000	36.30
<u>Thank You</u>				
			<u>Sub Total</u>	<u>5,062.10</u>
			<u>6.5% Sales Tax</u>	<u>195.02</u>

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 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 4175		API # 15-031-24512-00-00	
Operator: Hal Dvorachek		Lease: Lehmann	
Address: PO Box 412		Well # 22	
Phone: 620-228-3378		Spud Date: 7-25-21 Completed:	
Contractor License: 33900		Location: Sec: 33 TWP: 22 R: 17	
T.D. 1038	Bite Size: 5 7/8	1040 ft. from N	
Surface Pipe Size: 7 inch	Surface Depth: 41.6ft	1090 ft. from W	
Kind of Well: Oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Shale	926	962
Clay	4	10	Lime (cap rock)	962	964
Gravel	10	29	Shale	964	968
Shale	29	103	Shale	968	970
Lime	103	177	2 nd Lime	970	972
Shale	177	185	Oil Sand	972	974
Lime	185	235	Dark Sand	974	976
Shale	235	347	Dark Sand	976	978
Lime	347	364	Dark Sand	978	980
Shale	364	368	Dark Sand	980	982
Lime	368	393	Shale	982	1032
Shale	393	436			
Lime	436	514			
Shale	514	522	TD 1038		
Lime	522	551			
Black Shale	551	557			
Lime	557	572			
Shale	572	727			
Lime	727	732			
Shale	732	748			
Lime	748	771			
Shale	771	838			
Lime	838	847			
Shale	847	869			
Lime	869	872			
Shale	872	891			
Lime	891	899			
Shale	899	913			
Lime	913	926			