

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
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Scout Energy Management LLC
Well Name	COTT 2-6
Doc ID	1603043

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
2	2542	2548			1008 gal acid, 29736gal crosslink, 90073# sand
2	2555	2560			
2	2573	2577			
2	2597	2602			
2	2617	2621			
2	2642	2648			
2	2682	2688			
2	2705	2710			
2	2717	2722			
2	2746	2752			
2	2799	2804			
			CIBP Cast Iron Bridge Plug	2842	

Quasar Energy Services, Inc.
 3288 FM 51
 Gainesville, TX 76240

Invoice

Date	Invoice #
11/12/2021	143634

Bill To
Scout Energy Partners 13800 Monfort Road, Suite 100 Dallas Tx 75240

As of 09/22/2015 any invoice with a discount must be paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect the full price.

			Well
			Cott 2-6
Description	Quantity	Rate	Amount
Pickup Mileage	40	3.31	132.40
Equipment Mileage	80	6.30	504.00
Pump Charge	1	1,653.75	1,653.75
Float Shoe	1	326.78	326.78
Rubber plug	1	52.92	52.92
Class A-Lite Cement	110	16.54	1,819.40
Defoamer	1	46.31	46.31
Salt	550	0.50	275.00
Subtotal			4,810.56
Discount - 5%		-5.00%	-240.53
Total			\$4,570.03
Payments/Credits			\$0.00
Balance Due			\$4,570.03

All accounts are past due net 30 days following the date of invoice. A finance charge of 1.5% per month or 18% annual percentage rate will be charged on all past due accounts.



QUASAR ENERGY SERVICES, INC.

3288 FM 51

Gainesville, Texas 76240

Office: 940-612-3336

Fax: 940-612-3336 | qesi@qeserve.com

Form 185-2c

11/10/21

CEMENTING JOB LOG

CEMENTING JOB LOG

Company: SCOUT ENERGY PARTNERS Well Name: COTT # 2-6

Type Job: Cement - Liner AFE #:

CASING DATA

Size: 4 1/2 Grade: Weight: 11.6

Casing Depths Top: Bottom: 2855

Drill Pipe: Size: Weight:

Tubing: Size: Weight: Grade: TD (ft): 2855

Open Hole: Size: 5 1/2 T.D. (ft): 2855

Perforations From (ft): To: Packer Depth(ft):

CEMENT DATA

Spacer Type:

Amt. Sks Yield ft³/sk Density (PPG)

LEAD: 65/35-6 -- CLASS A -- 5% SALT Excess

Amt. 110 Sks Yield 2.07 ft³/sk Density (PPG) 12.4

TAIL: CLASS A -- NEAT Excess

Amt. 75 Sks Yield 1.19 ft³/sk Density (PPG) 15.6

WATER:

Lead: gals/sk: 11.5 Tail: gals/sk: 5.2 Total (bbls):

Pump Trucks Used: 110 -- DP7

Bulk Equipment: 228 -- 660-20

Disp. Fluid Type: FRESH WATER Amt. (Bbls.) 44.25 Weight (PPG): 8.33

Mud Type: Weight (PPG):

COMPANY REPRESENTATIVE: CEMENTER: KIRBY HARPER

Table with 7 columns: TIME, AM/PM, PRESSURES PSI (Casing, Tubing, ANNULUS), FLUID PUMPED DATA (TOTAL, RATE), REMARKS. Rows include time logs from 0745 to 1010 and remarks like 'ON LOCATION -- SPOT AND RIG UP', 'PRESSURE TEST', 'START PUMPING WATER AHEAD', etc.

SCOUT ENERGY PARTNERS

COTT # 2-6

4.5" LINER

11/10/2021

