

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)</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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Form	ACO1 - Well Completion
Operator	Scout Energy Management LLC
Well Name	WHITE D C 3-32
Doc ID	1606008

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
2	2497	2503			1008 gal acid, 30156gal crosslink, 90026# sand
2	2525	2530			
2	2557	2567			
2	2587	2593			
2	2631	2640			
2	2655	2661			
2	2679	2689			
2	2721	2724			
2	2735	2738			
			CIBP Cast Iron Bridge Plug	2770	



QUASAR ENERGY SERVICES, INC.

3288 FM 51
 Gainesville, Texas 76240
 Office: 940-612-3336
 Fax: 940-612-3336 | qesi@qeserve.com



FRACTURING / ACID / CEMENT

BID #: 4659		AFE#/PO#: 0	
TYPE / PURPOSE OF JOB Cement - Liner		SERVICE POINT Liberal, KS	
CUSTOMER SCOUT ENERGY PARTNERS		WELL NAME D C WHITE 3-32	
ADDRESS 14400 MIDWAY ROAD		LOCATION ULYSSES, KS	
CITY DALLAS	STATE TX	ZIP 75244	TYPE AND PURPOSE OF JOB Cement - Liner
DATE OF SALE 12/1/2021		COUNTY GRANT	STATE KS

QTY.	CODE	YD	UNIT	PUMPING AND EQUIPMENT USED	UNIT PRICE	AMOUNT
60	1000	L	Mile	Mileage - Pickup - Per Mile	\$3.31	\$ 198.60
120	1010	L	Mile	Mileage - Equipment Mileage - Per Mile	\$6.30	\$ 756.00
1	5440	L	Per Well	Pumping Charge 0'-3500'	\$1,653.75	\$ 1,653.75
1	6030	L	Per Well	Plug Container	\$330.75	\$ 330.75
1	6158	L	Box	Thread Lock	\$46.31	\$ 46.31
1	4420	L	Each	Top Rubber Plug 5 1/2"	\$65.52	\$ 65.52

Subtotal for Pumping & Equipment Charges **\$ 3,050.93**

QTY.	CODE	YD	UNIT	MATERIALS	UNIT PRICE	AMOUNT
175	5660	L	Per Sack	Cement - Lite - A	\$16.54	\$ 2,894.50
2	5751	L	Per Gal.	C-41L Defoamer Liquid	\$46.31	\$ 92.62
875	5890	L	Per Lb.	Salt	\$0.50	\$ 437.50
100	5930	L	Per Lb.	Sugar	\$2.65	\$ 265.00

Subtotal for Material Charges **\$ 3,689.62**

WORKERS		TOTAL	\$ 6,740.55
KIRBY HARPER		DISCOUNT: 5%	DISCOUNT \$ 337.03
ANGEL ECHEVARRIA		DISCOUNTED TOTAL	\$ 6,403.52
NOEL LEON			

STAMPS & NOTES:

As of 9/22/15 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 full price.

CUSTOMER SIGNATURE & DATE

****All accounts are past due net 30 days following the date of invoice. A finance charge of 1 1/2% per month or 18% annual percentage rate will be charged on all past due accounts.**



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Form 185-2c

12/1/21

CEMENTING JOB LOG

CEMENTING JOB LOG

Company: SCOUT ENERGY PARTNERS **Well Name:** D C WHITE 3-32

Type Job: Cement - Liner **AFE #:**

CASING DATA

Size:	Grade:	Weight:	
Casing Depths Top:	Bottom:		
Drill Pipe: Size:	Weight:		
Tubing: Size:	Weight:	Grade:	TD (ft):
Open Hole: Size:	T.D. (ft):		
Perforations From (ft):	To:	Packer Depth(ft):	

CEMENT DATA

Spacer Type:				
Amt.	Sks Yield	ft ³ /sk	Density (PPG)	
LEAD:	CLASS A -- 65/35-4 -- 5% SALT		Excess	
Amt. 175	Sks Yield 2.11	ft ³ /sk	Density (PPG) 12.3	
TAIL:			Excess	
Amt.	Sks Yield	ft ³ /sk	Density (PPG)	
WATER:				
Lead:	gals/sk:	Tail:	gals/sk:	Total (bbls):
Pump Trucks Used:	110 -- DP7			
Bulk Equipment:	228 -- 660-20			
Disp. Fluid Type:	FRESH WATER	Amt. (Bbls.) 66	Weight (PPG): 8.33	
Mud Type:			Weight (PPG):	

COMPANY REPRESENTATIVE: STAN **CEMENTER:** KIRBY HARPER

TIME AM/PM	PRESSURES PSI			FLUID PUMPED DATA		REMARKS
	Casing	Tubing	ANNULUS	TOTAL	RATE	
0700						ON LOCATION -- SPOT AND RIG UP
0700						CASING SET AT 2770 FT
0827	3900					PRESSURE TEST
0832	50			0	5	START PUMPING WATER AHEAD
0900	2500			64		WELL PRESSURED UP - HELD PRESSURE
						PICK UP LINER 2 FT
1003	50			64	3	START PUMPING WATER AHEAD
1016	50			90	3	SHUT DOWN
1020	50			66	3	START MIXING 175 SK LEAD @ 12.3 PPG
1037						SHUT DOWN -- CLEAN LINES - DROP PLUG
1041	100			0	5	START DISPLACING WITH FRESH WATER
1048	250			29	4	DISPLACEMENT REACHES CEMENT
1054	750			51	2	START GETTING RETURNS
1102	1000			64	2	START GETTING CEMENT RETURNS
1104	1100-1400			67	2	BUMP PLUG
1105	1400-0					RELEASE PRESSURE -- FLOAT HELD
				3		CIRCULATE CEMENT TO SURFACE

SCOUT ENERGY PARTNERS

D C WHITE # 3-32

5.5" LINER

12/1/2021

