

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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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. 2633

Date	12-14-21	Sec.	33	Twp.	16	Range	11	County	Barber	State	KS	On Location		Finish	10:00 AM
Lease								Bernstorff-Janke		Well No.		10			
Contractor								Discovery #2		Owner					
Type Job								Longstring		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.					
Hole Size								7 7/8"		T.D.		3420'			
Csg.								5 1/2" 17#		Depth		3419.78			
Tbg. Size										Depth					
Tool										Depth					
Cement Left in Csg.								21.60		Shoe Joint		21.60			
Meas Line								Displace		79 BUS		Cement Amount Ordered 175 sx Cem 10% Salt 5% Gilsomite			

Location								Hitschmann - 23/4 E, 5/4 into							
Charge To								Patterson Energy							
Street															
City								State							

The above was done to satisfaction and supervision of owner agent or contractor.

Common								175							
Poz. Mix															
Gel.															
Calcium								KCC 2 gal							

EQUIPMENT

Pumptrk	16	No.	Cementer	David
			Helper	
Bulktrk	9	No.	Driver	Doug
			Driver	
Bulktrk	p.u.	No.	Driver	Rick
			Driver	

JOB SERVICES & REMARKS

Remarks:	
Rat Hole	305x
Mouse Hole	155x
Centralizers	1, 3, 5, 7, 9, 11
Baskets	14

D/V or Port Collar pipe on bottom break
Circulation pump 500 gal mud clear
+ 10 BUS KCC, plug Rathole + Mouse
Hole, Hook 5 1/2" casing + mix
130 sx Cement. Shut down wash
pump + lines. Released plug +
Displaced w/ 79 BUS H₂O
Released + held.

Sand	
Handling	196
Mileage	
FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	6
Baskets	1
AFU Inserts	
Float Shoe	1
Latch Down	1

Lift pressure #700

Land plug to #1500

10 BUS KCC displacement

Pumptrk Charge	prod string
Mileage	35
Thanks	

X Signature *Jim W. Leavelle*

Tax	
Discount	
Total Charge	

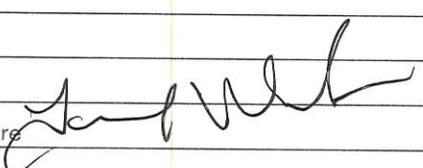
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

Home Office P.O. Box 32 Russell, KS 67665

No. 2628

Date	12-9-21	Sec.	33	Twp.	16	Range	11	County	Barston	State	KS	On Location		Finish	6:30 PM				
Lease								Well No.		10									
Contractor								Discovery #2		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								Surface		Charge To Patterson Energy									
Hole Size				12 1/4"		T.D.		759'		Street									
Csg.				8 5/8"		Depth		758'		City									
Tbg. Size						Depth				State									
Tool						Depth				The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.				30'		Shoe Joint		30'		Cement Amount Ordered 320 80/20 3% CC 2 1/2 Gal									
Meas Line						Displace		46 1/4 BLS											
EQUIPMENT																			
Pumptrk		16	No.	Cementer		Rick		Common		256									
Bulktrk		9	No.	Driver		David		Poz. Mix		64									
Bulktrk			No.	Driver				Gel.		6									
Bulktrk			No.	Driver				Calcium		12									
JOB SERVICES & REMARKS																			
Remarks:				Cement d/d Circulate								Hulls							
Rat Hole												Salt							
Mouse Hole												Flowseal							
Centralizers												Kol-Seal							
Baskets												Mud CLR 48							
D/V or Port Collar												CFL-117 or CD110 CAF 38							
												Sand							
												Handling 338							
												Mileage							
FLOAT EQUIPMENT																			
												Guide Shoe 1 - Rubber plug							
												Centralizer							
												Baskets							
												AFU Inserts							
												Float Shoe							
												Latch Down							
												Pumptrk Charge Long Surface							
												Mileage 35							
X Signature 												Thanks 				Tax Discount Total Charge			