

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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QUALITY WELL SERVICE, INC.

7383

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
2-9-20	23	24S	13W	STAFFORD	Ks		
Lease BENTON	Well No. A-6	Location 281-50 Jct 1 1/2 E S.W into					
Contractor KIZZAR WELL SERVICE				Owner			
Type Job 5 1/2 L.S				To Quality Well Service, 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. 4146'	Charge To RAMA OPERATING CO. INC					
Csg. 5 1/2 14	Depth 4125'	Street					
Tbg. Size	Depth	City State					
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.					
Cement Left in Csg. 34	Shoe Joint 34'	Cement Amount Ordered 125 gal 2 1/2 gal 10 1/2 gal					
Meas Line	Displace 99.82	EQUIPMENT					
Pumptrk 8 No.		5 1/4 Kolseal 6' C16A .25' C41P 1/4" PL					
Bulktrk 11 No.		Common 125					
Bulktrk No.		Poz. Mix					
Pickup No.		Gel. 235 #					
JOB SERVICES & REMARKS				Hulls			
Rat Hole		Salt 688 #					
Mouse Hole		Flowseal 31.25					
Centralizers		Kol-Seal 625 #					
Baskets		Mud CLR 48 250 gal					
D/V or Port Collar		CFL-117 or CD110 CAF 38 C16A 70.5 #					
on loc RIG RUNNING CSG		Sand C41P 29.38 # C-1 B GAL					
Run 104 ft 3 5/2 14" SET @ 4125'		Handling 154					
Pump 10 Bbl H2O Break circ		Mileage 20 / 3750					
Pump 6 Bbl MAIN Flush Pump 6 Bbl H2O		5 1/2 FLOAT EQUIPMENT					
START mix Pump 125 S Pool @ 14.8 gal		Guide Shoe 1 EA					
SHUT DOWN		Centralizer HIM 1 EA					
Wash pit Release 5 1/2 TR PL 6		Baskets					
START dig w 2 1/2 KCL		AFU Inserts 1 EA					
LIFT PS. 136 out 650'		Float Shoe 1 EA TOP RUBBER PL 6					
PL 6 DOWN 100 lb out 1100 #		Latch Down					
RELEASE / HELD		SERVICE SPI 1 EA					
1/2 Bbl Back		LMV 20					
Good circ thru JOB		Pumptrk Charge LONGSTRING					
Thank you		Mileage 40					
PLEASE CALL AGAIN		Tax					
TODD MIKE TAKE		Discount					
X Signature		Total Charge					

Summary of Changes

Lease Name and Number: BENTON "A" 6

API/Permit #: 15-185-20978-00-01

Doc ID: 1520629

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	Rene Stucky	Karen Ritter
Approved Date	04/08/2020	06/23/2020
Producing Method Other	No	Yes
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1510664	../kcc/detail/operatorEditDetail.cfm?docID=1520629

Summary of Attachments

Lease Name and Number: BENTON "A" 6

API: 15-185-20978-00-01

Doc ID: 1520629

Correction Number: 1

Attachment Name