

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](mailto: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 WELL SERVICE, INC.

7911

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
3-17-22	22	31S	13W	Barber	Ks		
Lease <u>JAYNE</u>	Well No. <u>#4</u>	Location <u>MED LODGE Ks B.2 W on River Rd</u>					
Contractor <u>Fossil Delg Rig #3</u>	Owner <u>N W Info</u>			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.			
Type Job <u>SURFACE</u>	Hole Size <u>12 1/4</u>			T.D. <u>230'</u>	Charge To <u>LYNN PACKARD</u>		
Csg. <u>85/8</u>	Depth <u>225'</u>			Tbg. Size			
Tbg. Size	Depth			Street			
Tool	Depth			City		State	
Cement Left in Csg.	Shoe Joint <u>20</u>			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace <u>13.12</u>			Cement Amount Ordered <u>200 @ 60/40</u>			
<b>EQUIPMENT</b>				<u>21-Gal 3% CC 1/2" PS</u>			
Pumptrk <u>8</u> No.				Common <u>120 #</u>			
Bulktrk <u>12</u> No.				Poz. Mix <u>80 #</u>			
Bulktrk No.				Gel. <u>344 #</u>			
Pickup No.				Calcium <u>516 #</u>			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal <u>100 #</u>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<u>Run 5 ft's 85/8 2.3" CSG SET @</u>				Sand			
<u>START CSG CSG ON BOTTOM</u>				Handling <u>215</u>			
<u>Hook up to CSG &amp; Break Circ w/lig</u>				Mileage <u>25 / 5375</u>			
<u>START Pumping H2O</u>				<b>FLOAT EQUIPMENT</b>			
<u>START mix @ Pump 200 @ 60/40</u>				Guide Shoe			
<u>21-Gal 3% CC 1/2" PS @ 14.8 #/Gal</u>				Centralizer			
<u>START Diso</u>				Baskets			
<u>PLUG DOWN 13.12 Bbls</u>				AFU Inserts			
<u>Close Valve on CSG</u>				Float Shoe			
<u>Good dec thru JBS</u>				Latch Down			
<u>Pipe out TO PIT</u>				<u>SERVICE Spv 1 EA</u>			
				<u>LMV 25</u>			
				Pumptrk Charge <u>SURFACE</u>			
<u>THANK YOU</u>				Mileage <u>50</u>			
<u>PLEASE Call AGAIN</u>							
<u>TOOO MIKE Nathan</u>							
X Signature <u>Gale Thompson</u>				Tax			
				Discount			
				Total Charge			

# QUALITY WELL SERVICE, INC.

7917

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

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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
3-22-22	22	31S	13W	Barber	Ks		
Lease	JAYNE		Well No.	4			
Contractor		Fossil Drilling		Location			
Type Job		PTA		Owner			
Hole Size		7 7/8		T.D.			
Csg.				Depth			
Tbg. Size		4 1/2 OP		Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
				Charge To			
				Street			
				City			
				State			
				The above was done to satisfaction and supervision of owner agent or contractor.			
				Cement Amount Ordered			
				180 @ 60/40			
<b>EQUIPMENT</b>							
Pumptrk	No.			4 1/2 FEL 1/4" PS			
Bulktrk	No.			Common 108 SC			
Bulktrk	No.			Poz. Mix 72 SC			
Pickup	No.			Gel. 619"			
<b>JOB SERVICES &amp; REMARKS</b>							
Rat Hole	30 @ 60/40 4 1/2 FEL 1/4" PS			Hulls			
Mouse Hole	20 @ 60/40 4 1/2 FEL 1/4" PS			Salt			
Centralizers				Flowseal 45"			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
1st Plug @ 600'				CFL-117 or CD110 CAF 38			
Pump H <sub>2</sub> O				Sand			
Mix Pump 50 @ 60/40 4 1/2 FEL 1/4" PS				Handling 187			
Diso				Mileage 25 / 4675			
2nd Plug @ 300'				<b>FLOAT EQUIPMENT</b>			
Pump H <sub>2</sub> O				Guide Shoe			
Mix Pump 50 @ 60/40 4 1/2 FEL 1/4" PS				Centralizer			
Diso				Baskets			
3rd Plug @ 600'				AFU Inserts			
30 @ 60/40 4 1/2 FEL 1/4" PS				Float Shoe			
				Latch Down			
				SERVICE SUP 1 EA			
				LMV 25			
THANK YOU				Pumptrk Charge PTA			
PLEASE CALL AGAIN				Mileage 50			
TO: MIKE NEASE							
				Tax			
				Discount			
				Total Charge			
X Signature	Chris [Signature]						