

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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Form	ACO1 - Well Completion
Operator	C G Oil, Inc.
Well Name	BOB & MARIE LEASE 1
Doc ID	1539115

All Electric Logs Run

dual induction log
micro log
compensated density/neutron log
cement bond log



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 2065

Phone 785-483-1071

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

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10/21/2020	31	13	16	Ellis	Ks		8:45pm
				Location Victoria + I-70 1/2 N 1/2 E Sinto			

Lease	Well No.	Owner	
Bob & Marie Lease	1	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.	
Contractor			
Discovery Drilling			
Type Job			
Surface			
Hole Size	T.D.	Charge To	
12 1/4	1117'	CG Oil Inc	
Csg.	Depth	Street	
8 5/8	1116.07		
Tbg. Size	Depth	City	
		State	
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered	
42'	42'	420 5/40 4% CC 2% gel	
Meas Line	Displace		
	68.37		

**EQUIPMENT**

Pumptrk	No.	Cementer	
17		Helper	Tim
Bulktrk	No.	Driver	Tony
21		Driver	
Bulktrk	No.	Driver	David
PU		Driver	

Common	252 240
Poz. Mix	160
Gel.	08
Calcium	18

**JOB SERVICES & REMARKS**

Remarks:	
Rat Hole	
Mouse Hole	
Centralizers	
Baskets	
D/V or Port Collar	

Hulls	
Salt	
Flowseal	
Kol-Seal	
Mud CLR 48	
CFL-117 or CD110 CAF 38	
Sand	
Handling	426
Mileage	

Ran 8 5/8 csg and est. Circulation  
Cemented with 420 sks

**FLOAT EQUIPMENT**

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Cement Did Circulate

Pumptrk Charge	Long Surface
Mileage	15

Tax	
Discount	
Total Charge	

X Signature *Alan Baker*

Thanks

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 2122

Phone 785-483-1071

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

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-26-20	31	13	16	Ellis	KS		3:15pm
Location				Victoria & I-70 1/2 1/2 Sinto			

Lease	Well No.	Owner	
Bob and Marie	1	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.	
Contractor	Type Job	Charge To	
Discovery #4	Production String	C96	
Hole Size	T.D.	Street	
7 7/8	3610		
Csg.	Depth	City	
5 1/2 17#	<del>3610</del> 3611	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
		Cement Amount Ordered 200 lbm Pro-C	
Cement Left in Csg.	Shoe Joint	10' salt 5' Gitsarte 500 gal mud clear	
37.47	37.47	Common 200 pvs.c	
Meas Line	Displace	Poz. Mix	
	83 BCL	Gel.	

**EQUIPMENT**

Pumptrk	No.	Cementer	
17		Helper	
Bulktrk	No.	Driver	
		Driver	
Bulktrk	No.	Driver	
9		Driver	

**JOB SERVICES & REMARKS**

Remarks:

Rat Hole 30SK

Mouse Hole 15SK

Centralizers

Baskets

D/V or Port Collar

5 1/2 size @ 3611. Baffle 35 73.99

Best circulation Pump 500 gal mud clear. Plug Reamer + mouse hole.

Cement 5 1/2 with 155SK Clear

Lines + Displace Plug.

Plug landed @ 1500'

Li-A pressure 800'

Handling 222

Mileage

**FLOAT EQUIPMENT**

Guide Shoe	
Centralizer	6
Baskets	1
AFU Inserts	
Float Shoe	1
Latch Down	1

Pumptrk Charge	prod string	Tax
Mileage	15	Discount
		Total Charge

X Signature *Ron Schmitt*

Thanks

**GEOLOGIST'S REPORT**

DRILLING TIME AND SAMPLE LOG

COMPANY: **CG Oil, Inc.**  
 LEASE: **Bob & Marie lease**  
 FIELD: **Herzog**  
 LOCATION: **W/2-E/2-NW/4**  
 SEC. **31** T13S R06E 16W  
 COUNTY: **Ellis** STATE: **KS**  
 CONTRACTOR: **Discovery**  
 DATE: **10/20/2020** TO: **10/26/2020**  
 RFD: **3610** LTD: **3608**  
 ROAD UP: **2850** TYPE LIQD: **Chem**  
 SAMPLES SAVED FROM: **2900** TO: **RTD**  
 DRILLING TIME KEPT FROM: **2900** TO: **RTD**  
 SAMPLES EXAMINED FROM: **2900** TO: **RTD**  
 GEOLOGICAL SUPERVISION FROM: **2900** TO: **RTD**  
 GEOLOGIST ON WELL: **Roger L. Fisher**  
 FORMATION TOPS: **LOG** SAMPLES: **31**

Anydrite	1106 + 823
g/Ank	1152 + 826
Topokg	2973 - 994
Hb Shale	3195 - 1216
L9 ASI Ag	3240 - 1216
B/KC	3473 - 1494
Arbuckle	3500 - 1521
T.D	3608 - 1629

ELEVATIONS: **1979**  
**1977**  
**1971**  
 Measurements Are All From **KB**  
 OILING: **116' of 8 5/8" PIPING**  
 PRODUCTION: **3599 gal 5 1/2"**  
 ELECTRICAL SURVES: **CDL/CNL MEL DL**

REMARKS: **Pipe was Run to further Test**  
**M J Fish**

**LEGEND**

