

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.

8082

Federal Tax I.D. # 481187368

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

Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish		
9-6-22	20	30S	15W	Barber	Ks				
Lease	Lindsey		Well No.	1				Location	Sm City, Ks N to RIVER Rd 4.2 W
Contractor	MURFIN D&G RIG #104			Owner	IN into				
Type Job	SURFACE			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	12 1/4		T.D.	264'		Charge To	Griffin		
Csg.	85/8 23"		Depth	263'		Street			
Tbg. Size			Depth			City	State		
Tool			Depth						
Cement Left in Csg.			Shoe Joint	2.5'		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line			Displace	15.23		Cement Amount Ordered	275 & Common		
<b>EQUIPMENT</b>				2 1/2 GEL 3 1/4 1/2" PI USED 225 &					
Pumptrk	8	No.		Common 225					
Bulktrk	10	No.		Poz. Mix					
Bulktrk		No.		Gel. 42.3'					
Pickup		No.		Calcium 63.5'					
<b>JOB SERVICES &amp; REMARKS</b>				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal 113"					
Centralizers				Kol-Seal					
Baskets				Mud CLR 48					
D/V or Port Collar				CFL-117 or CD110 CAF 38					
Run back to 85/8 23" CSG SET 263'				Sand					
START CSG on Bottom				Handling 244					
Hook up to CSG break circ w/air				Mileage 301 7320					
START Pumping @ 120				<b>FLOAT EQUIPMENT</b>					
START mix Pump 225 & Common				Guide Shoe					
2 1/2 GEL 3 1/4 1/2" PI 14.8' / 100				Centralizer					
START DISO				Baskets					
Plug down 15.23 @ 1/2"				AFU Inserts					
Close VALVE on CSG 150'				Float Shoe					
Good circ thru JOB				Latch Down					
Circ CUT TO PIT				SERVICE Sp1 1 FA 2 MV 30					
THANK YOU				Pumptrk Charge SURFACE					
PLEASE CALL AGAIN				Mileage 60					
TODD MIKE BRADY									
<input checked="" type="checkbox"/> Signature				Tax					
				Discount					
				Total Charge					

# QUALITY WELL SERVICE, INC.

8084

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

Mailing Address P.O. Box 468

Office 620-786-6992  
Fax 620-672-3663

Todd's Cell 620-388-4967  
Brady's Cell 620-727-6964

Date	9-7-22	Sec.	20	Twp.	30S	Range	15W	County	BARBER	State	Ks	On Location	Finish
Lease	LONDSEY		Well No.	1		Location							
Contractor	MURFIN DELG RG 104							Owner					
Type Job	LOST CIRC							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								T.D.	736'				
Csg.								Depth					
Tbg. Size	4 1/2 DP							Depth	700				
Tool								Street					
Cement Left in Csg.								Shoe Joint					
Meas Line								Displace	The above was done to satisfaction and supervision of owner agent or contractor.				
<b>EQUIPMENT</b>								Cement Amount Ordered 150x THEOTROPIC USCO ALL					
Pumptrk	8	No.						175x Common 3 1/2" CC					
Bulktrk	10	No.						Common 300x 525x					
Bulktrk		No.						THEOTROPIC 150x					
Pickup		No.						Gel.					
<b>JOB SERVICES &amp; REMARKS</b>								Calcium 1431"					
Rat Hole								Hulls					
Mouse Hole								Salt					
Centralizers								Flowseal 351"					
Baskets								Kol-Seal					
D/V or Port Collar								Mud CLR 48					
DPD 700'								CFL-117 or CD110 CAF 38					
mic: Pump 75x THIX 14.9"/CAL								Sand					
Disp								Handling 699					
WOC 4 HRS TAG D 638								Mileage 601/16000'					
Fill hole had it lost circ								<b>FLOAT EQUIPMENT</b>					
DPD 572'								Guide Shoe					
mic: Pump 75x THIX 14.9"/CAL								Centralizer					
Disp								Baskets					
WOC 4 HRS TAG 607 FILL hole								AFU Inserts					
STILL TAKING FLUID								Float Shoe					
DPD 572'								Latch Down Add HRS 6 HRS					
mic: Pump 50x 3 1/2" CC 1/2" PSD 15"/CAL								SERVICE SPV 2 EA					
Disp								LMV 90					
WOC 4 HRS TAG 470								Pumptrk Charge 0-500 x 2 EA PTA					
STILL LOSING FLUID								Mileage 120					
DP 445 50x 3 1/2" CC 1/2" PSD 15"/CAL								Tax					
X Signature								5 EA TENDR MLC BYND					
								Discount					
								4					
								Total Charge					
								DISP W WOC TAG 307'					

# QUALITY WELL SERVICE, INC.

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. 20	Twp. 30S	Range Barber	County KJ	State	On Location	Finish
Lease LINDSEY	Well No. 1		Location				
Contractor MURKIN DRUG 12.6" 104	Owner			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 Lost Circ	Hole Size		T.D.	Charge To Griffin			
Csg.	Tbg. Size 4 1/2 DP		Depth	Street			
Tool	Cement Left in Csg.		Shoe Joint	City State			
Meas Line	Displace		The above was done to satisfaction and supervision of owner agent or contractor.				
			Cement Amount Ordered				

9-7-22 Rig Ddg lost circ 736' Drilling to 799  
 Run DP to 700' Pump 50 Bbls min 75% Common 3/16 1/2" PS @ 14.9#/gal  
 WOL TAG @ 635' Try filling Hole don't fill  
 Pump REMAINING min 30 Bbls 100% Common 3/16 3/4" PS @ 14.9#/gal  
 WOL TAG @ 635' DECIDE PLUG  
 1st PLUG 635'  
 Pump H2O  
 Mic Pump 50% Common 3/16 3/4" PS  
 Dis  
 2nd PLUG @ 500'  
 Pump H2O  
 Mic Pump 50% Common 3/16 3/4" PS  
 Dis  
 3rd PLUG @ 600'  
 Mic Pump 20% Common 3/16 3/4" PS  
 Dis  
 4th PLUG @ 375' Common 3/16 3/4" PS

TOTAL  
 150 Synthetic  
 175 Common 3/16 1/2" PS  
 350 Common 3/16 3/4" PS  
 675 ex total 150 PPA JOB

THANK YOU  
 PLEASE CALL AGAIN  
 TOM MIKE BRADY

525 Lost Circ