

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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10 E 7TH
 PO Box 92
 WREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **6767**
 Foreman David Gunder
 Camp Wreka

API# 15-207-29904

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
10-14-22	1099	Schornick #4	3	25S	16E	Woodson	KS
Customer			Safety Meeting	Unit #	Driver	Unit #	Driver
Quest Development			DC	105	Tara		
Mailing Address			311	119	Timothy		
PO Box 413			5F	140	David		
City			612	129 PU	Craig M.		
State							
Zip Code							
Tolu							
KS							
66749							

Job Type Logging Hole Depth 980' Slurry Vol. 32 Bbl Tubing 2 7/8"
 Casing Depth 970' Hole Size 5 7/8" Slurry Wt. 11# Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 5.6 Bbl Displacement PSI 500 Bump Plug to 1000 PSI BPM _____

Remarks: Safety Meeting: Rig up to 2 7/8" Tubing. Break circulation w/ fresh water. Pump 300# Gal Flush, 10 Bbl water spacer, mixed 120 sbs OWC cement w/ 2# Phenoseal @ 14" gal, yield 1.50 = 32 Bbl slurry. Shut down Wash out pump & plug. Stuff 2 Plugs. Displace plugs to seat w/ 5.6 Bbl fresh water. Final pumping pressure of 500 PSI. Pump plugs to 1000 PSI wait 2 mins. Release pressure. Shut hold shut in w/ 6 PSI. Good cement returned to surface = 5 Bbl slurry to pot. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1180.00	1180.00
C117	30	Mileage	5.00	150.00
C202	120 SKS	OWC Cement	23.50	2820.00
C208	240#	Phenoseal 2 7/8" SK	1.55	372.00
C108A	6.24 Tons	Tax Mileage - 30 Miles	M/K	390.00
C206	300#	Gal Flush	.30	90.00
C401	2	2 7/8" Top Rubber Plugs	35.00	70.00
C114	3 HRS.	Transport	125.00/HR	375.00
C224	5500 Gal	City Water	12.00/1000	66.00
C113	41 HRS	80 Bbl Use Truck (Used water to pots)	95.00/HR	380.00
<u>Thank You</u>				
			Sub Total	5,893.00
			Sales Tax 7.5%	256.35

Authorization by Hal Dwarachek Title Owner Total 6,149.35

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

4175WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 4175		API # 15-207-29904	
Operator: Dvorachek, Harold A. dba Quest Development		Lease: Schornick	
Address: Box 413, Iola Ks 66749 0413		Well # 4	
Phone: 620-228-3378		Spud Date: 10/10/2022 Completed: 10/13/2022	
Contractor License: 33900		Location: Sec: 3 TWP: 25s R: 16e	
T.D. 980	Bite Size: 5.875	1907 FSL 2145 FWL	
Surface Pipe Size: 7"		Surface Depth: 42'	
Kind of Well: oil		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Lime	816	840
Clay	5	16	Shale	840	851
Shale	16	76	Lime	851	880
Lime	76	118	Shale	880	886
Shale	118	141	Oil Sand	886	993
Lime	141	332	Shale	893	926
Lime Brk	332	349	Lime Cap	926	927
Lime	349	355	Badly Broken Sand	927	931
Shale	355	390	Mostly Shale	931	933
Lime	390	402	Shale	933	980
Shale	402	411			
Lime	411	477			
Shale	477	486	TD 980		
Lime	486	544			
Shale	544	672	Ran 2-7/8" Pipe to 970'		
Lime	672	678			
Shale	678	726	Cemented Surface		
Lime	726	738	With 10 sacks of cement		
Shale Blk	738	742			
Lime	742	752			
Shale	752	807			
Lime	807	811			
Shale	811	816			

987
979
119