

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 Recompletion Date \_\_\_\_\_ 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) (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 OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071  
Cell 785-324-1041

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

No. **3364**

Date	12-1-22	Sec.	15	Twp.	16	Range	28	County	Lane	State	Ks	On Location		Finish	4:00 PM
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Lease Lawrence Location Shields - east side Carado Rd, N to 28  
Well No. 15 SWD Owner IE to Newton Rd, S/Intu

Contractor STP #1  
Type Job Longstring  
Hole Size 7 7/8"  
Csg. 4 1/2"  
Tbg. Size  
Tool

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.

T.D. 2040'  
Depth 2034.76'  
Charge To MG oil  
Street

City  
State  
Depth  
The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 43.25'  
Shoe Joint 43.25'  
Cement Amount Ordered 325 80/20 QMDC 1/4# Flo seal  
Meas Line Displace 31 1/2 BUS

EQUIPMENT			Common
Pumptrk	16	No. Cementer Helper <u>Jordan</u>	<u>325 80/20 QMDC</u>
Bulktrk	21	No. Driver <u>Tim</u>	Poz. Mix
Bulktrk	<u>p.u.</u>	No. Driver <u>Rick</u>	Gel.
			Calcium

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt
Rat Hole <u>30SX</u>		Flowseal <u>100#</u>
Mouse Hole		Kol-Seal
Centralizers <u>2, 4, 6, 8, 10</u>		Mud CLR 48 <u>500 gal</u>
Baskets <u>6, 13</u>		CFL-117 or CD110 CAF 38
D/V or Port Collar <u>pipe on bottom break</u>		Sand
<u>Circulation pump 500 gal mud clear</u>		Handling <u>325</u>
<u>plug Rathole w/ 30 SX Cement</u>		Mileage
<u>4 1/2" casing w/ 5X shut</u>		

JOB SERVICES & REMARKS		Float Equipment
<u>down wash pump + lines Released</u>		Guide Shoe
<u>plug + Displaced w/ 31 1/2 BUS H2O.</u>		Centralizer <u>5</u>
<u>Released + held.</u>		Baskets <u>2</u>
		AFU Inserts
<u>Lift pressure 600 #</u>		Float Shoe <u>1</u>
<u>Land plug to 1400 #</u>		Latch Down <u>1</u>
<u>Cement did Circulate</u>		

Pumptrk Charge prod string  
Mileage 49  
Signature [Signature]  
Tax  
Discount  
Total Charge

[Signature]  
Thanks

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Federal Tax I.D.# 20-2886107

Phone 785-483-1071  
Cell 785-324-1041

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

No. **3362**

Date	11-29-22	Sec.	15	Twp.	16	Range	28	County	Lawe	State	Ks	On Location		Finish	2:15 PM
Lease	Lawrence		Well No.	15 SWD		Owner	N to 280th E to Newton S+E								
Contractor	STP #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.						
Type Job	Surface					Charge To	MG oil								
Hole Size	12 1/4"		T.D.	223'											
Csg.	8 5/8"		Depth	223'											
Tbg. Size			Depth												
Tool			Depth						The above was done to satisfaction and supervision of owner agent or contractor.						
Cement Left in Csg.	15'		Shoe Joint	15'		Cement Amount Ordered	150 80/20 3% CC 2% Gel								
Meas Line			Displace	13											
<b>EQUIPMENT</b>															
Pumptrk	16	No.	Cementer	Jordan		Common	120								
			Helper			Poz. Mix	30								
Bulktrk	14	No.	Driver	Ross		Gel.	3								
			Driver			Calcium	6								
Bulktrk	2.0	No.	Driver	RICK											
<b>JOB SERVICES &amp; REMARKS</b>															
Remarks:	Cement did Circulate														
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 159			
												Mileage			
<b>FLOAT EQUIPMENT</b>															
												Guide Shoe			
												Centralizer			
												Baskets			
												AFU Inserts			
												Float Shoe			
												Latch Down			
												Pumptrk Charge Surface			
												Mileage 49			
												Thanks			
Signature <i>Todd E. Mann</i>												Tax			
												Discount			
												Total Charge			