

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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QUALITY WELL SERVICE, INC.

8072

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	8-27-22	Sec.	24	Twp.	31S	Range	13W	County	Garber	State	Ks	On Location		Finish	
Lease	PARKARD		Well No.		1		Location SAWYER, K1 S to Elm Mill, W to								
Contractor	FOSSIL DZLG RIG				Owner MINGONA RD 6.3 S WINTO										
Type Job	PTA				To Quality Well Service, Inc.										
Hole Size	7 7/8		T.D.		4701'										
Csg.					Depth		Charge To PARKARD LYNN								
Tbg. Size	4 1/2 DP		Depth		4621'										
Tool					Depth		City _____ State _____								
Cement Left in Csg.					Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line					Displace		Cement Amount Ordered 220 x 60/40 Poz								
EQUIPMENT							4' GEL 1/4" PS								
Pumptrk	8	No.					Common 132x								
Bulktrk	10	No.					Poz. Mix 88x								
Bulktrk		No.					Gel. 757 #								
Pickup		No.					Calcium								
JOB SERVICES & REMARKS							Hulls								
Rat Hole	30x						Salt								
Mouse Hole	20x						Flowseal 55 #								
Centralizers							Kol-Seal								
Baskets							Mud CLR 48								
D/V or Port Collar							CFL-117 or CD110 CAF 38								
1st Plug	4621'		50x 60/40		4' GEL 1/4" PS		Sand								
Pump H2O							Handling 228								
Mix Pump	50x 60/40		4' GEL 1/4" PS				Mileage 35 / 7980								
Pump H2O							FLOAT EQUIPMENT								
Diso mvo							Guide Shoe								
2nd Plug	600'						Centralizer								
Pump H2O							Baskets								
Mix Pump	50x 60/40		4' GEL 1/4" PS				AFU Inserts								
Diso H2O							Float Shoe								
3rd Plug	270'						Latch Down								
Pump H2O							SERVICE SW 1 EA								
Mix Pump	50x 60/40		4' GEL 1/4" PS				LMV 35'								
Diso H2O							Pumptrk Charge PTA								
4th Plug	60'						Mileage 70								
							Tax								
							Discount								
X Signature 							Total Charge								

QUALITY WELL SERVICE, INC.

8068

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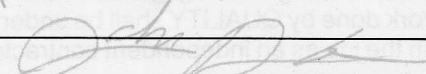
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Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-22-22	24	31S	13W	Barber	Ks		
Lease	PACKARD	Well No.	1	Location	SAWYER, KS HWY 281 S to ELM MILLS RD		
Contractor	Foss, Drlg Rig #5			Owner	W to Mulbora Rd 6.3 S W. to		
Type Job	Surface			To Quality 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.	225'	Charge To	LYNN PACKARD		
Csg.	95/8 23"	Depth	220'	Street			
Tbg. Size		Depth		City	State		
Tool		Depth					
Cement Left in Csg.		Shoe Joint	15'	The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace	13	Cement Amount Ordered	2005x Common		
EQUIPMENT				2 1/2" FEL 3 1/2" CL 1/2" PS			
Pumptrk	0	No.		Common	2005x		
Bulktrk	7	No.		Poz. Mix			
Bulktrk		No.		Gel.	376 #		
Pickup		No.		Calcium	564 #		
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal	100'		
Centralizers				Kol-Seal			
Baskets				Mud CLR 48	T.H. what I.S.C		
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Run 5 H's 95/8 23" CSG SETD 220'				Sand			
START CSG CSG ON BOTTOM				Handling	215		
Hook up to CSG & BREAK CIRC W/ RIG				Mileage	35/7525		
START PUMPING H2O				FLOAT EQUIPMENT			
START MIX Pump 2005x Common				Guide Shoe			
2 1/2" FEL 3 1/2" CL 1/2" PS 2 14.8 #/CAL				Centralizer			
START DISP				Baskets			
Plug down 13 Bbl total				AFU Inserts			
CLOSE VALVE ON CSG 150'				Float Shoe			
GOOD CIRC thro JOB				Latch Down			
CIRC CUR TO PIT				SERVICE SUP 1 EA			
				LMV 35			
THANK YOU				Pumptrk Charge	SURFACE 0-500'		
PLEASE CALL AGAIN				Mileage	70		
TODD MIKE BRADY							
X Signature 				Tax			
				Discount			
				Total Charge			