

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 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. 8280

Date	11-6-22	Sec.	32	Twp.	18	Range	13	County	Barton	State	KS	On Location		Finish	1:30pm
								Location							
								Great Bend 2N 2 W							

Lease	ROXIE	Well No.	2	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Southwind				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	Log string				
Hole Size	7 7/8	T.D.		Charge To	Production DRG
Csg.	5 1/2 15'	Depth		Street	
Tbg. Size		Depth		City	State
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	43 3/4	Shoe Joint		Cement Amount Ordered	200Y Com

Meas Line	Displace	82 1/4	10% SALT + 5% GILSONITE
EQUIPMENT			Common
Pumptrk	No.	Cement Helper	POZ. Mix
	17	BILL	
Bulktrk	No.	Driver	Gel.
		MICK	
Bulktrk	No.	Driver	Calcium
		BOBY	
		RAYGAT	

JOB SERVICES & REMARKS		Hulls
Remarks:		Salt
Rat Hole	30	Flowseal
Mouse Hole	15'	Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
pipe set c	3492	Handling
Shoe Jt	43.26	Mileage
Insert	3454	

FLOAT EQUIPMENT	
pump 500 gal Flush	Guide Shoe
Cent w/ 155 #	Centralizer 6
pump plug w/ 82 1/2 bbs	Baskets 2
hand plug c 1200 #	AFU Inserts
Float did hold	Float Shoe 1
	Latch Down 1

	Pumptrk Charge	
	Mileage	
		Tax
		Discount
		Total Charge

X
Signature *W. L. L.*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071

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

No. 3476

Cell 785-324-1041

Date	3-7-23	Sec.	32	Twp.	18	Range	13	County	Barton	State	Ks	On Location		Finish	4:00 PM
Lease	Roxie			Well No.	2		Owner	Great Bend - N to TV Tower on 281 Hwy, 1/2 W, N/4 Into							
Contractor	Western Well Service					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	Squeeze					Charge To Production Drilling									
Hole Size				T.D.		Street									
Csg.	5 1/2"			Depth		City									
Tbg. Size	2 7/8"			Depth		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 100 Com									
Meas Line				Displace		H2O									
EQUIPMENT													Common		
Pumptrk	16	No.	Cementer	Jordan		Poz. Mix									
Bulktrk	1	No.	Driver	Ross		Gel.									
Bulktrk	p.u.	No.	Driver	Rick		Calcium									
JOB SERVICES & REMARKS													Hulls		
Remarks:	Perfs @ 3403' - 07'														
Rat Hole	Packer @ 3313'														
Mouse Hole	Injection Rate of 2 1/2 BPM @														
Centralizers	200# test tool #,														
Baskets	Backside 500# Shut in.														
D/V or Port Collar															
Mix	50 sx Common shut down														
wash pump + lines	Displaced														
w/ 20 BLS H2O.	Released + Dried														
up wash clean w/ 35 BLS pull															
10 JTS + pressure to 500 #															
Shut in.															
FLOAT EQUIPMENT													Guide Shoe		
FLOAT EQUIPMENT													Centralizer		
FLOAT EQUIPMENT													Baskets		
FLOAT EQUIPMENT													AFU Inserts		
FLOAT EQUIPMENT													Float Shoe		
FLOAT EQUIPMENT													Latch Down		
FLOAT EQUIPMENT													Pumptrk Charge		
FLOAT EQUIPMENT													Mileage		
FLOAT EQUIPMENT													Tax		
FLOAT EQUIPMENT													Discount		
FLOAT EQUIPMENT													Total Charge		
X Signature	[Signature]														

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. 3193

Date	11-2-22	Sec.	32	Twp.	18	Range	13	County	Barton	State	KS	On Location		Finish	11:45 am				
Lease	Roxie							Well No.	2	Owner	Great Bend - 5N to 50th Rd (CTU Tower) 1/2 W, N/INTO								
Contractor	Discovery #2							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	Production Drilling										
Hole Size	12 1/4"		T.D.	803'		Depth	803'												
Csg.	8 3/8"		Depth																
Tbg. Size			Depth																
Tool			Depth																
Cement Left in Csg.	23.71'		Shoe Joint	23.71'		Cement Amount Ordered	350 80/20 3/6 CC												
Meas Line			Displace	49 1/2 BUS		Job Gel													
EQUIPMENT													Common	280					
Pumptrk	17	No.	Cementer	Jordan		Helper										Poz. Mix	70		
Bulktrk	13	No.	Driver	Ross		Driver										Gel.	6		
Bulktrk	p.u.	No.	Driver	Rick		Driver										Calcium	12		
JOB SERVICES & REMARKS													Hulls						
Remarks:	Cement did Circulate												Salt						
Rat Hole													Flowseal						
Mouse Hole													Kol-Seal						
Centralizers													Mud CLR 48						
Baskets													CFL-117 or CD110 CAF 38						
D/V or Port Collar													Sand						
													Handling	368					
													Mileage						
FLOAT EQUIPMENT													Guide Shoe	Rubber plug					
													Centralizer	Baffle plate					
													Baskets						
													AFU Inserts						
													Float Shoe						
													Latch Down						
													Pumptrk Charge	Long Surface					
													Mileage	15 (min)					
														Thanks					
													Tax						
													Discount						
													Total Charge						

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