

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.

7611

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	3-2-21	Sec.	13	Twp.	30S	Range	SW	County	Kuttawa	State	KU	On Location		Finish
Lease	LESLIE		Well No.	#2		Location		SP1E1 K5 S+ 150' 1/2 E N.W. 1/4						
Contractor	PICKRELL DRUG R. 6 P 10													
Type Job	SURFACE													
Hole Size	17 1/4 T.D. 213													
Csg.	8 5/8 24" Depth 217													
Tbg. Size														
Tool														
Cement Left in Csg.	Shoe Joint 15													
Meas Line	Displace 17.85													
EQUIPMENT														
Pumptrk	No. Common 120 cc													
Bulktrk	No. Poz. Mix 90 cc													
Bulktrk	No. Gel. 688 "													
Pickup	No. Calcium 516 "													
JOB SERVICES & REMARKS														
Rat Hole														
Mouse Hole	Salt Flowseal 100 "													
Centralizers	Kol-Seal													
Baskets	Mud CLR 48													
DN or Port Collar	CFL-117 or CD110 CAF 38													
RUN 5 1/2" 8 5/8 24" CSG SET D														
STAG CSG CSG ON BOTTOM														
HOOK UP TO CSG & BREAK CIRC W/ 16.6														
START PUMPING TO BLK 1120														
STAG MIX: P.M. 200 cc 60/40														
2 1/2" 3 1/2" 1/2" P.S. @ 14.75 GAL														
SHUT DOWN RELEASE 8 5/8 WARRIOR P106														
START DISC														
P106 DOWN 12.8 SHUT OUT														
Close Valve on CSG 150 "														
GOOD CIRC YIELD 30S														
CIRC CNT TO PIT														
THANK YOU														
PLEASE CALL AGAIN														
TODD MCG WATT														
Signature <i>Todd McG Watt</i>														
												Tax		
												Discount		
												Total Charge		

QUALITY WELL SERVICE, INC.

7624

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Brady's Cell 620-727-6964

Date	3-9-21	Sec.	13	Twp.	30S	Range	9W	County	Kiowa	State	KI	On Location		Finish
Lease	Well No. Location SPINNEY L.S. to 1500' E 1/2 A 1270													
Contractor	P. J. KELL D 16. R. 6 * 11													
Type Job	5 1/2" L.S.													
Hole Size	7 7/8 T.D. 4233'													
Csg.	5 1/2 15.5 14" Depth 4213.50													
Tbg. Size	Depth													
Tool	Depth													
Cement Left in Csg.	Shoe Joint 44.46													
Meas Line	Displace 1085													
EQUIPMENT														
Pumptrk	8	No.												
Bulktrk	10	No.												
Bulktrk		No.												
Pickup		No.												
JOB SERVICES & REMARKS														
Rat Hole	3D													
Mouse Hole														
Centralizers	1-2-5-8-12-14													
Baskets	Bottom 54's 2576.13 15.5' CSG													
DM or Port Collar	TOP 21's 1647.45 14" CSG													
	Van 90 HAS 5/2 CSG SET 4213.58													
	START CSG CSG ON BOTTOM + TAG													
	Hook up to CSG & BEAT CALIBRATOR DOP													
	Bill for calib													
	START Borehole Perforishes													
	10 BBL H ₂ O 29 BBL ME D 2 BBL H ₂ O													
	START PUGH R-4 30X													
	START PUGH ROP 100 SCS CSG 14.8 1/2													
	SHAFT DOWN WASH/WATER RELEASE S'LLD													
	START DISC W/21" KLL													
	LIFT PSI 99 OUT 500'													
	PUGH DOWN 101.5 OUT 1000'													
	PSI ON CSG 1500'													
	RELEASE HELD 1/2 Bbl BACK													
	Good CIA + new JO2													
Signature	THANK YOU PLEASE CALL AGAIN													
	TODD MCKE MATT													
	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.													
	Charge To MTM Petroleum Inc													
	Street													
	City State													
	The above was done to satisfaction and supervision of owner agent or contractor.													
	Cement Amount Ordered 130 SCS TAG 2 1/2 GAL 25 1/2 BA													
	10% SOLIDS 5 1/2 KOLSEAL 6 1/2 C16A 25 1/2 C41R 11 C49													
	Composition 130 SCS													
	Poz. Mix													
	Gel. 244"													
	Calcium													
	Hulls													
	Salt 7 1/6"													
	Flowseal 32.5 X													
	Kol-Seal 650"													
	Mud CLR 48 1000 GAL													
	CFL-117 or CD110 CAF 88 C49 122"													
	Sand CL-1 73" C16A 30.6' C91P													
	Handling 162													
	Mileage 45 / 4300													
	5 1/2 FLOAT EQUIPMENT													
	Guide Shoe 4" M 1 EA													
	Centralizer 6 EA													
	Baskets													
	WAFU Inserts													
	Float Shoe 1 EA													
	Latch Down 1 EA													
	SERVICE SGN 1 FA													
	LMN 45"													
	Pumptrk Charge LS													
	Mileage 90													
	Tax													
	Discount													
	Total Charge													

