

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) (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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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	PALMER 1
Doc ID	1587390

Tops

Name	Top	Datum
Heebner	3908	-1905
Brown Lime	4074	-2071
Lansing	4095	-2092
Stark	4396	-2393
B/KC	4479	-2476
Pawnee	4542	-2539
Cherokee	4580	-2577
Viola	4622	-2619
Simpson	4770	-2767

QUALITY WELL SERVICE, INC.

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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	Sec.	Twp.	Range	County	State	On Location	Finish	
7-21-21	33	290	15W	PRATT	KI			
Lease	Polmez		Well No.	1				
Contractor			WW DZLG RIG		Owner			1/4 S E into
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.	264'		Charge To			Griffin
Csg.	35/8 23"	Depth	264'		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.	Shoe Joint		25'		Cement Amount Ordered			350 & Common
Meas Line	Displace		15.2 bbls		2 1/2 GEL 3 1/2 CL 1/2" PS USED 275 SI			
EQUIPMENT								
Pumptrk	8	No.			Common			275
Bulktrk	12	No.			Poz. Mix			
Bulktrk		No.			Gel.			517"
Pickup		No.			Calcium			776"
JOB SERVICES & REMARKS				Hulls				
Rat Hole					Salt			
Mouse Hole					Flowseal			130" JUL 26 2021
Centralizers					Kol-Seal			
Baskets					Mud CLR 48			
D/V or Port Collar					CFL-117 or CD110 CAF 38			
Run to H's 35/8 23" CSG SET @ 264'				Sand				
START CSG CSG ON Bottom				Handling				296
Hookup to CSG & Break circ w/ rig				Mileage				25 / 7400
START Pumping H2O				FLOAT EQUIPMENT				
START H/C! Pump 275 & Common				Guide Shoe				
2 1/2 GEL 3 1/2 CL 1/2" PS @ 14.8" / GAL				Centralizer				
START Disp				Baskets				
Close Valve on CSG 15.2 bbls total				AFU Inserts				
Good Circ thru JOBS				Float Shoe				
Circ OUT TO PIT				Latch Down				
				SERVICE Supv 1 FA				
				LMV 25				
THANK YOU				Pumptrk Charge				Sur Face
PLEASE Call AGAIN				Mileage				50
TODD MILKE HANSON								Tax
								Discount
								Total Charge
X Signature <i>Todd Milke</i>								

QUALITY WELL SERVICE, INC.

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Rich's Cell 620-727-3409

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Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-28-21	33	29S	15W	PRATT	Ks		
Lease	Palmer		Well No.	Location			
Contractor	Murfin Dale		Rig # 104	CROFT, Ks S to 110 th Rd 1 E to 130 th Rd			
Type Job	LS		Owner	.7 S E into			
Hole Size	7 7/8		T.D.	4874			
Csg.	5 1/2 17"		Depth	4872			
Tbg. Size			Depth				
Tool			Depth				
Cement Left in Csg.			Shoe Joint	7.80			
Meas Line			Displace	112.85			
EQUIPMENT			Cement Amount Ordered				
			175 sc Proc 2/Gal				
Pumptrk	No.		10% Sol 5 1/2 KOLSEAL .6% CL 16A 25% C4IP 25% 1/2				
Bulktrk	No.		Common 175 sc				
Bulktrk	No.		Poz. Mix				
Pickup	No.		Gel. 329#				
JOB SERVICES & REMARKS			Calcium				
			Hulls				
Rat Hole	30 8x		Salt		964# AUG 05 2021		
Mouse Hole			Flowseal		44#		
Centralizers	7 EA		Kol-Seal		875#		
Baskets			Mud CLR 48		500 GAL		
D/V or Port Collar			GFL-117 or GD-110 GAF-88		C16A-99#		
Run 122 # 5 1/2 17" CSG SET @ 4872'			SAND		CL-1 9 C4IP 41#		
START CSG CSG ON Bottom & TAG			Handling		217		
Hook up to CSG & BREAK circ w/ 2 1/2			Mileage		25 / 5425		
DROP BALL & CIRC W/ 2 1/2			5 1/2 FLOAT EQUIPMENT				
START Pumping 10 Bbls H ₂ O 12 Bbls MF 10 Bbls H ₂ O			Guide Shoe		H & M 1 EA		
PLUG B-30x HOLE			Centralizer		7 EA		
Mix! Pump 145 sc Proc @ 14.8 1/2 GAL			Baskets				
SHUT DOWN WASH UP & Rk RELEASE 5 1/2 LD			PLUG BASKETS 7 EA				
START Disp 2% KCL			Float Shoe		1 EA		
LIFT PSE 96 out 650#			Latch Down		1 EA		
PLUG DOWN 112.85 1100#			SERVICE SPN		1 EA		
PS up on CSG 1600#			LMV 25				
RELEASE HELD 1/2 Bbl BACK			Pumptrk Charge		LS		
Goos Circ thro 303			Mileage		50		
THANK YOU					Tax		
PLEASE CALL AGAIN TOMORROW					Discount		
Signature					Total Charge		