

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
--	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

WoCo Drilling LLC

1135 30th Rd
 Yates Center, Kansas 66783
 Steve 620-330-6328 Nick 620-228-2320

Operator License # 4175		API # 15-031-24660	
Operator: Dvorachek, Harold A. dba Quest Development Co.		Lease: Tremain	
Address: Box 413, Iola, Ks. 66749		Well # 14	
Phone: 620-228-3378		Spud Date: 6-29-2023	Completed: 7-03-2023
Contractor License: 33900		Location: Sec: 33	TWP: 22e R: 17e
T.D. 1060	Bite Size: 5.875	1560 FNL	
Surface Pipe Size: 7"	Surface Depth: 40'	1560 FNL	
Kind of Well: Oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Lime	937	940
Clay & Gravel	5	33	Shale	940	968
Shale	33	132	Lime	968	973
Lime	132	148	Shale	973	983
Shale	143	157	Lime Cap	983	985
Lime	157	226	Oil Sand	985	987
Shale	226	239	Brk Oil Sand	987	993
Lime	239	244	Badly Brk Sand	993	995
Shale	244	359	Shale	995	1060
Lime	359	410			
Shale	410	430			
Lime	430	436			
Shale	436	451	TD 1060		
Lime	451	498			
Shale	498	502	Ran 2-7/8" pipe to 1050		
Lime	502	578			
Shale	578	761			
Lime	761	765	Cemented Surface with		
Shale	765	769	10 Sacks		
Lime	769	781			
Shale	781	853			
Lime	856	858			
Shale	858	880			
Lime	880	884			
Shale	884	924			
Lime	924	928			
Shale	928	937			

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **7354**
 Foreman David Gudner
 Camp Fucka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-3-13	1199	Township #119				Colley	KS
Customer <u>Quest Development</u>			Safety Meeting 1:00 3:11 3:30	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 413</u>				196	Jane		
City <u>Jola</u>				113	Jane		
State <u>KS</u>				141	David		
Zip Code <u>66749</u>							

Job Type Logging Hole Depth 1050' Slurry Vol. 35 Bbl Tubing 2 7/8
 Casing Depth 1040' Hole Size 5 7/8 Slurry Wt. 14" Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 6.25 Bbl Displacement PSI 500 Bump Plug to 100 + 51 BPM _____

Remarks: Safety Meetings: Rig up to 2 7/8 Tubing track circulation of fresh water. Pump 300' Col
Flush, 10 Bbl water passed. Mixed 100 sks C.W.C. w/ 2" threaded pipe @ 14 ft. yield 10.3 =
35 Bbl slurry. Shut down wash out pump & hoses. Stuff 2 plugs. Another plug to set w/ 10 1/2
Bbl fresh water. Final pumping pressure of 500 PSI. Bump plugs to 900 PSI. Release pressure. Flat
held. Shut in w/ 4 1/2" C.W.C. cement returns to surface = 3 Bbl slurry to pot. Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1180.00	1180.00
C107	50	Mileage	5.00	250.00
C202	120 SKS	C.W.C. Cement	23.50	2820.00
C203	240'	Pump Seal 2 7/8"	1.55	372.00
C1058	60.24 Trip	Trip Mileage - 50 Miles	1.50	468.00
C206	300'	Get Flush	.30	90.00
C401	2	2 7/8" Trip Rubber Plugs	35.00	70.00
C114	3 1/2 HRS	Water Transport	125.00 / HR	437.50
C224	4000 Gals	City Water	12.00 / 1000	48.00
<u>Thank You</u>				
			Sub Total	5,735.50
			6.5% Sales Tax	221.11
Authorization <u>by Hal</u> Title <u>Owner</u>			Total	5,956.50

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.