

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 Recompletion Date _____ 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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 4175		API # 15-031-24659	
Operator: Dvorachek, Harold A. dba Quest Development Co.		Lease: Tremain	
Address: Box 413 lola, Ks 66779		Well # 13	
Phone: 620-228-3378		Spud Date: 6-20-2023	Completed: 6-29-2023
Contractor License: 33900		Location: Sec: 33	TWP: 22s R: 17e
T.D.1040	Bite Size: 5.875	1120 FNL	
Surface Pipe Size: 7"	Surface Depth: 41'	1560 FEL	
Kind of Well: Oil		County: Coffey	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Lime	868	872
Gravel & Clay	4	31	Shale	872	891
Shale	31	134	Lime	891	894
Lime	134	152	Shale	894	908
Shale	152	168	Lime	908	911
Lime	168	248	Shale	911	913
Shale	248	356	Lime	913	916
Lime	356	413	Shale	916	924
Shale	413	436	Lime	924	928
Lime	436	444	Shale	928	961
Shale	444	460	Lime	961	963
Lime	460	463	Shale	963	970
Shale	463	478	Lime	970	972
Lime	473	515	Oil Sand	972	974
Shale	515	522	Brk Oil Sand	974	976
Lime	522	542	Oil Sand	976	980
Shale	542	549	Brk Oil Sand	980	982
Lime	549	572	Shale	982	1040
Shale	572	734			
Lime	734	749	TD 1040		
Shale	749	757			
Lime	757	767	Ran 2-7/8" Pipe to 1030		
Shale	767	777			
Lime	777	784	Cemented Surface Pipe		
Shale	784	834	With 10 Sacks		
Lime	834	843			
Shale	843	868			

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



Cement or Acid Field Report
 Ticket No. **7351**
 Foreman David Gaudin
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
6-19-23	1099	Treman #13				Osage	KS	
Customer	Mailing Address	City	State	Zip Code	Unit #	Driver	Unit #	Driver
Guest Development	P.O. Box 413	Tulsa	KS	66749	140	Tyson		
					117	Suke		
					141	David		
					129	Coig		

Job Type Lengthening Hole Depth 1140' Slurry Vol. 37 Bbl Tubing 2 7/8"
 Casing Depth _____ Hole Size 5 7/8" Slurry Wt. 14" Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 6 Bbl Displacement PSI 500 Bump Plug to 900 PSI BPM _____

Remarks: Safety Meeting. Rig up to 2 7/8" Tubing. Break circulation and flush water Pump 300'
Get Flush, 11 Bbl water spacer Mixed 120 sacks C.W.C. w/ 2" Pheniscal/px @ 14"/gal. yield
17% = 37 Bbl slurry. Shut down wash out pump & h.c. Stuff 2 Plugs. Displace plugs to seat
w/ 6 Bbl fresh water. Fresh pumping pressure at 500 PSI. Pump plugs to 900 PSI. Release pressure.
Float held. Shut in w/ 6 PSI. Good cement returns to surface @ 7 Bbl slurry to pot.
Job complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1150.00	1150.00
C117	50	Mileage	5.00	250.00
C202	120 sacks	C.W.C. Cement	23.50	2820.00
C208	240"	Pheniscal 2"/px	1.55	372.00
C108B	6.74 Ton	Ten Mileage - 50 Miles	1.50	468.00
C106	300"	Get Flush	.30	90.00
C401	2	2 7/8" Top Rubber Plugs	35.00	70.00
C119	3 1/2 HR	Water Transport	125.00/hr	437.50
C114	4000 Gals	City Water	12.00/1000	48.00
		Thank You		
		Sub Total		5,735.50
		6.5% Sales Tax		221.00
		Total		5,956.50

Authorization by Hal Title Lince

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.