

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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MAP NO. 4-268 SEC. 25 TWP. 25S RGE. 13W
 STATE Kans COUNTY Stafford LOC. NE NW SW
 OPERATOR Imperial Oil of Kansas, Inc
 WELL NO. 1 FARM NAME Fisher FT. FROM _____ LINE _____
 POOL Leiss SE ext ELEV. 1910 GR. 1914 DF. 1916 KB _____
 FR. 4/10/62 SPUD. 4/9/62 COMP. 5/1/62
 CONT. Co Tools /GEOL. Gordon Keen

NAME PRODUCING INTERVAL	COMPLETION RECORD FROM - TO	PERF. W/HOLES	TREATMENT RECORD
a			
b			
c			
d			

a I. P. OIL/DIST. _____ WTR. _____ GAS _____ M.C.F.P.D. _____ CHK. _____ HRS. _____
 b " " " " " " " "
 c " " " " " " " "
 d _____ D & A _____

SIPH _____ FI TP # _____ FI CPH _____ SIBHP _____ D & A () _____
 GOR. _____ GR. _____ PBTD _____ TD 4308
 SIZE 8 5/8" DEPTH 262 CASING - CEMENT RECORD W/SAX. 200 SIZE _____ DEPTH _____ W/SAX. _____

QUALITY WELL SERVICE, INC.

7784

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
10-7-21	25	25S	13W	STAFFORD	KI		
Lease GEM	Well No. 02W10 SWO		Location PRATT STAFFORD Co line				
Contractor FOSSIL DRILLING, INC			Owner) E 1/2 N E into				
Type Job 5/2 L.S.	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 7 7/8	T.D.		Charge To RAMA OPERATING CO INC				
Csg. 5 1/2 14"	Depth		Street				
Tbg. Size	Depth		City State				
Tool	Depth		City State				
Cement Left in Csg.	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace		Cement Amount Ordered 100% POOL 2 1/2' FEL 10% SALT				
EQUIPMENT			5 1/2 x 10/32 GAL .6% C16A 25% C41P 25% PS				
Pumptrk 3 No.			Common 100%				
Bulktrk 15 No.			Poz. Mix				
Bulktrk No.			Gel. 130'				
Pickup No.			Calcium				
JOB SERVICES & REMARKS			Hulls				
Rat Hole			Salt 551"				
Mouse Hole			Flowseal 25'				
Centralizers			Kol-Seal 500				
Baskets			Mud CLR 48 500 GAL				
D/V or Port Collar			CEL-11Z or CD110 CAF 38 C16A 50'				
Run 100 ft's 5 1/2 14" CSG SET @			Sand- C41P 23'				
Hook up to 5 1/2 CSG + BREAK CIRC			Handling 122				
Pump 100 Bbls CIRC			Mileage 15 / 3750				
Hook up to 5 1/2 CSG			5 1/2 FLOAT EQUIPMENT				
Pump 6 Bbls H2O 12 Bbls MF 6 Bbls H2500			Guide Shoe 1 EA				
H2O Pump 100 x POOL @ 4.8% CAL			Centralizer				
SALT DOWN WASH UP TEL RELEASE 5 1/2 TR PLUG			Baskets				
SALT DISP			AFU Inserts				
LIFT PS. 94 out 475'			Float Shoe 1 EA				
Poli Down 105 out 900'			Latch Down 1 EA TOP RUBBER PLUG				
Pump up CSG 1300'			SERVICE SUPV 1 EA				
RELEASE: HEAVY 1/2 BBL BACK							
GOOD CIRC + H2O JOBS			Pumptrk Charge 5 1/2 L.S.				
CHECK VALUE OF CSG			Mileage 30				
I thank you PLEASE CALL AGAIN TOMS MIKE							
X Signature						Tax	
						Discount	
						Total Charge	