

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	Vincent Oil Corporation
Well Name	WHITE 1-11-OWWO
Doc ID	1606271

Tops

Name	Top	Datum
Heebner Shale	4416	(-1839)
Brown Limestone	4564	(-1987)
Lansing	4573	(-1996)
Stark Shale	4922	(-2345)
Base Kansas City	5039	(-2462)
Pawnee	5134	(-2557)
Cherokee Shale	5181	(-2604)
Base Penn Limestone	5272	(-2695)
Mississippian	5302	(-2705)
LTD	5410	(-2833)

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Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
3	5318	5328			
3	5336	5344			Ran tubing and packer, swabbed perfs dry in 3hrs, SDFN
					Treated lower perfs with 750 gal 15% MCA & upper perfs with 1000 gal;
					Zones communicated, swabbed 1hr, rec 31 bbls wtr & KO flowing gas.. Shut in
					Blew down well, FL @ 1000', Swabbed 3 hrs rec 30 bbls of load, well flowing Gas

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Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
					Released packer, pulled tubing & packer, ran back in with tubing and set @ 5320', Swabbed for 4 hrs
					recovered 42 bbls of water, Well KO flowing gas , Tested for Flow rate.
					Set surface equip and hooked well up to gas line. IP: 150 MCF/D

QUALITY WELL SERVICE, INC.

7360

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	2-7-20	Sec.	11	Twp.	24S	Range	23W	County	FOSS	State	Ks	On Location		Finish	
Lease	WHITE	Well No.	1-11	Location Kingman, KS 1122 st											
Contractor	DIKE OIL	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.			
Type Job	Surface	T.D.										Charge To			
Hole Size	12 1/4	Depth										Street			
Csg.	32' 22"	Depth										City			
Tbg. Size		Depth										State			
Tool		Shoe Joint										The above was done to satisfaction and supervision of owner agent or contractor			
Cement Left in Csg.		Displace										Cement Amount Ordered			
Meas Line		EQUIPMENT													
Pumptrk	No.	Common													
Bulktrk	7	Poz. Mix													
Bulktrk	15	Gel.													
Pickup	No.	Calcium													
JOB SERVICES & REMARKS															
Rat Hole	Salt														
Mouse Hole	Flowseal														
Centralizers	Kol-Seal														
Baskets	Mud CLR 48														
D/V or Port Collar	CFL-117 or CD110 CAF 38														
R. 15 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4 3/4	Sand														
START CSG Casing and Bottom Hook up to	Handling														
W. 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2 2 1/2	Mileage														
WIRE PUMPING H2O	FLOAT EQUIPMENT														
START WIRE PUMP 125 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Guide Shoe														
START WIRE PUMP 150 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Centralizer														
START WIRE PUMP 175 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Baskets														
START WIRE PUMP 200 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	AFU Inserts														
START WIRE PUMP 225 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Float Shoe														
START WIRE PUMP 250 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Latch Down														
START WIRE PUMP 275 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Pumptrk Charge														
START WIRE PUMP 300 x 1100 3/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	Mileage														
THANK YOU	Tax														
PLEASE DON'T FORGET	Discount														
TO TAKE THEM	Total Charge														
X Signature															

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Date	9-20-21	Sec.	11	Twp.	29S	Range	23W	County	FORN	State	Ks	On Location		Finish	
Lease	White own			Well No.	1-11			Location	K0660000, KS W to 122" H						
Contractor	Duke Dela Big 11							Owner	1 1/2 N @.ato						
Type Job	4 1/2 LS							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.	5409			Charge To	VINCENT OIL COOP						
Csg.	4 1/2 11.6			Depth	5403			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	11.0			Cement Amount Ordered	725 x POC 2 1/2 (3) 1 1/2 5 1/4						
Meas Line				Displace	83.65			5 1/2 x Kolseal 61 OLA 25 1/2 C94P 25 1/2 x PS							
EQUIPMENT															
Pumptrk	B	No.						Common	225 x POC						
Bulktrk	10	No.						Poz. Mix							
Bulktrk		No.						Gel.	423 1/4						
Pickup		No.						Calcium							
JOB SERVICES & REMARKS								Hulls							
Rat Hole	30 sec							Salt	1239 1/2						
Mouse Hole	20 sec							Flowseal	53 1/2						
Centralizers	1-2-4-6 1-3-5-7-9-11							Kol-Seal	1125 1/2						
Baskets								Mud CLR 48	500 GAL						
D/V or Port Collar								CFL-117 or GD110 CAF 38	C16A 127 1/2						
Run 129 1/2 4 1/2 11.6" Csg set 25403								Sand	C-1 7 GAL C94P 53 1/2						
START Csg Csg on Bottom TAG								Handling	277						
Hook up to Csg Break size & Rotate								Mileage	291 / 9500						
D/D 1/2 Ball Circ Rotate w/ Csg								4 1/2 FLOAT EQUIPMENT							
START Pumping 12 BH 1 1/2 12 BH 1 1/2 12 BH 1 1/2								Guide Shoe	1 EA						
START FLOW R-M HOLES 50 sec								Centralizer	6 EA						
START M/K Pump 175 x POC 2 1/2 14.3 1/4 GAL								Baskets	1 EA TOP Rubber Plug						
SHOT DOWN WASH up to RELEASE 4 1/2 TK Plug								AFU Inserts	1 EA 1 EA						
START DISC w/ 2 1/2 KCL								Float Shoe	H/M 1 EA						
LIFT PSI 71 out 700 1/2								Latch Down	Rotate HEAD 1 EA						
Plug Down 83.65 1200 1/2								Service Spool	1 EA						
PSI up Csg 1700 1/2								LMU	60						
RELEASE & HELD 1/2 1361 back								Pumptrk Charge	LS						
Bore Circ thru 203								Mileage	120						
THANK YOU															
PLEASE CALL AGAIN TOO MINE WOUNDS															
Signature <i>M. Jones</i>															
								Tax							
								Discount							
								Total Charge							