

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](mailto: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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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	BREANNA #4
Doc ID	1661534

Tops

Name	Top	Datum
Heebner	3909	-1906
Brown Lime	4074	-2071
Lansing	4096	-2093
Stark	4398	-2395
BKC	4480	-2477
Pawnee	4547	-2544
Cherokee Shale	4586	-2583
Viola	4619	-2616
Simpson Shale	4798	-2795



# QUALITY WELL SERVICE, INC.

8010

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992  
Fax 620-672-3663

Todd's Cell 620-388-4967  
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish			
7-6-22	5	30S	15W	Barber	Ks					
Lease	BREANNA		Well No.	4				Location	CROFT, Ks S to 110 <sup>th</sup> 1 E. to 130 <sup>th</sup>	
Contractor	Muffin D&G RIG 10A			Owner	I. B. S. 7 W 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.	260'		Charge To			Gaffin		
Csg.	95/8 23"	Depth	260'		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 sc Common		
Meas Line		Displace	15.0		2 1/2 GAL 3 1/2 CC 1/2" PS			115.0 200 sc		
<b>EQUIPMENT</b>										
Pumptrk	8	No.		Common				200		
Bulktrk	7	No.		Poz. Mix						
Bulktrk		No.		Gel.				376 <sup>#</sup>		
Pickup		No.		Calcium				564 <sup>#</sup>		
<b>JOB SERVICES &amp; REMARKS</b>				<b>FLOAT EQUIPMENT</b>						
Rat Hole				Hulls						
Mouse Hole				Salt						
Centralizers				Flowseal				100'		
Baskets				Kol-Seal						
D/V or Port Collar				Mud CLR 48						
Run 6 1/2" 95/8 23' CSG SET				CFL-117 or CD110 CAF 38						
START CSG 15G ON Bottom Hook up				Sand						
to CSG & BREAK CIRC W/ RIG				Handling				220		
START Pumping H2O				Mileage				25 / 5500		
START mid Pump 200 sc Common				Guide Shoe						
2 1/2 GAL 3 1/2 CC 1/2" PS				Centralizer						
START DISO				Baskets						
Plug DOWN 15 lbs out				AFU Inserts						
Close Valve on CSG 150"				Float Shoe						
Good Circ thro JOB				Latch Down						
circ CMT TO PIT				SERVICE SW 1 EA						
				LMV 25						
THANK YOU				Pumptrk Charge				SURFACE		
PLEASE CALL AGAIN				Mileage				50		
TODD MIKE BRADY										
Signature										
				Tax						
				Discount						
				Total Charge						

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8014

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Fax 620-672-3663

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Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-11-22	5	30S	15W	Barber	Ks		
Lease	BREANNA		Well No.	4			
Contractor	Mudfin Drilling Rig 104			Owner			
Type Job	5 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.	4335			
Csg.	5 1/2 15.5		Depth	4329.33			
Tbg. Size			Depth	Street			
Tool			Depth	City State			
Cement Left in Csg.			Shoe Joint	20.39			
Meas Line			Displace	114.44			
EQUIPMENT			Cement Amount Ordered 17554 P20C 2 1/2 GAL 10 1/2 SALT				
Pumptrk	8	No.	5 1/2 KOLSEAL .67 C16A .25/ CAIP .25' / PS				
Bulktrk	10	No.	Common 175 5x				
Bulktrk		No.	Poz. Mix				
Pickup		No.	Gel. 329"				
JOB SERVICES & REMARKS			Calcium				
Rat Hole	30 5x		Hulls				
Mouse Hole			Salt 964"				
Centralizers	1-2-3-4-5-6-7		Flowseal 44"				
Baskets			Kol-Seal 875"				
D/V or Port Collar			Mud CLR 48 500 GAL				
Run 115 # 5 1/2 15.5" CSG SET @ 4329.33			CFL-117-01-GD110-GAF-38 C16A 99"				
START CSG CSG ON BOTTOM! TAPI Hook on			Sand CC-1 9 GAL CAIP 41"				
to CSG! MAKE CIR W/ CIG DROPBALL! CIR W/			Handling 217				
START Pumping 10 Bbls HB 12 Bbls MF 10 Bbls HB			Mileage 25 / 5A25				
START PLS R-HOLE 30 5x			5 1/2 FLOAT EQUIPMENT				
START MIC 145 5x P20C & CSG @ 14.8' / GAL			Guide-Shoe H! M 1 EA				
SHUT DOWN WASH PTK RELEAS 5 1/2 LN P			Centralizer 7 EA				
START DISD W/ 2 1/2 KCL			Baskets				
LIFT PSI 58 out 550'			AFU Inserts				
PLUG DOWN 115 out 1100'			Float Shoe 1 EA				
PSI up CSG 1700'			Latch Down 1 EA				
RELEAS! HELD 1/2 Bbl BACK			SERVICE SUP 1 EA				
Good CIR thru JOB			LMI 25'				
			Pumptrk Charge LS				
			Mileage 50				
THANK YOU						Tax	
PLEASE CALL AGAIN TOM MICKELSON						Discount	
Signature <i>[Signature]</i>						Total Charge	

