

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 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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# QUALITY OILWELL CEMENTING, INC.


Federal Tax I.D.# 20-2886107

Phone 785-483-1071

Home Office P.O. Box 32 Russell, KS 67665

No. 3180

Cell 785-324-1041

Date	10-19-22	Sec.	4	Twp.	16	Range	12	County	Barton	State	Ks	On Location		Finish	7:00 PM			
Lease	Casey							Well No.	2	Location Beaver, 3N, 1/2 E, N1/4								
Contractor	Discovery #2							Owner To Quality Oilwell Cementing, 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	Long string							Charge To War Cry										
Hole Size	7 7/8"							T.D.	3450'	Street								
Csg.	5 1/2"							Depth	3386'	City								
Tbg. Size								Depth	967.66	State								
Tool	Port Collar #59							Depth	<del>965.92'</del>	The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.	40.61'							Shoe Joint	40.61'	Cement Amount Ordered 225 Com								
Meas Line								Displace	79 1/2 BLS	500 gal mud Clear 48								
<b>EQUIPMENT</b>													Common 225					
Pumptrk	16	No.		Cementer	Jordan							Poz. Mix						
Bulktrk	15	No.		Driver	Ross							Gel.						
Bulktrk	P.M.	No.		Driver	Rick							Calcium						
<b>JOB SERVICES &amp; REMARKS</b>													Hulls					
Remarks:													Salt					
Rat Hole 30 SX													Flowseal					
Mouse Hole 15 SX													Kol-Seal					
Centralizers 1, 2, 3													Mud CLR 48 500 gal					
Baskets 2, 12, 59													CFL-117 or CD110 CAF 38					
D/V of Port Collar #59 <del>967.66'</del>													Sand					
Pipe on bottom break Circulation													Handling 225					
Pump 500 gal mud Clear 48													Mileage					
plug Rathole + mousehole Hook to													<b>FLOAT EQUIPMENT</b>					
5 1/2" Casing + mix 180 SX Com.													Guide Shoe Triplex Shoe					
Shut down wash pump + lines.													Centralizer 3					
Displaced plug w/ 79 1/2 BLS H2O.													Baskets 3					
Released + held.													AFU Inserts					
													Float Shoe					
Lift pressure 750 #.													Latch Down 1					
Land plug to 1600 #.													Port Collar					
													Pumptrk Charge prod string					
													Mileage 31					
													Tax					
													Discount					
													Total Charge					



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3187

Date	10-31-22	Sec.	Twp.	Range	County	State	On Location	Finish	
					Barton	Ks		11:30 AM	
Lease					Well No.	Location			
Casey					2	Beaver - 3rd to 226 rd, 1/2 S			
Contractor					Owner				
SC Pulling Service					To Quality Oilwell Cementing, Inc.				
Type Job					You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Part Collar									
Hole Size					T.D.	Charge To			
5 1/2"					War Cry				
Csg.					Depth	Street			
2 3/8									
Tbg. Size					Depth	City			
2 3/8					State				
Tool					Depth	The above was done to satisfaction and supervision of owner agent or contractor.			
Part Collar					868'	Cement Amount Ordered			
Cement Left in Csg.					Shoe Joint	275 80/20 QMDC 1/4#			
Meas Line					Displace	Flu Seal 600 # gel			
					Common				
EQUIPMENT					Poz. Mix				
Pumptrk	No.	Cementer			275 80/20 QMDC				
		Helper			Gel.				
Bulktrk	No.	Driver			Calcium				
		Driver			5				
Bulktrk	No.	Driver			Hulls				
		Driver			Salt				
JOB SERVICES & REMARKS					Flowseal				
Remarks:					Kol-Seal 75 #				
Rat Hole					Mud CLR 48				
Mouse Hole					CFL-117 or CD110 CAF 38				
Centralizers					Sand				
Baskets					Handling				
D/V or Port Collar					Mileage				
Port Collar @ 868'					280				
test tool to 900# Held					FLOAT EQUIPMENT				
opentool & establish a blow					Guide Shoe				
pump 500 # gel + mix 275SX					Centralizer				
Cement + Displace w/ H2O					Baskets				
Closed tool test tool 700#					AFU Inserts				
+ held Run 5 Jts + wash					Float Shoe				
Clean. P To H					Latch Down				
Cement did Circulate					Pumptrk Charge				
					port Collar Job				
					Mileage				
					31				
					Tax				
					Discount				
					Total Charge				
X Signature					THANKS				