

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) (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	Petroleum Property Services, Inc.
Well Name	BOOTH 4
Doc ID	1803323

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor		15.5		244	na		na
Surface		8.625	28	2580	na	50	na
Intermediate		6.625	24	2876	na	25	na
Production		5.5	14	3172	na	50	na
Liner		4.5	10.5	2900	60/40 4%gel	350	2%cc

**FORM: ACO1 - Well Completion**

**ADDITIONAL CEMENTING / SQUEEZE RECORD**

Purpose: Protect Casing

DEPTH		Type of Cement	# Sacks Used	Type and Percent Additives	
Top	Bottom				
472	505	na	165	na	
793	815	na	200	na	
0	333	60/40 poz	2+0	4% gel	Aug-85

KCC



**QUALITY OILWELL CEMENTING, INC.**  
PO Box 32 - 740 West Wichita Ave, Russell KS 67665  
Phone: 785-324-1041 fax: 785-483-1087  
Email: ce.nenting@ruraltel.net

Date: 9/29/2024  
Invoice # 4255  
P.O.#:  
Due Date: 10/29/2024  
Division: Russell

# Invoice

**Contact:**  
PETROLEUM PROPERTY SERVICE  
**Address/Job Location:**

125 N MARKET ST, STE 1251  
WICHITA KS 67202

**Reference:**  
BOOTH & SEC 32-11-15

**Description of Work:**  
LINER JOB

504

RR  
9-28

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 932.75	Yes				
Common-Class A	210	\$ 4,522.64	Yes				
POZ Mix-Standard	140	\$ 1,024.55	Yes				
Calcium Chloride	8	\$ 468.36	Yes				
Bulk Truck Mat-Material Service Charge	370	\$ 386.82	Yes				
Premium Gel (Bentonite)	12	\$ 363.82	Yes				
4 1/2" Buttweid Float Shoes	1	\$ 288.55	Yes				
Pump Truck Mileage-Job to Nearest Camp	21	\$ 98.80	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	21	\$ 76.84	Yes				
4 1/2" Top Rubber Plug	1	\$ 50.18	Yes				

**Invoice Terms:**

Net 30

SubTotal: \$ 8,213.30  
Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (205.33)

SubTotal for Taxable Items:	\$ 8,007.97
SubTotal for Non-Taxable Items:	\$ -
Total:	\$ 8,007.97
Tax:	\$ 680.68

8.50% Russell County Sales Tax

**Thank You For Your Business!**

**Amount Due: \$ 8,688.65**  
**Applied Payments:**  
**Balance Due: \$ 8,688.65**

Past Due Invoices are subject to a service charge (annual rate of 24%)  
This does not include any applicable taxes unless it is listed.  
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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. 4255

Cell 785-324-1041

Date	9/29/24	Sec.	32	Twp.	11	Range	15	County	Russell	State	Kansas	On Location		Finish	2:30 AM
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Location Fairport IEN into

Lease	Booth	Well No.	4	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Mendez	Well Serv.		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	Linner			Charge To	PPSI
Hole Size		T.D.		Street	
Csg.	4 1/2	Depth	2900	City	State
Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered	350% 4% gel 2% cc
Cement Left in Csg.		Shoe Joint			
Meas Line		Displace	46		

**EQUIPMENT**

Pumptrk	18	No.		Cementer	Tim	Common	210
				Helper		Poz. Mix	140
Bulktrk	22	No.		Driver	Doug	Gel.	12
				Driver		Calcium	28
Bulktrk	14	No.		Driver	David		

**JOB SERVICES & REMARKS**

Remarks:	Ran Linner Loaded hole	Hulls	
Rat Hole	pumped 80 bbl mud followed	Salt	
Mouse Hole	with 180 SKS	Flowseal	
Centralizers	Displaced	Kol-Seal	
Baskets	landed plug @ 700	Mud CLR 48	
D/V or Port Collar	Phurin at 500#	CFL-117 or CD110 CAF 38	
	Hooked To backside and	Sand	
	Mixed 170 SKS	Handling	370
		Mileage	

**FLOAT EQUIPMENT**

		Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	-1
		Latch Down	
		1-Plug	
		Pumptrk Charge	Linner Job
		Mileage	21

Used 350 SKS total

X Signature		Tax	
		Discount	
		Total Charge	

*Thanks*