

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)</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 WELL SERVICE, INC.

8661

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	12-13-24	Sec.	35	Twp.	30S	Range	15W	County	BARBER	State	KS	On Location		Finish	
Lease	Sun City	Well No.	1-35		Location										
Contractor	MURFIN DRILL RIG #104	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	Hole Size	12 1/4	T.D.	344	Charge To	Griffin								
Csg.	8 5/8 23"	Depth	344												
Tbg. Size		Depth													
Tool		Depth													
Cement Left in Csg.		Shoe Joint	40		The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line		Displace	19.5		Cement Amount Ordered		400 sq Common								
EQUIPMENT															
Pumptrk	3	No.				2 1/2 GAL 3% CL 1/2" PS USED 195 sq									
Bulktrk	12	No.				Common 195 sq									
Bulktrk		No.				Poz. Mix									
Pickup		No.				Gel. 367 lbs									
JOB SERVICES & REMARKS															
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal 9.3 lbs														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
Rn 8 ft's 8 5/8 23" CSG SET D 344'															
START CSG CSG ON BOTTOM															
Hook up to CSG - BREAK CIRC WITH															
START PUMPING AZO															
START MIX: Pump 195 sq Common															
2 1/2 GAL 3% CL 1/2" PS D 14.8" / GAL															
START PISO															
Close Valve on CSG 19.5 gals															
Good Circ thro ID3															
Circ CMT TO PAT															
LET SET 45 min															
SET CELLAR															
FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
SERVICE Spv 1EA															
LMV 30															
Pumptrk Charge SURFACE															
Mileage 60															
THANK YOU												Tax			
PLEASE CALL AGAIN FOR MATT												Discount			
Signature												Total Charge			

QUALITY WELL SERVICE, INC.

8664

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	12-19-20	Sec.	35	Twp.	30S	Range	15W	County	BARBER	State	KS	On Location		Finish	
Lease	SUN CITY			Well No.	1-35			Location							
Contractor	MURFIN DRUG R.G. 109							Owner							
Type Job	PTA							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.	630			Charge To							
Csg.	0570 23"			Depth	344			GRAFFIN							
Tbg. Size				Depth				Street							
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 2000x Common 3/4 CC 5/8 K. SEAL							
EQUIPMENT								1 1/2 PS 265x Common 3/4 CC 1" PS							
Pumptrk	8	No.						Common 465x							
Bulktrk	10	No.						Poz. Mix							
Bulktrk		No.						Gel.							
Pickup		No.						Calcium 1311 lbs							
JOB SERVICES & REMARKS								Hulls							
Rat Hole	30x							Salt							
Mouse Hole								Flowseal 465 lbs							
Centralizers								Kol-Seal 1000 lbs							
Baskets								Mud CLR 48							
D/V or Port Collar								CFL-117 or CD110 CAF 38							
1 st Plug	630'							Sand							
Misc. Pump	2000x Common 3/4 CC 5/8 K. SEAL							Handling 523							
1 1/2 PS	14.8#/GAL							Mileage 30 / 15690							
Disp WOC	4 HR TAG @ 450'			FLOAT EQUIPMENT											
2 nd Plug	364'							Guide Shoe							
25x Common	3/4 CC 1" REPS							Centralizer							
Disp WOC	4 HR							Baskets							
3 rd Plug	364'							AFU Inserts							
175x Common	3/4 CC 1 1/2 PS							Float Shoe							
Disp WOC	4 HR TAG CNT 310'							Latch-Down Add Hrs 10							
Load Hole								SERVICE Spv 2 EA							
Plug R.H.	30x Common 3/4 CC 1 1/2 PS							LMV 30							
4 th Plug	60'							Pumptrk Charge N/C							
35x Common	3/4 CC 1 1/2 PS							Mileage 120							
THANK YOU															
PLEASE CALL AGAIN TODD BRADY - DERRICK HOBBS								JACKIE HEYMAN							
MATT AGUIAR															
Signature												Tax			
												Discount			
												Total Charge			

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Laura Kelly, Governor

April 24, 2025

Eli J. Felts
Griffin, Charles N.
126 S MAIN ST
PRATT, KS 67124-2711

Re: ACO-1
API 15-007-24507-00-00
SUN CITY 1-35
NW/4 Sec.35-30S-15W
Barber County, Kansas

Dear Eli J. Felts:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/17/2024 and the ACO-1 was received on April 21, 2025 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department