

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31796  
Name: Quest Energy Service, Inc.  
Address: P.O. Box 100  
City/State/Zip: Benedict, KS 66714  
Purchaser: Quest Energy Service, Inc.  
Operator Contact Person: Dick Cornell  
Phone: (620) 698-2250  
Contractor: Name: L & S Well Service  
License: 32450  
Wellsite Geologist: Mike Ebers  
Designate Type of Completion:  
☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.  
☒ Gas ☐ ENHR ☐ SIGW  
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)  
If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
☐ Deepening ☐ Re-perf. ☐ Conv. to ~~SWD~~ SWD  
☐ Plug Back ☐ Plug Back Total Depth  
☐ Commingled Docket No. \_\_\_\_\_  
☐ Dual Completion Docket No. \_\_\_\_\_  
☐ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
2-17-03 2-19-03 4-14-03  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 207-26,794-0000  
County: Woodson  
CSW SE Sec. 20 Twp. 26 S. R. 14 ☒ East ☐ West  
660 feet from S / N (circle one) Line of Section  
1980 feet from E / W (circle one) Line of Section  
Footages Calculated from: Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Burkle Well #: 20-1  
Field Name: N/A  
Producing Formation: None  
Elevation: Ground: 975 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1515 Plug Back Total Depth: 1515  
Amount of Surface Pipe Set and Cemented at 40 Feet  
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 1515'  
feet depth to Surface w/ 237 sx cml.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used Air Drilled  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]  
Title: Compliance Officer Date: 6/9/03  
Subscribed and sworn to before me this 9 day of June  
2003  
Notary Public: Pamela G. Graves  
Date Commission Expires: 6-4-05

KCC Office Use ONLY

☐ Letter of Confidentiality Attached  
If Denied, Yes ☐ Date: \_\_\_\_\_  
☐ Wireline Log Received  
☐ Geologist Report Received  
☐ UIC Distribution

PAMELA G. GRAVES

Operator Name: Quest Energy Service, Inc. Lease Name: Burkle Well #: 20-1  
Sec. 20 Twp. 26 S. R. 14 ☒ East ☐ West County: Woodson

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lena <del>o</del> pah Lime	925 +50
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Altamont Lime	960 +15
List All E. Logs Run:		Pawnee Lime	1061 -86
		Oswego Lime	1111 -136
		Verdegris Lime	1216 -241
		Mississippi Lime	1481 -506
Density-Neutron			

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediates, 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
Surface	11.25"	8.625"	24.75	40'	"A"	12	None
Production	6.75	4.50	10.50	1515	"A"	237	OWC

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
None	Waiting on Pipeline		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

Disposition of Gas		METHOD OF COMPLETION		Production Interval	
<input type="checkbox"/> Ventd	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Duaily Comp.
(If vented, Sumit ACO-18.)			<input type="checkbox"/> Commingled		
			<input type="checkbox"/> Other (Specify)		