

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 Enhr./SWD  
☐ Plug Back ☐ Plug Back Total Depth  
☐ Commingled ☐ Docket No. \_\_\_\_\_  
☐ Dual Completion ☐ Docket No. \_\_\_\_\_  
☐ Other (SWD or Enhr.?) ☐ Docket No. \_\_\_\_\_  
3-11-03 3-13-03 4-17-03  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 207-26,801-0000  
County: Woodson  
CSW NW Sec. 34 Twp. 26 S. R. 15 ☒ East ☐ West  
1980 feet from S N (circle one) Line of Section  
660 feet from E W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Ward Feed Yard Well #: 34-1  
Field Name: Clinesmith  
Producing Formation: None  
Elevation: Ground: 914 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1264 Plug Back Total Depth: 1074  
Amount of Surface Pipe Set and Cemented at 42' Feet  
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 1074  
feet depth to Surface w/ 200 sx cmt.

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

**PAMELA G. GRAVES**  
Notary Public - State of Kansas

KCC Office Use ONLY

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

Operator Name: Quest Energy Service, Inc Lease Name: Ward Feed Yard Well #: 34-1  
Sec. 34 Twp. 26 S. R. 15 ☒ 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 ☐ Yes ☒ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No  
(Submit Copy)

List All E. Logs Run:

Density-Neutron

☒ Log Formation (Top), Depth and Datum ☒ Sample

| Name             | Top  | Datum |
|------------------|------|-------|
| Lenepah Lime     | 662  | +252  |
| Altamont Lime    | 695  | +219  |
| Pawnee Lime      | 794  | +120  |
| Oswego Lime      | 849  | +65   |
| Verdegris Lime   | 968  | -54   |
| Mississippi Lime | 1234 | -320  |

CASING RECORD ☐ New ☐ 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 |
|-------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Surface           | 11.25"            | 8.625"                    | 24.75             | 42'           | "A"            | 10           | None                       |
| Production        | 6.75              | 4.50                      | 10.50             | 1074          | "A"            | 200          | 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| None           | Not completed waiting on pipeline                                                         |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

| TUBING RECORD                                   |     | Size                                                                                                                                                          | Set At | Pecker 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

☐ Ventd ☐ Sold ☐ Used on Lease  
(If vented, Sumit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Specify) \_\_\_\_\_