

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 31796Name: Quest Energy Service, Inc.Address P O Box 100City/State/Zip Benedict KS 66714Purchaser: Quest Energy Service, Inc.Operator Contact Person: Dick CornellPhone (620) 698-2250Contractor: Name: MOKATLicense: 5831Site Geologist: None

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD☐ Plug Back ☐ PBTD☐ Commingled ☐ Docket No. _____☐ Dual Completion ☐ Docket No. _____☐ Other (SWD or Inj?) ☐ Docket No. _____1/25/011/25/011/26/01

Spud Date

Date Reached TD

Completion Date

API NO. 15- 133-25658-0000County Neosho- NW - SW - SW Sec. 6 Twp. 30 Rge. 18 ☒ E ☐ W1075 Feet from S (circle one) Line of Section4980 Feet from E (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE NW or SW (circle one)Lease Name M. Collins Well # 1Field Name South ThayerProducing Formation RivertonElevation: Ground 1022 KB _____Total Depth 1139' PBTD 1128'Amount of Surface Pipe Set and Cemented at 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1124'feet depth to surface w/ 175 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume _____ bblsDewatering method used Air drilled

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

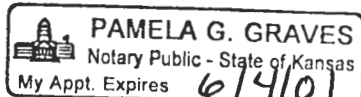
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side 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 _____

Title Compliance OfficerDate 4/30/01Subscribed and sworn to before me this 30th day of April,
2001.Notary Public Pamela G. GravesDate Commission Expires 6/4/2001

Pamela G. Graves



K.C.C. OFFICE USE ONLY
F ☐ Letter of Confidentiality Attached
C ☐ Wireline Log Received
C ☐ Geologist Report Received

Distribution
____ KCC ☐ SWD/Rep ☐ NGPA
____ KGS ☐ Plug ☐ Other (Specify)

Operator Name Quest Energy Services, Inc. Lease Name M. Collins Well # 1
Sec. 6 Twp. 30S Rge. 18 ☒ East County Neosho
☐ West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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 Datums	<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	Altamont Lime	433'	+589
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pawnee Lime	567'	+455
List All E.Logs Run: GR-N		Oswego Lime	642'	+380
		Summit Shale/Coal	670'	+352
		Mulky Shale/Coal	686'	+336
		Riverton Coal	1077'	- 55
		Mississippi Lime	1095'	- 73

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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
Surface	11'	8 5/8"	24.75	21'	"A"	6	None
Production	6 3/4'	4 1/2"	9.5	1115'	"A"	175	60/40 Poz 80 lbs Salt 50 lbs Gilsonite

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				

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
	Not perforated yet.		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method <input type="checkbox"/> Flowing <input checked="" 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"/> Vented	<input checked="" type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled
(If vented, submit ACO-18.)		<input type="checkbox"/> Other (Specify)	