


KANSAS CORPORATION COMMISSION 1100078
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
 June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 4175
Name: Dvorachek, Harold A. dba Quest Development Co.
Address 1: PO BOX 413
Address 2: _____
City: IOLA **State:** KS **Zip:** 66749 + 0413
Contact Person: Hal Dvorachek
Phone: (620) 365-5862
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: None
Purchaser: High Sierra

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

API No. 15 - 15-031-23324-00-00
Spot Description: _____
NE SE NW NE **Sec.** 32 **Twp.** 22 **S. R.** 17 East West
740 **Feet from** North / South **Line of Section**
1630 **Feet from** East / West **Line of Section**
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Mannschreck **Well #:** #10
Field Name: Parmely
Producing Formation: Squirrel Sand
Elevation: **Ground:** 1049 **Kelly Bushing:** 1053
Total Depth: 1044 **Plug Back Total Depth:** _____
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: _____
feet depth to: _____ **w/** _____ **sx cmt.**

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 **ppm** **Fluid volume:** 80 **bbls**
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Watts Taank Truck Service
Lease Name: Gilbert-Mitchell **License #:** 34724
Quarter SW **Sec.** 3 **Twp.** 24 **S. R.** 13 East West
County: Greenwood **Permit #:** 15-073-22818

<u>06/27/2012</u>	<u>06/27/2012</u>	<u>8/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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

Letter of Confidentiality Received
 Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III **Approved by:** Deanna Garrison **Date:** 11/28/2012



1100078

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Mannschreck Well #: #10
 Sec. 32 Twp. 22 S. R. 17 East West County: Coffey

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Cherokee Shale</td> <td>937</td> <td>+112</td> </tr> </table>	Name	Top	Datum	Cherokee Shale	937	+112
Name	Top	Datum					
Cherokee Shale	937	+112					

CASING RECORD <input checked="" 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
Surface Casing	10	7	17	40	Portland	10	
Production Casing	6.875	2.875	7.7	1036	OWC	125	

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	982-987	frac 300# 20/40, 1200# 12/20	

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. 0.0	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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 982 987
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36325

LOCATION Eureka

FOREMAN Russell McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-2012	6605	Mannschreck # 10	32	32	17	Coffey
CUSTOMER <u>Quest Development</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 413</u>			485	Alan B		
CITY <u>Idola</u>			611	JOEY		
STATE <u>KS</u>			183	McCoy		
ZIP CODE <u>66749</u>						

JOB TYPE 45 0 HOLE SIZE _____ HOLE DEPTH 1044 CASING SIZE & WEIGHT 2 7/8 Tubing
 CASING DEPTH 1034 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 32 Bbl WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 6 Bb DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, Rig up to 2 7/8 Tubing. Break circulation w/ 5 Bbl fresh water mix + Pump 4 SKI gel, Bring gel to surface w/ pit water w/ lots of cuttings mix 125 SKI owc w/ 1/2 # Phenocent at 13.8 P/gallon. Shut Down, wash out Pump + Lines Drop 2 Plugs Displace w/ 6.5 Bbl water Final Pump PSI 400 Bump to 1,100 check float float hold. Good cement Returns to surface. 5 Bbl Slurry, Close Tubing In at 0 PSI cement stayed full on annulus.

THANK YOU
Russell McCoy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126	125 SKI	owc cement	18.80	2350.00
1107 A	62 #	Phenocent 1/2 # P/gal	1.29	79.98
1118 B	300 #	gel Flush	.21	63.00
5407 A	6.5 Ton	Ton Mileage Bulk Truck	1.34	435.50
5502 c	4 hrs	80 Bbl UAC Truck	90.00	360.00
1123	3,000 gal/hr	city water	16.50/1000	49.50
4402	2	2 7/8 Top rubber Plugs	28.00	56.00
				4623.98

Revin 5737

[Signature]

260915

AUTHORIZATION

TITLE

SALES TAX
ESTIMATED
TOTAL

DATE 6-28-20

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Hodown Drilling

Yates Center, KS

Lease Name: Mannschreck Spud Date: 6-27-2012 Surface Pipe Size: 7" Depth: 40' T.D.: 1044'
 Operator: Quest Development Well # 10 Bit Diameter: 5 7/8"

Footage taken	Sample type
0_3	soil
3_15	clay
15_149	shale
149_192	lime
192_205	shale
205_265	lime
265_355	shale
355_418	lime
418_451	shale
451_590	lime
590_740	shale
740_743	lime
743_764	shale
764_768	lime
768_780	shale
780_788	lime
788_794	shale
794_799	lime
799_834	shale
834_838	lime
838_855	shale
855_859	lime
859_881	shale
881_886	lime
886_901	shale
901_906	lime
906_922	shale
922_928	lime
928_935	shale
935_937	lime
937_981	shale
981_982	1st cap
982_983	top of sand, good bleed
983_987	good sand
987_989	broken free oil
989_991	badly broken
991_1044	shale

1044 TD