



KANSAS CORPORATION COMMISSION 1057519
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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 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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report 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 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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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				

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Midco Exploration, Inc.
Well Name	MARGARET FLICKNER 1
Doc ID	1057519

Tops

Name	Top	Datum
Heebner	3172	
Douglas	3198	
Brown Lime	3376	
Lansing	3390	
Stark	3747	
Swope	3754	
Hertha	3790	
Base KC	3830	
Marmaton	3858	
Pawnee	3934	
Cherokee	3988	
Miss	4097	

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 14, 2011

Earl J. Joyce, Jr.
Midco Exploration, Inc.
414 PLAZA DR STE 204
WESTMONT, IL 60559-1265

Re: ACO1
API 15-095-20556-00-00
MARGARET FLICKNER 1
NE/4 Sec.35-28S-08W
Kingman County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Earl J. Joyce, Jr.

ALLIED CEMENTING CO., LLC. 33312

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge, KS.

Flickner

DATE <i>2-13-09</i>	SEC.	TWP.	RANGE	CALLED OUT <i>2:00 P.M.</i>	ON LOCATION <i>3:15 P.M.</i>	JOB START <i>3:30 P.M.</i>	JOB FINISH <i>4:30 P.M.</i>
LEAS # 1	WELL # <i>1</i>	LOCATION <i>SPICY 8 1/2 N 1/2 E</i>		COUNTY <i>Kingman</i>	STATE <i>KS.</i>		
OLD OR NEW (Circle one)							

CONTRACTOR *Leiker w/s*
 TYPE OF JOB *Casing Squeeze*
 HOLE SIZE *T.D.*
 CASING SIZE *4 1/2* DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX *700 PSF* MINIMUM *—*
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.

OWNER *Mideo Exploration*

CEMENT
 AMOUNT ORDERED *150 sk Class A + 3% salt*
100 sk Class A + 5% Gyp salt + 5% salt

COMMON *250 A* @ *15.45* *3862.50*
 POZMIX @
 GEL @
 CHLORIDE *5* @ *58.20* *291.00*
 ASC @
Gyp Salt 47 @ *29.20* *1372.40*
Salt 5 @ *12.00* *60.00*
 HANDLING *307* @ *2.40* *736.80*
 MILEAGE *45 x 307 x .10* *1381.50*
 TOTAL *7704.20*

DISPLACEMENT *Fresh Water 10 Bbls*
 EQUIPMENT
 PUMP TRUCK CEMENTER *David W.*
 # *302-414* HELPER *Carl B.*
 BULK TRUCK
 # *364* DRIVER *Mike B.*
 BULK TRUCK
 # DRIVER

REMARKS:

took INT Rate 3 Bbls Min at 500 PSF Mix 150 sk A + 3% salt + 100 sk A + 5% Gyp salt 5% salt shut Down Wash Pump & lines Dispac w/ 10 Bbls Fresh water shut w/ 700 PSI

SERVICE

DEPTH OF JOB *823 FT*
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE *45* @ *7.00* *315.00*
 MANIFOLD *YES* @ *100.00* *100.00*
 TOTAL *1600.00*

CHARGE TO: *Mideo Exploration*
 STREET
 CITY STATE ZIP

4 1/2" PLUG & FLOAT EQUIPMENT

1-Rubber Plug @ *62.00* *62.00*
 @
 @
 @
 @
 TOTAL *62.00*

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME *David Mayfield*
 SIGNATURE *David Mayfield*

ALLIET CEMENTING CO., LLC.

33323

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge, KS

DATE <u>3-26-09</u>	SEC. <u>35</u>	TWP. <u>RDS</u>	RANGE <u>8W</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>8:30 AM</u>	JOB START	JOB FINISH
LEASE <u>Flickertwell #</u>		#1		LOCATION <u>Spivey 9 N 1/2 E 9.176</u>	COUNTY <u>Kingman KS</u>	STATE	
<input checked="" type="checkbox"/> OLD OR NEW (Circle one)							

CONTRACTOR Leiker W/S

OWNER Mielco Exploration

TYPE OF JOB Squeeze

HOLE SIZE T.D.

CASING SIZE 4 1/2 DEPTH 2720

TUBING SIZE 2 3/8 DEPTH 2647

DRILL PIPE DEPTH

TOOL PACKER DEPTH 2647

PRES. MAX 1000 PSI MINIMUM -

MEAS. LINE SHOE JOINT -

CEMENT LEFT IN CSG. -

PERFS.

DISPLACEMENT Fresh water 10 1/2 BBLs

EQUIPMENT

PUMP TRUCK CEMENTER David W.

372 HELPER Darin F.

BULK TRUCK DRIVER Scott P.

DRIVER

CEMENT

AMOUNT ORDERED 1005x A + 3%acc

505x A neat used 1005x A

3%acc

COMMON 1005x @ 15.45 1,545.00

POZMIX @

GEL @

CHLORIDE 35x @ 58.20 174.60

ASC @

HANDLING 1535x @ 240 367.20

MILEAGE 153x 45x, 10 = @ 688.50

TOTAL 2,775.30

REMARKS:

load back side with 4 BBLs, PST

to 100 Take INJ Rate 20 BBLs/Min

at 200 PSI Mixed 1005x A + 3%acc

Went to P.S. Place - neat with 10 BBLs,

shot in wash truck staged

for 1 hr locked up at 1000 PSI

SERVICE

DEPTH OF JOB 2647

PUMP TRUCK CHARGE @ 1,185.00

EXTRA FOOTAGE @

MILEAGE 45 @ 7.00 315.00

MANIFOLD yes @ NO

CHARGE TO: Mielco Exploration

STREET TOTAL \$ 1560.00

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL

SALES TAX (If Any)

TOTAL CHARGES ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

PRINTED NAME David H Mayfield

SIGNATURE David H Mayfield

Thank you