



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: _____



1063445

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
_____ 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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Captain 1
Doc ID	1063445

Tops

Name	Top	Datum
Elgin Shale	3498	-1912
Elgin Sand	3526	-1940
Heebner	3646	-2060
Lansing	3814	-2228
Stark	4184	-2598
Hushpuckney	4219	-2633
B/KC	4274	-2688
Mississippian	4350	-2764
Kinderhook Shale	4536	-2948
Woodford Shale	4602	-3016
Viola	4635	-3049
Simpson Group	4747	-3161
Simpson Wilcox	4774	-3188

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

September 15, 2011

Anthony Farrar
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO1
API 15-007-23730-00-00
Captain 1
NW/4 Sec.16-32S-12W
Barber 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,
Anthony Farrar

ALLIED CEMENTING CO., LLC. 042115

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lodge, KS

DATE <u>07-11-11</u>	SEC <u>16</u>	TWP. <u>32s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Capton</u>	WELL # <u>1</u>	LOCATION <u>2814160, 3w, 1/2s, 3/4e, N/S</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
<input checked="" type="checkbox"/> OLD OR <input type="checkbox"/> NEW (Circle one)							

CONTRACTOR Val # 5 OWNER Indian oil

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 270
 CASING SIZE 8 3/8 DEPTH 270
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 250A MINIMUM -
 MEAS. LINE SHOE JOINT N/A
 CEMENT LEFT IN CSG. 20'
 PERFS.
 DISPLACEMENT 15 3/4 Bbls Fresh H₂O

EQUIPMENT

PUMP TRUCK	CEMENTER <u>D. Felix</u>
# <u>360-265</u>	HELPER <u>C. Baskin</u>
BULK TRUCK	
# <u>364</u>	DRIVER <u>E. Pipen</u>
BULK TRUCK	
#	DRIVER

REMARKS:

Pipe on Bttm, Break Line, Pump Spacers
Mix 5x 60:40 cement - Start Disp. w/
Fresh H₂O, Washup truck, See increase
in P.S.T., Slow Rate, Stop Pump at 15 3/4 Bbls
total Disp., Shut-in, Cement Dil OK.

CHARGE TO: Indian oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

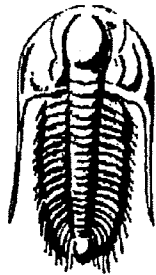
DEPTH OF JOB 270
 PUMP TRUCK CHARGE 1125.00
 EXTRA FOOTAGE _____
 MILEAGE 10 @ 7.00 = 70.00
 MANIFOLD MA @ _____
light vehicle 10 @ 4.00 = 40.00
 TOTAL 1235.00

PLUG & FLOAT EQUIPMENT

NONE
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

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 Randy Smith
 SIGNATURE Randy Smith



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Indian Oil Co Inc**

PO Box 209
2507 SE US 160 Hwy
Medicine Lodge, KS 67104

ATTN: Anthony Farrar/ Scott

16-32s-12w Barber,KS

Captain #1

Start Date: 2011.07.16 @ 16:34:31

End Date: 2011.07.17 @ 02:44:01

Job Ticket #: 42532 DST #: 1

Trilobite Testing, Inc

PO Box 1733 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Indian Oil Co Inc

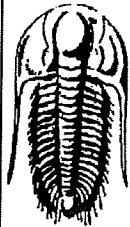
Captain #1

16-32s-12w Barber,KS

DST # 1

Mississippi

2011.07.16



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Indian Oil Co Inc
PO Box 209
2507 SE US 160 Hwy
Medicine Lodge, KS 67104
ATTN: Anthony Farrar/ ScottS 160 Hwy

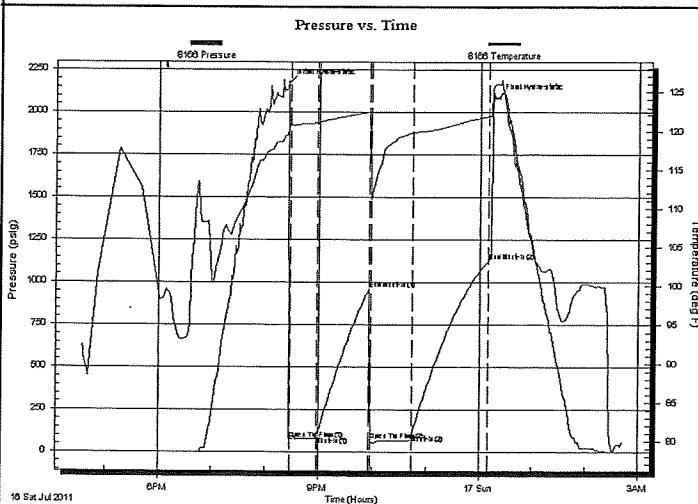
Captain #1
16-32s-12w Barber,KS
Job Ticket: 42532 **DST#: 1**
Test Start: 2011.07.16 @ 16:34:31

GENERAL INFORMATION:

Formation: **Mississippi**
Deviated: No Whipstock: ft (KB)
Test Type: Conventional Bottom Hole
Time Tool Opened: 20:27:16
Tester: Chris Staats
Time Test Ended: 02:44:01
Unit No: 34
Interval: **4337.00 ft (KB) To 4390.00 ft (KB) (TVD)**
Reference Elevations: 1586.00 ft (KB)
Total Depth: 4390.00 ft (KB) (TVD)
1575.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Fair
KB to GR/CF: 11.00 ft

Serial #: 8166 Outside
Press@RunDepth: 103.57 psig @ 4338.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.07.16 End Date: 2011.07.17 Last Calib.: 2011.07.17
Start Time: 16:34:36 End Time: 02:44:01 Time On Btrn: 2011.07.16 @ 20:25:31
Time Off Btrn: 2011.07.17 @ 00:19:16

TEST COMMENT: IF: Strong blow BOB 6 min
IS: No blow back
FF: Strong blow BOB 2 sec GTS 1 min
FS: No blow back



PRESSURE SUMMARY

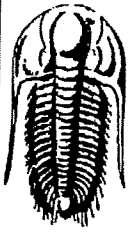
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2173.26	120.19	Initial Hydro-static
2	76.34	120.83	Open To Flow (1)
33	90.97	121.08	Shut-In(1)
91	961.03	122.45	End Shut-In(1)
93	66.99	111.20	Open To Flow (2)
139	103.57	119.81	Shut-In(2)
225	1128.78	121.94	End Shut-In(2)
234	2084.45	126.06	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	4315 GIP	0.00
90.00	G,M 5% gas 95% mud	1.26

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Indian Oil Co Inc

Captain #1

PO Box 209
2507 SE US 160 Hwy
Medicine Lodge, KS 67104
ATTN: Anthony Farrar/ ScottS 160 Hwy

16-32s-12w Barber,KS

Job Ticket: 42532

DST#: 1

Test Start: 2011.07.16 @ 16:34:31

Tool Information

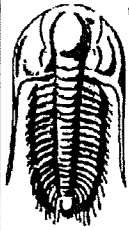
Drill Pipe:	Length: 4315.00 ft	Diameter: 3.80 inches	Volume: 60.53 bbl	Tool Weight: 2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 80000.00 lb
			<u>Total Volume: 60.53 bbl</u>	Tool Chased 3.00 ft
Drill Pipe Above KB:	7.00 ft			String Weight: Initial 62000.00 lb
Depth to Top Packer:	4337.00 ft			Final 62000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	53.00 ft			
Tool Length:	82.00 ft			
Number of Packers:	2	Diameter: 6.25 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4309.00	
Shut In Tool	5.00			4314.00	
Hydraulic tool	5.00			4319.00	
Jars	5.00			4324.00	
Safety Joint	3.00			4327.00	
Packer	5.00			4332.00	29.00 Bottom Of Top Packer
Packer	5.00			4337.00	
Stubb	1.00			4338.00	
Recorder	0.00	6773	Outside	4338.00	
Recorder	0.00	8166	Outside	4338.00	
Drill Pipe	31.00			4369.00	
Perforations	18.00			4387.00	
Bullnose	3.00			4390.00	53.00 Bottom Packers & Anchor

Total Tool Length: 82.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Indian Oil Co Inc
 PO Box 209
 2507 SE US 160 Hwy
 Medicine Lodge, KS 67104
 ATTN: Anthony Farrar/ ScottS 160 Hwy

Captain #1
16-32s-12w Barber,KS
 Job Ticket: 42532 **DST#: 1**
 Test Start: 2011.07.16 @ 16:34:31

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.19 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohmm	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: 0.02 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	4315 GIP	0.000
90.00	G,M 5% gas 95% mud	1.262

Total Length: 90.00 ft Total Volume: 1.262 bbl

Num Fluid Samples: 1 Num Gas Bombs: 1 Serial #: Indian oil

Laboratory Name: Caraway Laboratory Location: Liberal, KS

Recovery Comments:

Serial #: 8166

Outside Indian Oil Co Inc

16-32s-12w Barber,KS

DST Test Number: 1

Pressure vs. Time

