



KANSAS CORPORATION COMMISSION 1070427
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1070427

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	Jo-Allyn Oil Co., Inc.
Well Name	SHINOGL TRUST 1-20
Doc ID	1070427

Tops

Name	Top	Datum
HEEBNER	4468'	-1813'
TORONTO	4476'	-1827'
LANSING	4614'	-1959'
CHECKERBOARD	5066'	-2411'
MARMATON	5190'	-2535'
CHEROKEE	5466'	-2811'
ATOKA	5714'	-3059'
MORROW A	5795'	-3140'
MORROW B	5800'	-3145'
CHESTER	5905'	-3250'
STGENEVIEVE	6160'	-3505'
ST LOUIS	6222'	-3567'
TD	6260'	

ALLIED CEMENTING CO., LLC. 041508

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <i>061110</i>	SEC. <i>20</i>	TWP. <i>32s</i>	RANGE <i>29w</i>	CALLED OUT	ON LOCATION	JOB START <i>3:00Am</i>	JOB FINISH <i>4:00Am</i>
LEASE <i>Shingole</i> WELL # <i>4</i>			LOCATION <i>Meade, KS, 8s, 4w, 1s, 1/4 in to</i>		COUNTY <i>Meade</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Landmark* OWNER *Jo Allen Oil*

TYPE OF JOB *Production Casing*

HOLE SIZE *7 7/8* T.D. *6260*

CASING SIZE *4 1/2* DEPTH *6238*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1500* MINIMUM *—*

MEAS. LINE SHOE JOINT *44*

CEMENT LEFT IN CSG. *44'*

PERFS.

DISPLACEMENT *98 1/2 Bbls Fresh H₂O*

EQUIPMENT

CEMENT

AMOUNT ORDERED *80s x 60:40:6% gel + 3# Kalseal + 4# Floseal \$250 s x class #4 + 10% gyp + 10% salt + 6# Kalseal + .5% FC/60*

COMMON <i>A</i>	<i>48 s x</i>	@ <i>15.45</i>	<i>741.60</i>
POZMIX	<i>32 s x</i>	@ <i>8.00</i>	<i>256.00</i>
GEL	<i>4 s x</i>	@ <i>20.80</i>	<i>83.20</i>
CHLORIDE		@	
ASC		@	
	<i>Floseal 20</i>	@ <i>2.50</i>	<i>50.00</i>
	<i>H 250 s x</i>	@ <i>16.75</i>	<i>4187.50</i>
	<i>6 1/2 seal 24 s x</i>	@ <i>29.20</i>	<i>700.80</i>
	<i>5 s x</i>	@ <i>12.00</i>	<i>324.00</i>
	<i>Kalseal 1740</i>	@ <i>.89</i>	<i>1548.60</i>
	<i>FL-160 117</i>	@ <i>13.30</i>	<i>1556.10</i>
		@	
HANDLING	<i>330</i>	@ <i>2.40</i>	<i>792.00</i>
MILEAGE	<i>35/330/10</i>	@	<i>1155.00</i>
			TOTAL <i>11,394.00</i>

PUMP TRUCK CEMENTER *D. Felis*

360-265 HELPER *M. Thimesch*

BULK TRUCK

356-252 DRIVER *M. Coley*

BULK TRUCK

DRIVER

REMARKS:

*Pipe on Bttm, Break Circ., Plug Rat & Mouse
Holes w/ 40s x Cement, Pump 40s x Scavenger
Cement, Mix 250s x tail Cement, Stop Pump,
Wash Pump & Cines, Release Plug, Start Disp
w/ Fresh H₂O, See Steady increase in Lift
Slow Rate, Bump Plug at 98 1/2 Bbls total
Disp., Release Plst, Float Did Hold*

SERVICE

DEPTH OF JOB	<i>6260</i>	<i>38'</i>
PUMP TRUCK CHARGE	<i>2295</i>	<i>00</i>
EXTRA FOOTAGE	@	
MILEAGE	<i>35</i>	@ <i>7.00</i> <i>245.00</i>
MANIFOLD	<i>Head Rental</i>	@ <i>M/C</i>
		@
		@
TOTAL <i>2540.00</i>		

CHARGE TO: *Jo Allen Oil*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

<i>1-TRP</i>	@	<i>74.00</i>
<i>1-Guide Shoe</i>	@	<i>100.00</i>
<i>1-AFU insert</i>	@	<i>112.00</i>
<i>10-Centralizers</i>	@ <i>32.20</i>	<i>322.00</i>
	@	
TOTAL <i>608.00</i>		

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.

PRINTED NAME *ALLEN BARBY*

SIGNATURE *Allen Barby*

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

4 1/2

ALLIED CEMENTING CO., LLC. 041498

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <i>05/14/10</i>	SEC. <i>20</i>	TWP. <i>32s</i>	RANGE <i>29w</i>	CALLED OUT	ON LOCATION	JOB START <i>5:45pm</i>	JOB FINISH <i>6:45pm</i>
LEASE <i>Shinogle trust</i>	WELL # <i>4</i>	LOCATION			COUNTY <i>Meade</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Landmark*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *1602*

CASING SIZE *8 5/8* DEPTH *1598*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1500* MINIMUM *-*

MEAS. LINE SHOE JOINT *40*

CEMENT LEFT IN CSG. *40'*

PERFS.

DISPLACEMENT *99 Bbls Fresh H₂O*

EQUIPMENT

OWNER *Jo Allyn oil*

CEMENT

AMOUNT ORDERED *550 sx 65:35:6% gel + 3% cc + 1/4 # Floseal & 150 sx class A + 2% gel + 2% gel*

COMMON <i>A 150 sx</i>	@ <i>15 45</i>	<i>2317 50</i>
POZMIX	@	
GEL <i>3 sx</i>	@ <i>20 00</i>	<i>62 40</i>
CHLORIDE <i>23 sx</i>	@ <i>58 20</i>	<i>1338 60</i>
ASC	@	
<i>ALW 550 sx</i>	@ <i>14 80</i>	<i>8140 00</i>
<i>Floseal 127 #</i>	@ <i>2.50</i>	<i>317 50</i>
	@	
	@	
	@	
	@	
	@	
HANDLING <i>700</i>	@ <i>2.40</i>	<i>1680 00</i>
MILEAGE <i>700/35/.10</i>		<i>2450 00</i>
		TOTAL <i>16,306 00</i>

PUMP TRUCK CEMENTER *D. Felio / T. Becker*

372 HELPER *D. Franklin*

BULK TRUCK

353-250 DRIVER *C. Baulding*

BULK TRUCK

363-290 DRIVER *D. Felio*

REMARKS:

Pipe on Bttm, Break Circ, Pump Spacers, Mix 550sx lite weight cement, Mix tail cement, Stop Pump, Release Plug, Start Disp. w/ Fresh H₂O, Wash up on Plug, See Steady increase in PSI, Slow Rate, Bump Plug at 99 Bbls total Disp., Cement Did Circ. Release PSI, Float Did Hold Left Head.

CHARGE TO: *Jo Allyn oil co.*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB *1598*

PUMP TRUCK CHARGE *1018 00*

EXTRA FOOTAGE *1300* @ *.85* *1105 00*

MILEAGE *35* @ *7 00* *245 00*

MANIFOLD *Head Rental* @ *N/L*

TOTAL *2368 00*

PLUG & FLOAT EQUIPMENT

<i>1- Guide Shoe</i>	@	<i>257 60</i>
<i>1- AFU insert</i>	@	<i>158 20</i>
<i>2- Baskets</i>	@ <i>221 20</i>	<i>442 40</i>
<i>1- TRP</i>	@ <i>113</i>	<i>113 00</i>
		TOTAL <i>971 20</i>

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 ~~2368 00~~

DISCOUNT ~~2368 00~~ IF PAID IN 30 DAYS

PRINTED NAME *ALLEN Barbey*

SIGNATURE *Allen Barbey*

8 5/8