



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1070279  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27     NAD83     WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1070279

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Schuster 1
Doc ID	1070279

All Electric Logs Run

CND
D/SP
PE
MICRO

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Schuster 1
Doc ID	1070279

Tops

Name	Top	Datum
Iatan	2799	-1471
Stalnaker Sd	2832	-1504
KC	3131	-1803
BKC	3330	-2002
Mississippi	3755	-2427
Kinderhook	4114	-2786
Simpson Sd	4206	-2878
Arbuckle	4309	-2981

Customer Red Oak Energy, Inc.	Lease No.	Date 10-13-11
Lease Schuster	Well # 1	
Field Order # 5111	Station Pratt Kansas	Casing" 8 5/8 23 Lb
Type Job C.N.W. - Surface	Depth 284 Feet	County Sedawick
	Formation	State Kansas
		Legal Description 8-295-3W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8 23 Lb/ft	Tubing Size	Shots/Ft	175 sacks	Acid	60/40 Poz with	RATE	PRESS	ISIP
Depth 284 Feet	Depth	From	To 286	Pre Pad	38 Calcium Chloride	Max	5 Lb/stk	5 Min. Cell Plate
Volume 17.2 Bbl	Volume	From	To 14.8	Pad	5.18 Gal. 5.18 Gal.	Min	1.21 CVFT/5	10 Min.
Max Press 300 PSI	Max Press	From	To	Frac		Avg		15 Min.
Well Connection Fluvalconainer	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 284 Feet	Packer Depth	From	To	Flush	17.2 Bbl. Fresh Water	Gas Volume		Total Load

Customer Representative Larry Hunt	Station Manager David Scott	Treater Clarence R. Messick
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Service Units	37216	19903	19905	19826	19860				
Driver Names	Messick	Mattal	McGraw						

Time P.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00					Cementer and pump truck on location.
11:00					Bulk Truck on location and hold safety mee
12:30	Fossil				Drilling start to run 8 Joints new 23 Lb/ft. 8 5/8" casing.
1:45					Casing in Well. Circulate for 5 minutes
1:55	300			5	Start Fresh Water Pre-Flush.
	300		10	5	Start mixing 175 sacks cement
	-0-		3247		Stop pumping. Shut in Well. Release Woods Plug. Open Well.
2:11	100			5	Start Fresh Water Displacement
2:15	300		17.2		Plug down. Shut in Well.
					Circulated 5 sacks cement to the pit.
					Wash up pump truck
3:00					Job Complete
					Thank You
					Clarence, Mike, Mike





PAGE	CUST NO	INVOICE DATE
1 of 1	1005633	10/19/2011
INVOICE NUMBER		
1718 - 90730015		

Pratt (620) 672-1201  
 B RED OAK ENERGY INC  
 I PO BOX 783140  
 L WICHITA  
 L KS US 67278  
 T  
 O ATTN: VICTORIA DAVIS

J LEASE NAME Schuster 1  
 O LOCATION  
 B COUNTY Sedgwick  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40384144	19905			Cash Sale	10/19/2011
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/13/2011 to 10/13/2011</i>					
0040384144					
171805111A Cement-New Well Casing/Pi 10/13/2011 Cement Surface					
60/40 POZ		175.00	EA	8.40	1,470.08 T
Celloflake		44.00	EA	2.59	113.97 T
Calcium Chloride		453.00	EA	0.74	332.97 T
Wooden Cement Plug 8 5/8"		1.00	EA	112.01	112.01
Heavy Equipment Mileage		150.00	MI	4.90	735.04
Proppant and Bulk Delivery Charge		566.00	MI	1.12	633.96
Blending & Mixing Service Charge		175.00	MI	0.98	171.51
Unit Mileage Charge-Pickups, Vans & Cars		75.00	HR	2.98	223.14
Plug Container Utilization Charge		1.00	EA	175.01	175.01
Depth Charge; 0-500'		1.00	HR	700.04	700.04
Service Supervisor		1.00	HR	122.51	122.51
PLEASE REMIT TO:				SEND OTHER CORRESPONDENCE TO:	
BASIC ENERGY SERVICES, LP		BASIC ENERGY SERVICES, LP		SUB TOTAL	4,790.24
PO BOX 841903		PO BOX 10460		TAX	139.94
DALLAS, TX 75284-1903		MIDLAND, TX 79702		INVOICE TOTAL	4,930.18

KCW

# ALLIED CEMENTING CO., LLC. 037747

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

*Med. Lab. etc.*

DATE <u>10-21-11</u>	SEC. <u>8</u>	TWP. <u>29S</u>	RANGE <u>3W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Schwartz</u>	WELL#	LOCATION <u>U10 W, 3 North to Co. Rd. 87</u>		COUNTY	STATE	<u>1:30 pm</u>	<u>4:30 pm</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>1 1/2 west, North into</u>		<u>Sedgwick</u>	<u>KS</u>		

CONTRACTOR Fossil Drilling  
 TYPE OF JOB Rotary plug  
 HOLE SIZE 7 7/8 T.D.  
 CASING SIZE DEPTH  
 TUBING SIZE DEPTH  
 DRILL PIPE 4 1/2 DEPTH 4300'  
 TOOL DEPTH  
 PRES. MAX 400psi MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.

OWNER Red Oak  
 CEMENT AMOUNT ORDERED 150 SK 60:40:4' gcl

DISPLACEMENT

COMMON <u>A 90 SK</u>	@ <u>16.25</u>	<u>1462.50</u>
POZMIX <u>60 SK</u>	@ <u>8.50</u>	<u>510.00</u>
GEL <u>5 SK</u>	@ <u>21.25</u>	<u>106.25</u>
CHLORIDE	@	
ASC	@	

EQUIPMENT

PUMP TRUCK # <u>44/302</u>	CEMENTER <u>Matthew Meach</u>
BULK TRUCK # <u>363/290</u>	HELPER <u>Carl Balding / Christie Felto</u>
BULK TRUCK #	DRIVER <u>Adam Miller</u>
BULK TRUCK #	DRIVER

HANDLING 1.55 @ 2.25 348.75  
 MILEAGE 70.11 / 155 1193.50  
 TOTAL 3621.00

**REMARKS:**

*1st plug pipe of 4300' / load hole pump 8 1/2 bbls @ 200  
 mtr 35 sk disp 5 bbls @ 200. Disp 500 bbls mud.  
 2nd plug pipe of 650' pump 15 bbls @ 200 mix 35 sk disp 5 bbls @ 200  
 3rd plug pipe of 360' pump 5 bbls @ 200 mtr 35 sk disp 1 1/2 bbls @ 200  
 4th plug pipe of 60' mix 25 sk.  
 path hole placed with 20 sk.*

**SERVICE**

DEPTH OF JOB <u>4300'</u>		
PUMP TRUCK CHARGE	<u>1250.00</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>150</u>	@ <u>7.00</u>	<u>1050.00</u>
MANIFOLD	@	
<u>Light Vehicle 150</u>	@ <u>4.00</u>	<u>600.00</u>

TOTAL 2900.00

CHARGE TO: Red Oak  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

	@	
	@	
	@	
	@	
	@	

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 6521.00  
 DISCOUNT 20% IF PAID IN 30 DAYS  
NET 5216.80

PRINTED NAME LARRY HUNT

SIGNATURE





24 S. Lincoln Street  
 P.O. Box 31  
 Russell, KS 67665-2906  
 Voice: (817) 546-7282  
 Fax: (817) 246-3361

# INVOICE

Invoice Number: 128933  
 Invoice Date: Oct 21, 2011  
 Page: 1

<b>Bill To:</b>
Red Oak Energy, Inc. P O Box 783140 Wichita, KS 67278-3140

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
RedOak	Schuster #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Medicine Lodge	Oct 21, 2011	11/20/11

Quantity	Item	Description	Unit Price	Amount
90.00	MAT	Class A Common	16.25	1,462.50
60.00	MAT	Pozmix	8.50	510.00
5.00	MAT	Gel	21.25	106.25
155.00	SER	Handling	2.25	348.75
75.00	SER	Mileage	17.05	1,278.75
1.00	SER	Rotary Plug	1,250.00	1,250.00
150.00	SER	Light Vehicle Mileage	4.00	600.00
150.00	SER	Heavy Vehicle Mileage	7.00	1,050.00
1.00	EQUIP OPER	Mathew Thimesch		
1.00	CEMENTER	Carl Balding		
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Adam Miller		

ALL PRICES ARE NET, PAYABLE  
 30 DAYS FOLLOWING DATE OF  
 INVOICE. 1 1/2% CHARGED  
 THEREAFTER. IF ACCOUNT IS  
 CURRENT, TAKE DISCOUNT OF

**\$1321.25**

ONLY IF PAID ON OR BEFORE  
**Nov 15, 2011**

Subtotal	6,606.25
Sales Tax	482.26
Total Invoice Amount	7,088.51
Payment/Credit Applied	
<b>TOTAL</b>	<b>7,088.51</b>

KCO



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

December 16, 2011

Sean Deenihan  
Red Oak Energy, Inc.  
7701 E KELLOGG DR STE 710  
PO BOX 783140  
WICHITA, KS 67207-1738

Re: ACO1  
API 15-173-21006-00-00  
Schuster 1  
SE/4 Sec.08-29S-03W  
Sedgwick 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,  
Sean Deenihan