



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1071087
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: _____

1071087

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 <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 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				

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: <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

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Axline OWWO 1
Doc ID	1071087

Tops

Name	Top	Datum
Indian Cave	2801	-983
Wabaunsee	2848	-1030
Stotler	3036	-1218
Elgin Sand	3636	-1818
Heebner	3770	-1952
Douglas Sand	3816	-1998
Brown Lime	3943	-2125
Lansing	3956	-2138
Stark Shale	4322	-2504
Base Kansas City	4416	-2598
Mississippi	4516	-2698
Kinderhook	4662	-2844
Viola	4793	-2975
Simpson Sand	4873	-3055
Arbuckle	4999	-3126

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 29, 2011

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

Re: ACO1
API 15-007-22999-00-01
Axline OWWO 1
NE/4 Sec.16-31S-11W
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. 037283

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: CENTRAL

DATE <u>9-17-11</u>	SFC. <u>16</u>	TWP. <u>315</u>	RANGE <u>11W</u>	LOCATED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>APR 15</u>	WELL # <u>1-16</u>	LOCATION <u>Medicine Lake Lease East To</u>	CALLER	INDIAN OIL	11/5 AM	12/45 PM	
OLD OR NEW (Circle one) <u>NEW</u>	LOCATION <u>Medicine Lake Lease East To</u>	INDIAN OIL					

CONTRACTOR <u>Indian Oil</u>	OWNER <u>Indian Oil</u>
TYPE OF JOB <u>Redaction</u>	CEMENT
HOLE SIZE <u>7 7/8</u>	AMOUNT ORDERED <u>150 SK CLASS A ASC</u>
CASING SIZE <u>5 1/2</u>	<u>+ 5# Walsco + 2% PL-16A + 2% Gas Block</u>
TUBING SIZE	<u>+ 2% FL-16A + 2% Gas Block + 2% Skat Down</u>
DRILL PIPE	<u>+ 2% Walsco + 2% PL-16A + 2% Gas Block</u>
TOOL	<u>500 GAL ASC + 12 GAL WCL</u>
PRES. MAX	COMMON @
MEAS. LINE	POZMIX @
CEMENT LEFT IN CSG. <u>21.25</u>	GEL @
PERFS.	CHLORIDE @
DISPLACEMENT <u>118.50 BBS + 2% WCL</u>	ASC @

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>WAGNER</u>
# <u>316</u>	HELPER <u>COE</u>
BULK TRUCK	
# <u>364</u>	DRIVER <u>OSTROM</u>
BULK TRUCK	
#	DRIVER

REMARKS:

Red casing guide stake and TMS-1
CEMENTER WAGNER HELPER COE
Red casing Ball TMS-1 with Redwood
Run Sacal ASF Plus Ret with 300X
Manif with 20 SK Hook up to 5 1/2
MIX. 150 SK CLASS A ASC + 5# Walsco
+ 2% FL-16A + 2% Gas Block + 2% Skat Down
Walsco and 2% Gas Block + 2% Skat Down
118.50 BBS + 2% WCL and Plus at 118.50
Release and 2% Walsco + 2% PL-16A + 2% Gas Block
118.50 BBS + 2% WCL and Plus at 118.50

CHARGE TO: Indian Oil

STREET _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1 Guide shoe</u>	@	
<u>7 Cementizers</u>	@	
<u>1 Basket</u>	@	
<u>1 Abu Trest</u>	@	
<u>1 Rubber Plug</u>	@	
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.

PRINTED NAME Jeffery SALES TAX (If Any) _____ TOTAL _____
 SIGNATURE _____ DISCOUNT _____ IF PAID IN 30 DAYS _____



CEMENTING LOG

STAGE NO.

CEMENT DATA:

Spacer Type: _____ Sks Yield _____ ft³/sk Density _____ PPG
Amt: _____

LEAD: Pump Time _____ hrs. Type _____ Excess _____
Amt: 50 Sks Yield 1.41 ft³/sk Density 14.5 PPG

TAIL: Pump Time _____ hrs. Type _____ Excess _____
+ BSC + 5# KOLSON + 2# FL-160 + 2# GELTHERM + 1#

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ PPG
Amt: 150 Sks Yield 1.57 ft³/sk Density 14.5 Bbls.

Pump Trucks Used _____
Bulk Equip. 369 - DUSTON

Float Equip: Manufacturer _____

Shoe: Type Guide Shoe Depth _____

Float Type 1 Abu Sub-Best Depth _____

Centralizers: Quantity 7 Plugs Top Rubber Btm. _____

Stage Collars _____

Special Equip. 1 Backset Amt. _____ Bbls. Weight 8.34 PPG

Disp. Fluid Type Freshwater Amt. _____ Bbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

CEMENTER: MARYC

Date 9-19-11 District Great Bend Ticker No. _____

Company T.D. Am Oil Rig VAB R125

Lease Axl Line owned Well No. _____

County Barber State KS

Location 16-313-11W Field _____

Label Block Top 20 Takeaway 156015601

CASING DATA: Conductor PTA Squeeze Misc
Surface Intermediate Production Liner
Size 5 1/2 Type 2000 Weight 15.50 Collar 860

Casing Depths: Top KB Bottom 5005

Drill Pipe: Size _____ Weight _____ Collars _____

Open Hole: Size 7 3/4 T.D. 5021 ft. P.B. to _____ ft.

CAPACITY FACTORS: _____

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Annulus: Bbls/Lin. ft. 2400 3030 Lin. ft./Bbl. 2400 32.4

Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE _____

TIME	PRESSURES PSI	FLUID PUMPED DATA			REMARKS
		DRILL PIPE CASING	ANNULUS	TOTAL FLUID	

AM/PM _____ Pumped Per Time Period _____ Bbls Min. _____

11:45 AM _____

7.23 7.53

12.25 5.02

54.19 41.94 3

MIX 30SX Rat Mate

MIX 20SX Mousse Milk

MIX 150SX CLASS A + BSC + 5# Kol Seal

+ 2# Gels Block + 2# FL-160 + Odorouser

Shut Down Wash Pump and Line

Release Plus

Display with 3# KCL water - 118' BBL

band plus at 1400 PSI

Release and hold

Shut in 1200 PSI

FINAL DISP PRESS: 1200 PSI

BUMP PLUG TO 1400 PSI

BLEEDBACK 1/2

BBLs.

THANK YOU