



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1072977
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: _____

1072977

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	Dixon Energy, Inc.
Well Name	Lonker 1
Doc ID	1072977

All Electric Logs Run

Dual Bond Log
Micro Log
Dual Induction Log
Dual Porosity Log

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

January 27, 2012

Mike Dixon
Dixon Energy, Inc.
8100 E 22ND N BLDG 300, Ste 200
WICHITA, KS 67226

Re: ACO1
API 15-007-23796-00-00
Lonker 1
SW/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,
Mike Dixon

DIXON ENERGY INC.

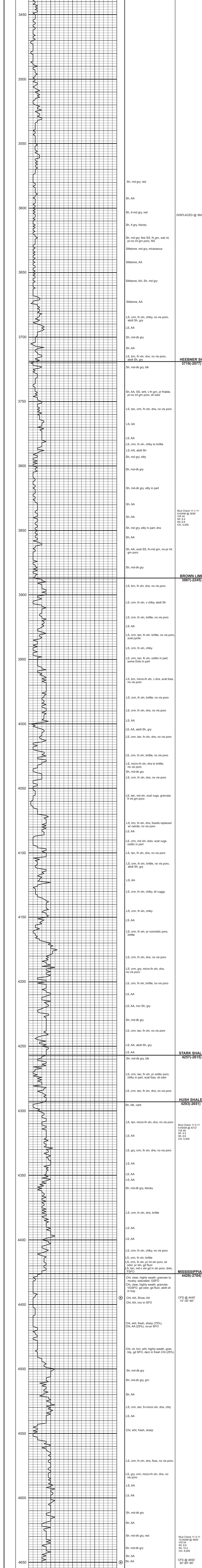
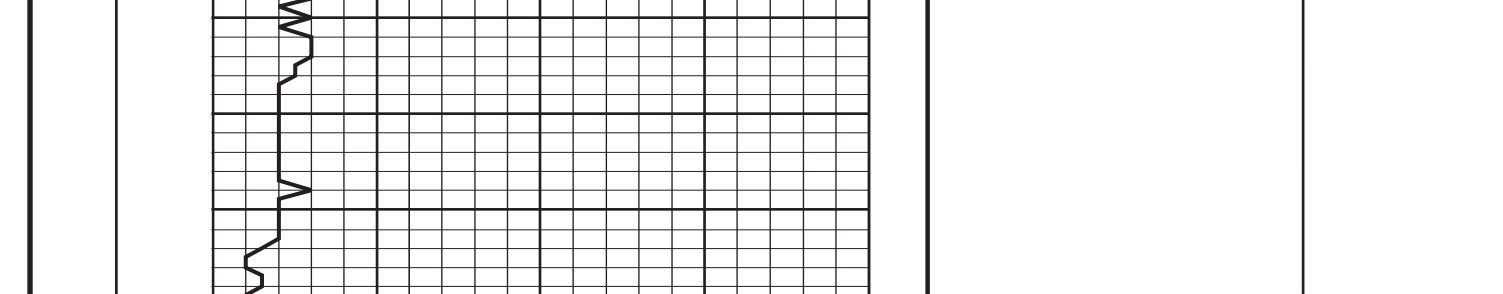
GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY <u>Dixon Energy Inc.</u>	ELEVATIONS
LEASE <u>Lonker #1</u>	KB <u>1642</u>
LOCATION <u>SW-SW-SW</u>	DF _____
SEC <u>16</u> TWP <u>32S</u> RGE <u>12W</u>	GL <u>1632</u>
COUNTY <u>Barber</u> STATE <u>Kansas</u>	Measurements Are All From <u>Kelly Bushling</u>
CONTRACTOR <u>Val Rig #5</u>	CASING _____
SUD <u>10-27-11</u> COMP <u>11-04-11</u>	CONDUCTOR <u>None</u>
RTD <u>4650</u> LTD <u>4651</u>	MUD UP <u>3605</u> TYPE MUD <u>Chemical</u>
SAMPLES SAVED FROM <u>3600</u> TO <u>TD</u>	SURFACE <u>8.88 @ 234' w/ 190'S</u>
DRILLING TIME KEPT FROM <u>3400</u> TO <u>TD</u>	PRODUCTION <u>5.12 @ 15.46 @ 428' w/ 175'S</u>
SAMPLES EXAMINED FROM <u>3600</u> TO <u>TD</u>	ELECTRICAL SURVEYS
GEOLOGICAL SUPERVISION FROM <u>3400</u>	CDL/CNL/DIL/MIEL
GEOLOGIST ON WELL <u>Ryan M. Dixon</u>	
FORMATION TOPS	ELECTRIC LOG
HEEBNER SH <u>3719(-2077)</u>	SAMPLE STRUCTURAL POSITION
BROWN LIME <u>3889(-2245)</u>	<u>+3</u>
STARK SHALE <u>4258(-2615)</u>	<u>+1</u>
HUSH SHALE <u>4293(-2651)</u>	<u>+5</u>
MISSISSIPPIAN <u>4430(-2788)</u>	<u>+4</u>
	<u>+7</u>

REMARKS Reference Well for Structural Position:
 Dixon Energy Kirkbride #5
 sec. 20-32S-12W 4895' FSL & 480' FEL

LEGEND



Customer DIXON ENERGY	Lease No.	Date 10-28-2011
Lease LONKER	Well # 1	
Field Order # 04981	Station PRATT, Ks.	Casing 8 5/8" TD 7
Type Job CNW-8 5/8" S.P.	Depth 235'	County BARBER State Ks.
	Formation	Legal Description 110-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size # 8 5/8" x 23	Tubing Size	Shots/Ft 200 SK	Acid 60/40 P02	RATE	PRESS	ISIP		
Depth 239'	Depth	From	To	Pre Pad @ 1.21 cuft³	Max	5 Min.		
Volume 14.65 RBBL	Volume	From	To	Pad	Min	10 Min.		
Max Press 500	Max Press	From	To	Frac	Avg	15 Min.		
Well Connection P.C.	Annulus Vol.	From	To		HHP Used	Annulus Pressure		
Plug Depth 209'	Packer Depth	From	To	Flush 13.37 BBL	Gas Volume	Total Load		

Customer Representative RANDY SMITH	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586	19889	19842
Driver Names LESLEY LAWRENCE	PAVE	

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
12:30AM					ON LOCATION - SAFETY MEETING
12:40AM					SPOT TRUCKS
1:30AM					RUN 5 JTS. 8 5/8" x 23" CSG.
2:00AM					CSG. ON BOTTOM
2:10AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
2:25AM	300		5	10	H2O AHEAD
2:33AM	250		43	6	MIX 200 SK 60/40 P02 @ 14.8 PPG
2:35AM					SHUT DOWN - RELEASE PLUG
2:40AM	200		0	4	START DISPLACEMENT
2:43AM	200		9	3	SLOW RATE
2:45AM	250		13.37	3	PLUG DOWN - CLOSE IN AT HEAD
					CIRC. THRU JOB
					CIRC. 10 BBL TO PIT
					JOB COMPLETE,
					THANKS -
					KEELEN LESLEY

Customer <i>DIXON - ENERGY</i>	Lease No.	Date <i>11-4-2011</i>
Lease <i>LOUKER</i>	Well # <i>1</i>	
Field Order # <i>05052</i>	Station <i>PRATT</i>	Casing <i>5 1/2</i>
		Depth <i>4027</i>
Type Job <i>ONW 5 1/2 Long string</i>	Formation	County <i>BABER</i>
		State <i>KS</i>
		Legal Description <i>10-32-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid	RATE	PRESS.	ISIP
Depth <i>4027</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>109.72</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4007</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
Service Units <i>37900 23708 20920 19826 19860</i>		
Driver Names <i>Sullivan Nelson Pyle</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:30 AM</i>					<i>on loc safety meeting</i>
					<i>Run 122 5-TB 5 1/2 15.5 csm</i>
					<i>cont. 1, 3, 7, 8, 10, 14, 16</i>
<i>4:50</i>					<i>CASING ON BOTTOM</i>
<i>5:00</i>					<i>HOOK UP CIRC.</i>
<i>6:00</i>	<i>200</i>		<i>17</i>	<i>3</i>	<i>ST MUD 7 1/4</i>
			<i>5</i>		<i>SPACE</i>
			<i>6</i>	<i>5.5</i>	<i>MIX 25% SCAVENGER CONT @ 13.8PPG</i>
	<i>250</i>				<i>MIX 150% AA-2 CONT @ 15.3PPG</i>
			<i>36</i>		<i>CONT MIXED SHUT DOWN. WASH. PUMP LINES</i>
					<i>Release Plug</i>
				<i>6</i>	<i>ST DIP</i>
	<i>350</i>		<i>83</i>		<i>LIFT PS</i>
	<i>650</i>			<i>4.5</i>	<i>Slow Rate</i>
<i>7:10</i>	<i>1800</i>		<i>109.5</i>		<i>Plug down</i>
			<i>7</i>		<i>Plug RH w/ 130 sk</i>
			<i>9</i>		<i>Plug MH w/ 120 sk</i>
					<i>JOB Complete</i>

Thank you