



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1073888
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: _____

1073888

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

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> <i>(Submit ACO-4)</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	Stateline 1
Doc ID	1073888

Tops

Name	Top	Datum
BKC	4554	-3181
PAWNEE	4657	-3284
CHEROKEE GP	4704	-3331
CHER SAND	4738	-3365
MISS	4768	-3396
KIND SH	5008	-3635
WOODFORD SH	5087	-3714
MISENER SD	5108	-3735
VIOLA	5124	-3751

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

March 05, 2012

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

Re: ACO1
API 15-007-23786-00-00
Stateline 1
NE/4 Sec.13-35S-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.

Federal Tax I.D.# 20-5975804

037764

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

SERVICE POINT:

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
11-16-11	13	355	1324			6-19-2011	7-18-2011
LEASE 544 line WELL # 1				LOCATION		COUNTY	STATE
OLD OR NEW (Circle one)						Butte	KS

CONTRACTOR Wolfe, H.S. OWNER John O'Neil

TYPE OF JOB Production

HOLE SIZE 7 7/8" T.D. 5325'

CASING SIZE 5 1/2" DEPTH 5812'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 13000' MINIMUM _____

MEAS. LINE _____ SHOE JOINT 201'

CEMENT LEFT IN CSG. 201'

PERFS. _____

DISPLACEMENT 1268 BBL @ 2.1416

EQUIPMENT

PUMP TRUCK CEMENTER JAMES WILSON

471982 HELPER Bob Miller

BULK TRUCK DRIVER John P...

BULK TRUCK DRIVER _____

_____ DRIVER _____

REMARKS:

Revised cement job

Job 1324 - 544 line

Job 1324 - 544 line

DEPTH OF JOB 5312'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SERVICE

CHARGE TO: John O'Neil

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>2 600's</u>	@	_____
<u>1 1200's</u>	@	_____
<u>1 1200's</u>	@	_____
<u>1 1200's</u>	@	_____
<u>1 1200's</u>	@	_____

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.

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____

IF PAID IN 30 DAYS

SIGNATURE _____

ANTHONY FARRAK

ALLIED CEMENTING CO., LLC. 037757

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Med. Labo 148

DATE <u>11-7-11</u>	SEC. <u>13</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30am</u>	JOB FINISH <u>10:30pm</u>
LEASE <u>State/line</u>		WELL # <u>1</u>		LOCATION <u>Kiowa Jct on 281. south</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>arcob curve 1/2 south west onto</u>			

CONTRACTOR Val Rig #5 OWNER Indran Oil

TYPE OF JOB surface

HOLE SIZE 17 1/2 T.D. 225' CEMENT

CASING SIZE 13 3/8 DEPTH 209' AMOUNT ORDERED 225 ex At 3' + 2' gel

TUBING SIZE 8 5/8 L.J. DEPTH 15'

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 400psi MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 30 bbls H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Matt Thomsch

4711302 HELPER Ron Gilley

BULK TRUCK

363/290 DRIVER Eddie Piper

BULK TRUCK

DRIVER

REMARKS:

Before
pump 2 bbls H₂O
mix + pump 225 ex cement
disp 30 bbls H₂O spot in.
cemented to circulate

CHARGE TO: Indran Oil

STREET _____

CITY _____ STATE _____ ZIP _____

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 Randy Smith

SIGNATURE Randy Smith

COMMON 225 sacks @ 116.25 26056.25

POZMIX @ _____

GEL 5 sacks @ 21.25 106.25

CHLORIDE 8 sacks @ 58.20 465.60

ASC @ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

HANDLING 238 @ 2.25 535.50

MILEAGE 238 x .11 x 20 523.60

TOTAL \$3287.20

SERVICE

DEPTH OF JOB 224'

PUMP TRUCK CHARGE \$1125.00

EXTRA FOOTAGE @ _____

MILEAGE 20 @ 7.00 140.00

MANIFOLD @ _____

light vehicle 20 @ 4.00 80.00

@ _____

TOTAL \$1345-

PLUG & FLOAT EQUIPMENT

@ _____

@ _____

@ _____

@ _____

@ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES \$3287.20