



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1074989
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: _____

1074989

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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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

February 23, 2012

JACK RENFRO
Credo Petroleum Corporation
1801 BROADWAY # 900
DENVER, CO 80202-3858

Re: ACO1
API 15-153-20893-00-00
EMMA 1-18
SE/4 Sec.18-01S-31W
Rawlins 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,
JACK RENFRO

ALLIED CEMENTING CO., LLC. 035312

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Oakley

DATE <u>1-8-12</u>	SEC <u>18</u>	TWP. <u>15</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30 PM</u>	JOB FINISH <u>4:30 PM</u>
LEASE <u>Emma</u>	WELL # <u>1-18</u>	LOCATION <u>Herndon 1.5w</u>				COUNTY <u>Rawlins</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>		3 NW NW NW N E into					

CONTRACTOR w + w 4 OWNER same

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4210'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 2230'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Andrew

431 HELPER Jerry

BULK TRUCK DRIVER Chris

BULK TRUCK DRIVER _____

REMARKS:

25 sks @ 2230'

100 sks @ 2020'

50 sks @ 355'

10 sks @ 40'

30 sks Rat hole

Thank you

CHARGE TO: Credo

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 Don Guy

SIGNATURE Don Guy

CEMENT

AMOUNT ORDERED 215 sks 6940 #899el

4 * Flo-seal

COMMON 129 sks @ 16.25 2096.25

POZMIX 86 sks @ 8.50 731.00

GEL 7 sks @ 21.25 148.75

CHLORIDE _____ @ _____

ASC _____ @ _____

Flo-seal 53# @ 2.20 113.10

HANDLING 224 sks @ 2.25 504.00

MILEAGE 17.54 mile 1749.94

TOTAL 5372.54

SERVICE

DEPTH OF JOB 220'

PUMP TRUCK CHARGE _____ @ _____ 1250.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 71 miles @ 2.00 497.00

MANIFOLD Light vehicle @ 4.00 284.00

TOTAL 2031.00

8 1/2% PLUG & FLOAT EQUIPMENT

1 Dry hole plug @ 22.00

TOTAL 92.00

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 036061

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Rocky, Ky

DATE <i>1/12/12</i>	SEC. <i>18</i>	TWP. <i>31</i>	RANGE <i>31</i>	CALLED OUT	ON LOCATION <i>4-08 PM</i>	JOB START <i>5:00 PM</i>	JOB FINISH <i>5:30 PM</i>
LEASE # <i>4004</i>	WELL # <i>1-18</i>	LOCATION <i>Herrshaw N 70 ALY 100</i>		COUNTY <i>Harrison</i>	STATE <i>KY</i>		
OLD OR NEW (Circle one)	3 N-W-10-K-N-K-NE-10-N-E 12-10						

CONTRACTOR *W W Y* OWNER *See*

TYPE OF JOB *Surface*
 HOLE SIZE *12 1/4* T.D. *305*
 CASING SIZE *8 5/8* DEPTH *305*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. *15'*
 PERFS.
 DISPLACEMENT *12.747*

CEMENT AMOUNT ORDERED *100 Can 30 Dec 2 970*
 COMMON *190* @ *16.25* *3080.50*
 POZMIX @
 GEL @ *21.25* *85.00*
 CHLORIDE @ *5.00* *40.00*
 ASC @

HANDLING *201* @ *2.25* *452.25*
 MILEAGE *119.5K/milk* @ *1569.87*
 TOTAL *57.01*

EQUIPMENT
 PUMP TRUCK CEMENTER *Alan*
 # *402* HELPER *Tony*
 BULK TRUCK DRIVER *Tyler Billy*
 # *404*
 BULK TRUCK DRIVER

REMARKS:
Run Coy 1 Circularity Max Cement
Displace Cement in 80L 140

Cement Add Given late
Thank You Alan Tony Tyler Billy

CHARGE TO: *Credco*
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE @ *112.50*
 EXTRA FOOTAGE @
 MILEAGE *21* @ *7.00* *147.00*
 MANIFOLD @ *200.00*
Lite vehicle *71* @ *4.00* *284.00*
 TOTAL *2106.00*

PLUG & FLOAT EQUIPMENT

8 1/2 inch Plug @ *92.00*
 @
 @
 @

TOTAL *92.00*

SALES TAX (if Any)
 TOTAL CHARGES
 DISCOUNT IF PAID IN 30 DAYS

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
 SIGNATURE *Joe B. Blair*