



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1081553
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: _____

1081553

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	C G Oil, LLC
Well Name	MJR 2
Doc ID	1081553

Tops

Name	Top	Datum
anh	896	1060
b/anh	904	1050
howard	2793	-837
topeka	2832	-876
hb shale	3066	-1110
tor	3083	-1127
bl	3144	-1188
Lans	3152	-1196
Arb	3382	-1426

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

May 16, 2012

Ron Schmidtberger
C G Oil, LLC
2550 AIRBASE RD
PO BOX 207
VICTORIA, KS 67671

Re: ACO1
API 15-009-25667-00-00
MJR 2
SW/4 Sec.20-16S-13W
Barton 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,
Ron Schmidtberger

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 257

Date 3/13/12 Sec. 20 Twp. 16 Range 13 County Barton State KS On Location _____ Finish 2:15AM

Lease MJR Well No. 2 Location Susank, 1W, 1/2N, E+S into

Contractor Discovery Drilling Rig #2 Owner _____

Type Job Production String To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 7 7/8" T.D. 3450' Charge To CG Oil, LLC

Csg. 5 1/2" 15.50 # Depth 3443' Street _____

Tbg. Size _____ Depth _____ City _____ State _____

Tool _____ Depth _____

Cement Left in Csg. 23' Shoe Joint 23' The above was done to satisfaction and supervision of owner agent or contractor.

Meas Line _____ Displace 8 1/2 Bbls Cement Amount Ordered 175sx Com 10% Salt 2% gel

EQUIPMENT

Pumptrk 9 No. Cement Paul Common 175

Bulktrk 3 No. Driver Matt Poz. Mix _____

Bulktrk PV No. Driver Dwuy Gel. 3

JOB SERVICES & REMARKS

Remarks: _____ Calcium _____

Rat Hole 30 sx Huls _____ Salt 15

Mouse Hole 15 sx Flowseal _____

Centralizers 1, 3, 5, 8, 10, 13, 15 Kol-Seal _____

Baskets _____ Mud CLR 48 500gal. / 35 Bbls. KCL

D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____

Est. Circ. - 45 min. Sand _____

Pump 500gal. Mud Clear / 15 Bbls. KCL Handling 193

Plug Rat / Mouse _____ Mileage _____

Mix 130 sx down 5 1/2" 5 1/2" FLOAT EQUIPMENT

Displace - first 20 Bbls. KCL Guide Shoe _____

Land Plug _____ Centralizer 7

Float Held _____ Baskets _____

AFU Inserts _____

Float Shoe 1

Latch Down 1

Pumptrk Charge prod Long String

Mileage 19

Tax _____

Discount _____

Total Charge _____

X Signature Glenn Stuebel

Thank You!!

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 641

Cell 785-324-1041

Date	3-7-12	Sec.	20	Twp.	16	Range	13	County	Barton	State	KS	On Location		Finish	4:30 PM	
Lease	MSR	We'll No.	2		Location		Susank Lub BV Pinto									
Contractor	Discovery #2							Owner								
Type Job	Surface							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	12 1/4		T.D.		902		Charge To								C & G O.I.	
Csg.	8 5/8		Depth		902		Street									
Tbg. Size			Depth				City								State	
Tool			Depth				City								State	
Cement Left in Csg.	39.10		Shoe Joint		39.10		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace		54 3/4 BCL		Cement Amount Ordered								350 ^{60/140} 3 ^{1/2} 2 ^{1/2} 1 ^{1/2}	

EQUIPMENT

Pumptrk	5	No.	Cement Helper	Long	Common	210
Bulktrk		No.	Driver	Brett	Poz. Mix	120 / 140
Bulktrk	13	No.	Driver	Long	Gel.	6 7

JOB SERVICES & REMARKS

Remarks:	Hullis
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Sea:
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
8 5/8 on bottom. Est. Circulation.	Sand
Mix 350 sack Displace Plug.	Handling 370
Cement Circulation?	Mileage
Plug landed @ 100 ft	

FLOAT EQUIPMENT

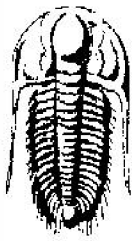
Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	Buttle Plate
Float Shoe	Rubber Plug
Latch Down	

Thanks

Pumptrk Charge 0 Long Surface
Mileage 19

Tax
Discount
Total Charge

X Signature *[Handwritten Signature]*



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

C & G OIL LLC

20-16s-13w Barton, KS

PO Box 207
Victoria, KS 67671

MJR#2

Job Ticket: 46447

DST#: 2

ATTN: Roger Fisher

Test Start: 2012.03.11 @ 14:45:42

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 16:24:27

Time Test Ended: 19:29:57

Test Type: Conventional Bottom Hole (Reset)

Tester: Jason McLeMore

Unit No: 54

Interval: **3362.00 ft (KB) To 3392.00 ft (KB) (TVD)**

Reference Elevations: 1958.00 ft (KB)

Total Depth: 3392.00 ft (KB) (TVD)

1950.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 8.00 ft

Serial #: 8366 Inside

Press@RunDepth: 102.92 psig @ 3364.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.03.11

End Date: 2012.03.11

Last Calib.: 2012.03.11

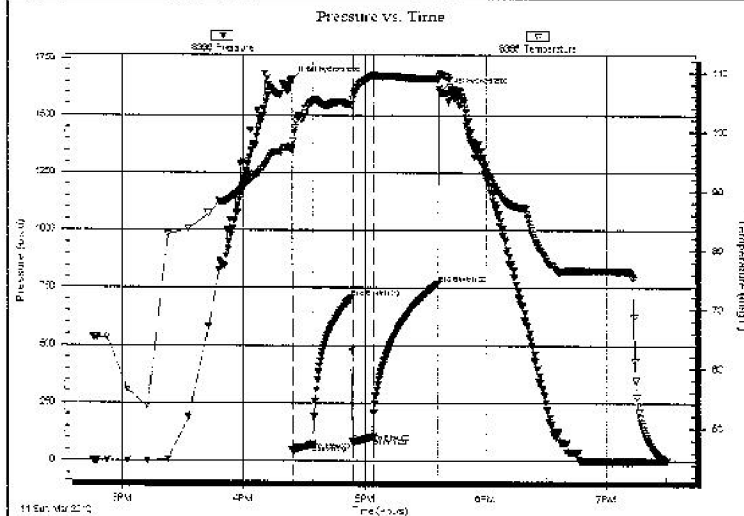
Start Time: 14:45:44

End Time: 19:29:57

Time On Btm: 2012.03.11 @ 16:23:27

Time Off Btm: 2012.03.11 @ 17:37:12

TEST COMMENT: IFF-Good Blow, BOB in 7 Min.
ISI-Blow back Built to 1/4"
FFP-Good Blow, Built to 9"
FSI-Blow back Built to 1/4"



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1653.97	97.16	Initial Hydro-static
1	44.52	98.51	Open To Flow (1)
11	70.19	105.16	Shut-In(1)
30	708.51	104.66	End Shut-In(1)
31	81.12	105.43	Open To Flow (2)
41	102.92	109.48	Shut-In(2)
73	769.68	108.87	End Shut-In(2)
74	1603.11	109.45	Final Hydro-static

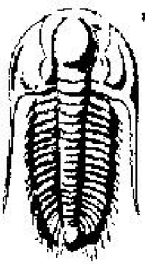
Recovery

Length (ft)	Description	Volume (bbl)
60.00	VSOCMW-3%O-50%W-47%M	0.57
30.00	SOCWM-5%O-5%W-90%M	0.42
60.00	HOCM-30%O-70%M	0.84
60.00	MCO-60%O-40%M	0.84
0.00	60' Gas In Pipe	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

C & G Oil LLC

20-16s-13w Barton, KS

PO Box 207
Victoria, KS 67671

MJR#2

Job Ticket: 46446

DST#: 1

ATTN: Roger Fisher

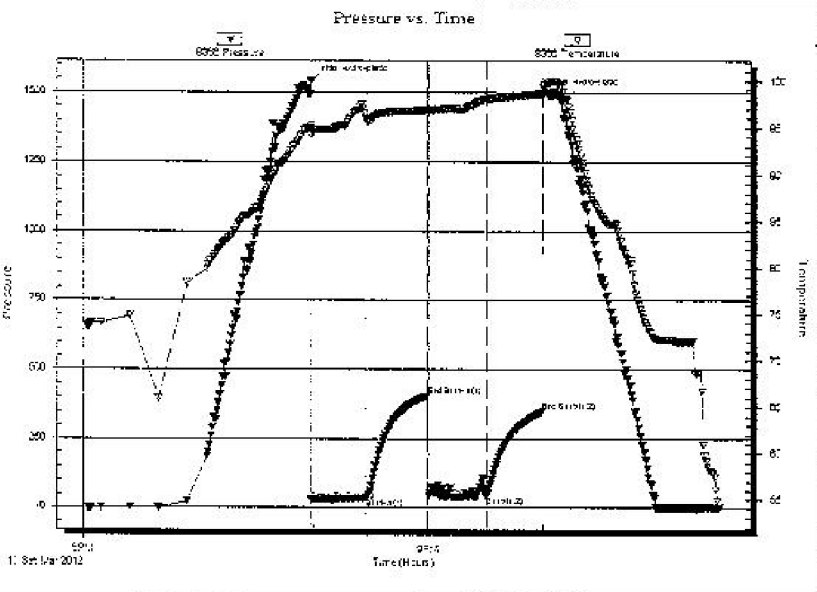
Test Start: 2012.03.10 @ 18:02:21

GENERAL INFORMATION:

Formation: **Lansing C**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 19:59:06
 Time Test Ended: 23:32:51
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jason McLemore
 Unit No: 54
 Interval: **3158.00 ft (KB) To 3225.00 ft (KB) (TVD)**
 Reference Elevations: 1958.00 ft (KB)
 Total Depth: 3225.00 ft (KB) (TVD)
 1950.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good
 KB to GR/CF: 8.00 ft

Serial #: 8366 Inside
 Press@RunDepth: 39.27 psig @ 3194.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.03.10 End Date: 2012.03.10 Last Calib.: 2012.03.10
 Start Time: 18:02:23 End Time: 23:32:51 Time On Btm: 2012.03.10 @ 19:58:51
 Time Off Btm: 2012.03.10 @ 22:00:06

TEST COMMENT: IFP-Weak Blow, Built to 1"
 ISI-Dead
 FFP-Weak Intermittent Surface Blow After 20 Min.
 FSI-Dead



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1539.21	95.16	Initial Hydro-static
1	27.12	94.25	Open To Flow (1)
29	34.62	95.79	Shut-In(1)
61	405.93	96.87	End Shut-In(1)
62	38.93	96.75	Open To Flow (2)
92	39.27	98.06	Shut-In(2)
121	348.75	98.63	End Shut-In(2)
122	1491.73	99.30	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
3.00	Mud With Oil Specks	0.01

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)