



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1082003  
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: \_\_\_\_\_

1082003

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: <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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# ALLIED OIL & GAS SERVICES, LLC 054081

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>3/26/2012</u>	SEC <u>15</u>	TWR <u>325</u>	RANGE <u>21w</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 PM</u>	JOB FINISH <u>8:00 PM</u>
LEASE <u>Stephens</u>	WELL # <u>4</u>	LOCATION <u>Protection KS, S west to Rd 30</u>		COUNTY <u>Clark</u>	STATE <u>KS</u>		
OLD OR NEW <u>(Circle one)</u>		<u>5 1/2 hours to Rig</u>					

CONTRACTOR Moyetrick #101

OWNER Coral Coast

TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 6760  
 CASING SIZE 5 1/2 DEPTH 6748  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 1780 MINIMUM  
 MEAS. LINE SHOE JOINT 42.18  
 CEMENT LEFT IN CSG. 42.18  
 PERES.  
 DISPLACEMENT 162

**EQUIPMENT**

PUMP TRUCK CEMENTER Jason Throckmold/David Falls  
 # 380/245 HELPER Adam Miller  
 BULK TRUCK DRIVER Derek Gibbons  
 # 421  
 BULK TRUCK DRIVER  
 # DRIVER

**REMARKS:**

Bk circ, pump ball show, pump 3 H<sub>2</sub>O 50 gal ASF  
3 hrs, mix and pump 50 gal for RV/Air/Air and  
pump 200 gal, shut down, wash pump & lines, start  
plug lift @ 16, bump plug @ 16.2, plug did  
hole

CEMENT	AMOUNT ORDERED	<u>50 SK 60:40:49% Gel,</u>	
		<u>2000x Class A Asc45# Kalsed +.89% F1-162,</u>	
		<u>500 gal ASF</u>	
COMMON	<u>30SK 11 1/2"</u>	@ <u>16.85</u>	<u>4871.50</u>
POZMIX	<u>80SK</u>	@ <u>8.50</u>	<u>170.00</u>
GEL	<u>2SK</u>	@ <u>21.25</u>	<u>42.50</u>
CHLORIDE		@	
ASC	<u>800SK 11 1/2"</u>	@ <u>19.00</u>	<u>3800.00</u>
Kd Seal	<u>1000 #</u>	@ <u>.89</u>	<u>890.00</u>
F-1160	<u>150 #</u>	@ <u>17.20</u>	<u>2580.00</u>
ASF	<u>500 gal</u>	@ <u>1.31</u>	<u>655.00</u>
		@	
		@	
HANDLING	<u>311</u>	@ <u>8.95</u>	<u>1699.75</u>
MILEAGE	<u>55 x 311 x .11</u>	@ <u>181.55</u>	<u>181.55</u>
			<u>TOTAL 14180.30</u>

**SERVICE**

DEPTH OF JOB		<u>16748'</u>
PUMP TRUCK CHARGE		<u>915-</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>55 @ 1.00</u>	<u>385-</u>
MANIFOLD	<u>58 @ 4.00</u>	<u>280-</u>
	@	
		<u>TOTAL \$3780-</u>

CHARGE TO: Coral Coast  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>5 1/2</u>		<u>349-</u>
<u>1-APU Float Shoe</u>	@	<u>277-</u>
<u>1-Latch Down Plug</u>	@	<u>37-</u>
<u>8-Centrainers</u>	@	<u>337-</u>
<u>2-Baskets</u>	@	<u>674-</u>
	@	
		<u>TOTAL \$1692-</u>

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment and furnish cement 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 [Signature]

SALES TAX (if Any) \_\_\_\_\_  
 TOTAL CHARGES \$16,158.30  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# ALLIED CEMENTING CO., LLC. 037947

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE	3-15-2012	SEC	15	TRIP	325	RANGE	2 1/2	CALLED OUT	ON LOCATION	10:00 AM	JOB START	3:00 PM	JOB FINISH	3:30 PM
LEASE	Shelphans	WELL #	4	LOCATION	Protection, Les J Swarth	COUNTY	Clifton	STATE	KS					
OLD OR NEW	(Circle one)				RD 30, 5 1/2 north to R 29									

KS1-01  
103

CONTRACTOR Meuerick #1102  
 TYPE OF JOB SURFACE  
 HOLE SIZE 12 1/4 T.D. 64'  
 CASING SIZE 8 3/8 24# DEPTH 74 1/2'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 42'  
 CEMENT LEFT IN CSG.  
 PERES.  
 DISPLACEMENT 39 bbls of Fresh water  
 EQUIPMENT:

OWNER Coral Coast  
 CEMENT  
 AMOUNT ORDERED 200 sk @ 65.35 = 13070.00  
30 sk @ 1 1/4 # @ 150.00 = 4500.00  
30 sk @ 200.00 = 6000.00

PUMP TRUCK CEMENTER DERRICK  
 # 471-302 HELPER FRANK P. IV  
 BULK TRUCK DRIVER DERRICK G. IV  
 BULK TRUCK DRIVER  
 #  
 DRIVER

REMARKS:

9' Pe On bottom & break circulation  
Dring 3 bbls water chert, mix 2500  
Legs Cement m.y. 1500s of top cement  
Shut down & release pump, start displacement  
Shut down to 3 bbls @ 30 bbls @ 30  
Dis ST 39 bbls @ 300-500 95% Shert  
1/2 cement in circulate

SERVICE

COMMON CEMENT	2845	@	14.25	40550.00
POZMIX	785	@	8.50	5950.00
GEL	1335	@	21.25	27612.50
CHLORIDE	1252	@	58.20	69840.00
ASC		@		
Flasen	50 #	@	2.70	135.00
HANDLING	376	@	2.25	846.00
MILEAGE	372/11/55	@		2274.80
TOTAL				8,839.95

CHARGE TO: Coral Coast  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DEPTH OF JOB	644'			
PUMP TRUCK CHARGE:				1125.00
EXTRA FOOTAGE	374	@	2.95	326.80
MILEAGE	55	@	2.00	385.00
MANIFOLD Hoses rental		@		250.00
Hydrant	55	@	4.00	220.00
TOTAL				2,256.80

PLUG & FLOAT EQUIPMENT:

1-2 1/2" bbl @ 10.00	@		112.00
1-3 1/2" bbl @ 11.00	@		112.00
1-1 1/2" bbl @ 12.00	@		128.00
2 Centrifuges @ 64.00	@		128.00
TOTAL			830.00

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 X Sam STAN ST 44 45

SALES TAX (If Any) 412.160  
 TOTAL CHARGES 4192.675  
 DISCOUNT 70 IF PAID IN 30 DAYS

SIGNATURE [Signature]  
 Thank you!!!

Net \$9541.40  
 D 2385.35

**DST Viola at 6366' to 6392'. Opened tool, strong gas to surface in 1 minute, flowing mud and oil in 3 minutes. 4"-20"-3"-60". Recovered 300' oil, no water. FP 1912-1894; 1924-1908: SIP 2168-2174. Hyd 3264-3079. 128 degrees F.**

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 21, 2012

Daniel M. Reynolds  
Coral Coast Petroleum, L.C.  
8100 E 22ND ST N  
BLDG 600, STE R  
WICHITA, KS 67226

Re: ACO1  
API 15-025-21539-00-00  
Stephens 4  
NE/4 Sec.15-32S-21W  
Clark 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,  
Daniel M. Reynolds