



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1084418
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: _____

1084418

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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3-27-12 District LIBERAL Ticker No. 27175
 Company Tri Hill op Rig _____
 Lease Edwinston Well No. 19ND
 County COMANCHE State KS
 Location _____ Field _____

CEMENT DATA:
 Spacer Type: H₂O
 Amt. 10 Sks Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 9 5/8 Type L-55 Weight 36# Collar _____

LEAD: Pump Time _____ hrs. Type Am-D
 Excess _____

Amt. 150 Sks Yield 3.09 ft³/sk Density 11.4 PPG
 TAIL: Pump Time _____ hrs. Type A
 Excess _____

Amt. 115 Sks Yield 1.2 ft³/sk Density 15.2 PPG
 WATER: Lead 19.2 gals/sk Tail 5.2 gals/sk Total 83 Bbls.

Casing Depths: Top 0 Bottom 919'

Pump Trucks Used 531/541
 Bulk Equip. 472/467

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

Float Equip: Manufacturer WEATHERS
 Shoe: Type _____ Depth _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0773 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 0538 Lin. ft./Bbl. _____
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top 5-W Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type H₂O Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER R. Hagan

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
<u>7:00</u>						<u>ON LOC + SAFETY MEETING</u>
<u>7:15</u>						<u>Log up</u>
						<u>BREAK CIRC</u>
<u>01:00</u>	<u>100</u>		<u>84</u>		<u>6</u>	<u>Mix 150 SK (Am-D) @ 11.4# LEAD</u>
<u>2:30</u>	<u>100</u>		<u>24</u>		<u>6</u>	<u>Mix 115 A TAIL</u>
<u>1:00</u>					<u>0</u>	<u>SHUT DOWN - Drip Plug</u>
<u>1:15</u>			<u>673</u>		<u>6</u>	<u>Disp Csmg</u>
<u>1:30</u>	<u>250</u>				<u>2</u>	<u>Slow to 2 BPM</u>
<u>1:38</u>	<u>150</u>				<u>2</u>	<u>LAND PLUG</u>

FINAL DISP. PRESS: 250 PSI BUMP PLUG TO 750 PSI BLEEDBACK 1/2 BBLs. THANK YOU

JOB SUMMARY			PROJECT NUMBER SOK1362	TICKET DATE 04/09/12
COUNTY COMANCHE	State Oklahoma	COMPANY TUG HILL OPERATING	CUSTOMER REP Jay Lewis	
LEASE NAME Edmonston	Well No. #15W	JOB TYPE Intermediate	EMPLOYEE NAME Larry Kirchner Jr.	

Larry Kirchner Jr.	Marcos Quintana			
John Hall				
Michael Bajo				
Robert Stonehocker				

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **140** Pressure _____
 Retainer Depth _____ Total Depth **6000**

Date	Called Out 4/8/2012	On Location 4/8/2012	Job Started 4/8/2012	Job Completed 4/8/2012
Time	3:00AM	11:00AM	10:14PM	11:49PM

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	1	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing	New	26#	7"		Surface	6,324'
Liner						5,000
DV Tool	New		7"		4,725	4,727'
Tubing			0			
Drill Pipe						
Open Hole			8 3/4"		Surface	6,365'
Perforations						Shots/Ft.

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	mud wash BBL.		20 8.40
Spacer type	H2O BBL.		10 8.33
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	In	
NE Agent	Gal.	In	
Fluid Loss	Gal/Lb	In	
Gelling Agent	Gal/Lb	In	
Fric. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
4/8	13.0	4/8	2.0	Intermediate
Total		Total		
13.0		2.0		

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures	
MAX	5,000 PSI
AVG	300
Average Rates in BPM	
MAX	8 BPM
AVG	5
Cement Left in Pipe	
Feet	46
Reason SHOE JOINT	

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	305	50/50/2 PREMIUM	2% GEL - .4% CF-12 - .1% C-37 - 2PPS PHENOSEAL - .5% C-41P	6.77	1.44	13.60
2	576	50/50/2 PREMIUM	2% GEL - .4% CF-12 - .1% C-37 - 2PPS PHENOSEAL - .5% C-41P	6.77	1.44	13.60
3	0	0		0	0.00	0.00

Summary					
Preflush	10	Type: Caustic	Preflush:	BBI	20.00
Breakdown		MAXIMUM	Load & Bkdn:	Gal - BBI	N/A
		Lost Returns-N	Excess /Return	BBI	N/A
		Actual TOC	Calc. TOC:		4,200'
Average		Bump Plug PSI:	Final Circ.	PSI:	800
ISIP	5 Min.	10 Min.	Cement Slurrv:	BBI	78.2
		15 Min.	Total Volume	BBI	337.20

CUSTOMER REPRESENTATIVE _____ *Jim [Signature]* SIGNATURE

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

June 13, 2012

Winnie Scott
Tug Hill Operating, LLC
550 BAILEY AVE, STE 510
FT. WORTH, TX 76107

Re: ACO1
API 15-033-21617-00-00
Edmonston 1 SWD
SE/4 Sec.28-31S-20W
Comanche 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,
Winnie Scott