

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1091052

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

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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				

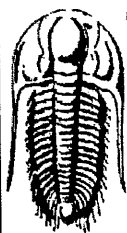
Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

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 (Amount and Kind of Material Used)		Depth
TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water      Bbls.      Gas-Oil Ratio      Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Comanche Resources  
6520 N Western Ave.  
STE 300  
Oklahoma City Ok 71136  
ATTN: Ritchie

**30-19s-34w Scott Co KS**

**Savolt 30-1**

Job Ticket: 46557

DST#: 1

Test Start: 2012.05.09 @ 02:00:05

### GENERAL INFORMATION:

Formation: **Pawnee- Ft. Scott**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:21:30

Time Test Ended: 09:13:44

Test Type: Conventional Bottom Hole (Initial)

Tester: Mike Roberts

Unit No: 48

Interval: **4618.00 ft (KB) To 4654.00 ft (KB) (TVD)**

Total Depth: 4654.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 3141.00 ft (KB)

3131.00 ft (CF)

KB to GR/CF: 10.00 ft

**Serial #: 8736** Inside

Press@RunDepth: 58.07 psig @ 4619.00 ft (KB)

Start Date: 2012.05.09

End Date:

2012.05.09

Capacity: 8000.00 psig

Last Calib.: 2012.05.09

Start Time: 02:00:05

End Time:

09:13:44

Time On Btm: 2012.05.09 @ 04:21:15

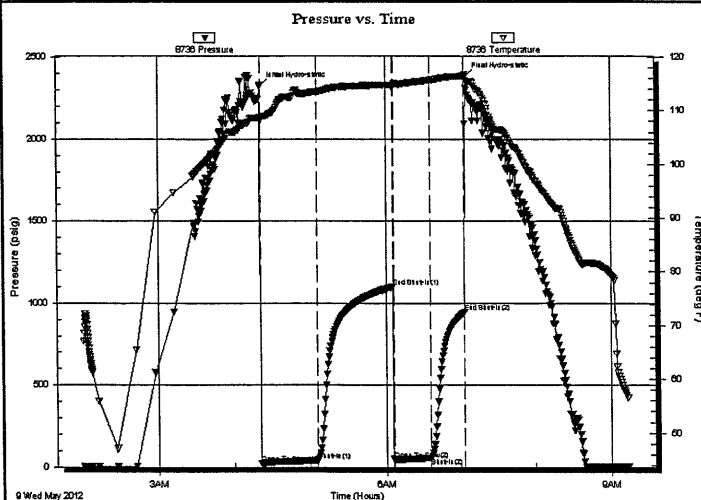
Time Off Btm: 2012.05.09 @ 07:04:44

TEST COMMENT: IF: Built to 1/4" blow

IS: No return blow

FF: No blow

FS: No return blow



### PRESSURE SUMMARY

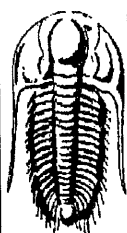
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2327.07	108.71	Initial Hydro-static
1	23.44	107.97	Open To Flow (1)
45	42.49	113.53	Shut-In (1)
105	1099.17	114.80	End Shut-In (1)
105	48.68	114.48	Open To Flow (2)
135	58.07	115.70	Shut-In (2)
163	945.90	116.46	End Shut-In (2)
164	2383.91	115.60	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
60.00	mud 100% m	0.30

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC**

## DRILL STEM TEST REPORT

### FLUID SUMMARY

Comanche Resources

**30-19s-34w Scott Co KS**

6520 N Western Ave.  
STE 300  
Oklahoma City Ok 71136  
ATTN: Ritchie

**Savolt 30-1**

Job Ticket: 46557

**DST#: 1**

Test Start: 2012.05.09 @ 02:00:05

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbl

Water Loss: 4.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4400.00 ppm

Filter Cake: 1.00 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	mud 100%m	0.295

Total Length: 60.00 ft      Total Volume: 0.295 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8736

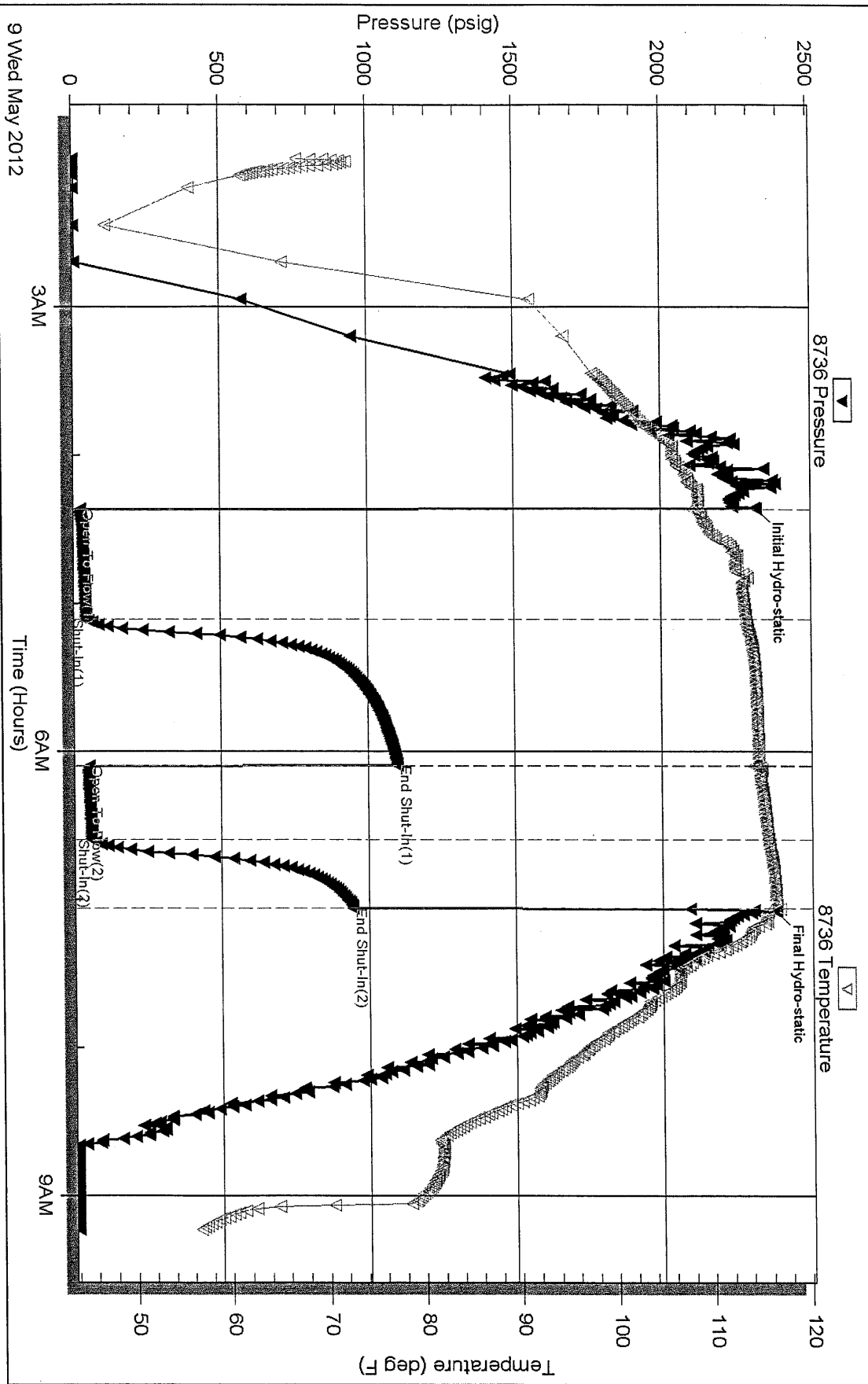
Inside

Comanche Resources

Savolt 30-1

DST Test Number: 1

# Pressure vs. Time



## Cement Report

Customer <b>Comanche</b>		Lease No.		Date <b>5-4-12</b>	
Lease <b>Savolt</b>		Well # <b>30-1</b>		Service Receipt	
Casing <b>8 5/8 24"</b>		Depth <b>365</b>		County <b>Scott</b>	
Job Type <b>8 5/8 Surface</b>		Formation		Legal Description <b>30-19-34</b>	
Pipe Data			Perforating Data		Cement Data
Casing size <b>8 5/8</b>		Tubing Size		Shots/Ft	
Depth <b>365</b>		Depth		From To	
Volume <b>20.5</b>		Volume		From To	
Max Press <b>1200</b>		Max Press		From To	
Well Connection		Annulus Vol.		From To	
Plug Depth <b>323</b>		Packer Depth		From To	
5-3-12 Time		Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate
2330					
0330					
0428		200		65.6	5
0442					
0444		100		0	5
0446		250		10.5	2
0458		300-1200		20.5	
0459		1200-0			
Service Log					
On Location - Spot & Rig up					
Casing on Bottom - Break Circ.					
Mix 2755k Prem Plus @ 14.8 PPG					
Shut down - Drop top Plug					
Displace with fresh water					
Slow Rate					
Bump Plug					
Release Pressure - Float Held					
Circ Current to the pit					
Thank You					
Service Units		2755		3811/19919 19827/14566	
Driver Names		Kirby		Ruben Scott	

Customer Representative

## Station Manager

## Cement

Taylor Printing, Inc.

# ALLIED CEMENTING CO., LLC. 034481

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

DATE 5-12-12 SEC. 30 TWP. 19 RANGE 34 CALLED OUT 12:30am ON LOCATION 12:30am JOB START 12:30am JOB FINISH 11:30am  
LEASE 5005H WELL # 30-1 LOCATION Modoc 3W, 75, 1E, S1/4 COUNTY Scott STATE KS  
OLD OR NEW (Circle one)

CONTRACTOR Murphy 2  
TYPE OF JOB Production 2stage  
HOLE SIZE 7 7/8 T.D. 5020'  
CASING SIZE 5 1/2 DEPTH 5005'  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DU DEPTH 2535'  
PRES. MAX MINIMUM  
MEAS. LINE SHOE JOINT 4389'  
CEMENT LEFT IN CSG. 4389'  
PERFS.  
DISPLACEMENT 118.07 bbl  
EQUIPMENT

OWNER same

CEMENT  
AMOUNT ORDERED 175 sks ASC 1585 salt  
29 gal 5th gilsonite 630 sks ALW 44  
185 seal, 500 gal Super Flush  
COMMON @  
POZMIX @  
GEL 3 sks @ 21.25 63.75  
CHLORIDE @  
ASC 175 sks @ 19.00 3325.00  
ALW Typost 630 sks @ 14.50 9135.00  
@  
gilsonite 875 # @ .89 778.75  
5 salt 1734 @ 23.95 407.15  
185 seal 114 # @ 2.3 307.80  
Super Flush 500 gal @ 1.27 635.00  
@  
HANDLING 785.85 @ 2.10 1665.50  
MILEAGE 45 X 37.07 @ 2.85 4133.77  
TOTAL 20781.72

REMARKS:

pump ball through # Circulate 1 hr,  
mix super flush, mix 175 sks ASC, Displace  
with water, land plug at #  
Open DU Tool # Circulate hrs.  
plug mouse hole 205 sks plug rat hole 30 sks  
mix 580 sks ALW. Displace with water,  
land plug at # Cement did  
circulate. Thank you

CHARGE TO: Comanche Resources  
STREET  
CITY STATE ZIP

SERVICE

DEPTH OF JOB 5005'  
PUMP TRUCK CHARGE 2405.00  
EXTRA FOOTAGE @  
MILEAGE 45 @ 7.00 315.00  
MANIFOLD head @ 300.00  
L.V. Mileage @ 4.00 180.00  
@  
TOTAL 3100.00

PLUG & FLOAT EQUIPMENT

DOT tool 4921.00  
AFC Float shoe @ 348.00  
latch down plug Assy @ 272.00  
(5) Central pens @ 49.00 245.00  
(2) Baskets @ 332.00 664.00  
@  
TOTAL 6256.00

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 Mickey Jones  
SIGNATURE Mickey Jones

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

Bid

# LITHOLOGY STRIP LOG

## WellSight Systems

Scale 1:240 (5"=100') Imperial

Well Name: SAVOLT 30-1  
Location: SEC 30 T19S R34W SCOTT CO, KANSAS  
Licence Number: API: 15-171-20876  
Spud Date: 05/04/2012  
Surface Coordinates: 3200' FLS & 400' FWL  
Region:  
Drilling Completed:

Bottom Hole  
Coordinates:  
Ground Elevation (ft): 3130' K.B. Elevation (ft): 3141'  
Logged Interval (ft): 3900' To: Total Depth (ft):  
Formation: MARMATON & MISS  
Type of Drilling Fluid: CHEMICAL MUD

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

### OPERATOR

Company: COMANCHE RESOURCES Co., LLC  
Address: 6520 N. WESTERN AVE  
SUITE 300  
OKLAHOMA CITY, OK 73116

### GEOLOGIST


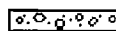
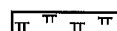


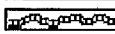



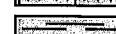
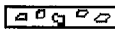

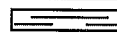


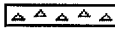

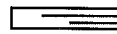




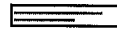







Name: TROY FOWLER  
Company:  
Address: 119 E. PARK LANE  
DERBY, KS 67037  
PH# 316.516.3618

### DSTs

#### DST #1

4618'-4654' 45/60/30/30 IF: BTB 1/4", IS: NO BLOW, FF: NO BLOW, FS: NO BLOW, IH: 2327.07, IF: 23.44, ISI: 42.49, FSI: 1099.17, FF: 48.68, FSI: 58.07, FS: 945.90, FH: 2383.9, NO SAMPLER, REC: 60' 100% MUD, BHT: 116 DEG, NO CHLORIDES. TRILOBITE TESTING INC. MIKE ROBERTS TESTER

### ROCK TYPES

	Anhy		Congl		Mrlst		Ss		Sandylms
	Bent		Dol		Salt		Till		Shale
	Brec		Gyp		Shale		Carb sh		Sltstn
	Cht		Igne		Shcol		Dol		ShlysIts
	Clyst		Lmst		Shgy		Dtd		SltysH
	Coal		Meta		Sltst		Gry sh		Lms



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  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 21, 2012

CARRIE RENNER  
Comanche Resources Company  
6520 N WESTERN AVE STE 300  
OKLAHOMA CITY, OK 73116-7334

Re: ACO1  
API 15-171-20876-00-00  
SAVOLT 30-1  
NE/4 Sec.30-19S-34W  
Scott 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,  
CARRIE RENNER