



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1091283
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: _____

1091283

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)*

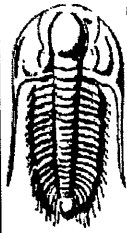
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**TRILLOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

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

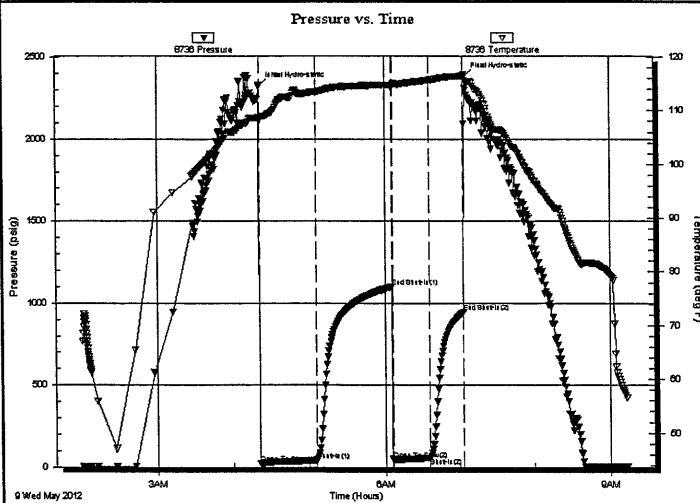
30-19s-34w Scott Co KS
Savolt 30-1
Job Ticket: 46557 **DST#: 1**
Test Start: 2012.05.09 @ 02:00:05

GENERAL INFORMATION:

Formation: **Pawnee- Ft. Scott**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 04:21:30
Time Test Ended: 09:13:44
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
Test Type: Conventional Bottom Hole (Initial)
Tester: Mike Roberts
Unit No: 48
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) Capacity: 8000.00 psig
Start Date: 2012.05.09 End Date: 2012.05.09 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

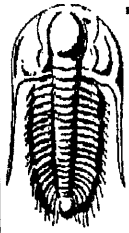
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2327.07	108.71	Initial Hydro-static
1	23.44	107.97	Open To Flow (1)
45	42.49	113.53	Shut-In(1)
105	1099.17	114.80	End Shut-In(1)
105	48.68	114.48	Open To Flow (2)
135	58.07	115.70	Shut-In(2)
163	945.90	116.46	End Shut-In(2)
164	2383.91	115.60	Final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



**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 ³	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

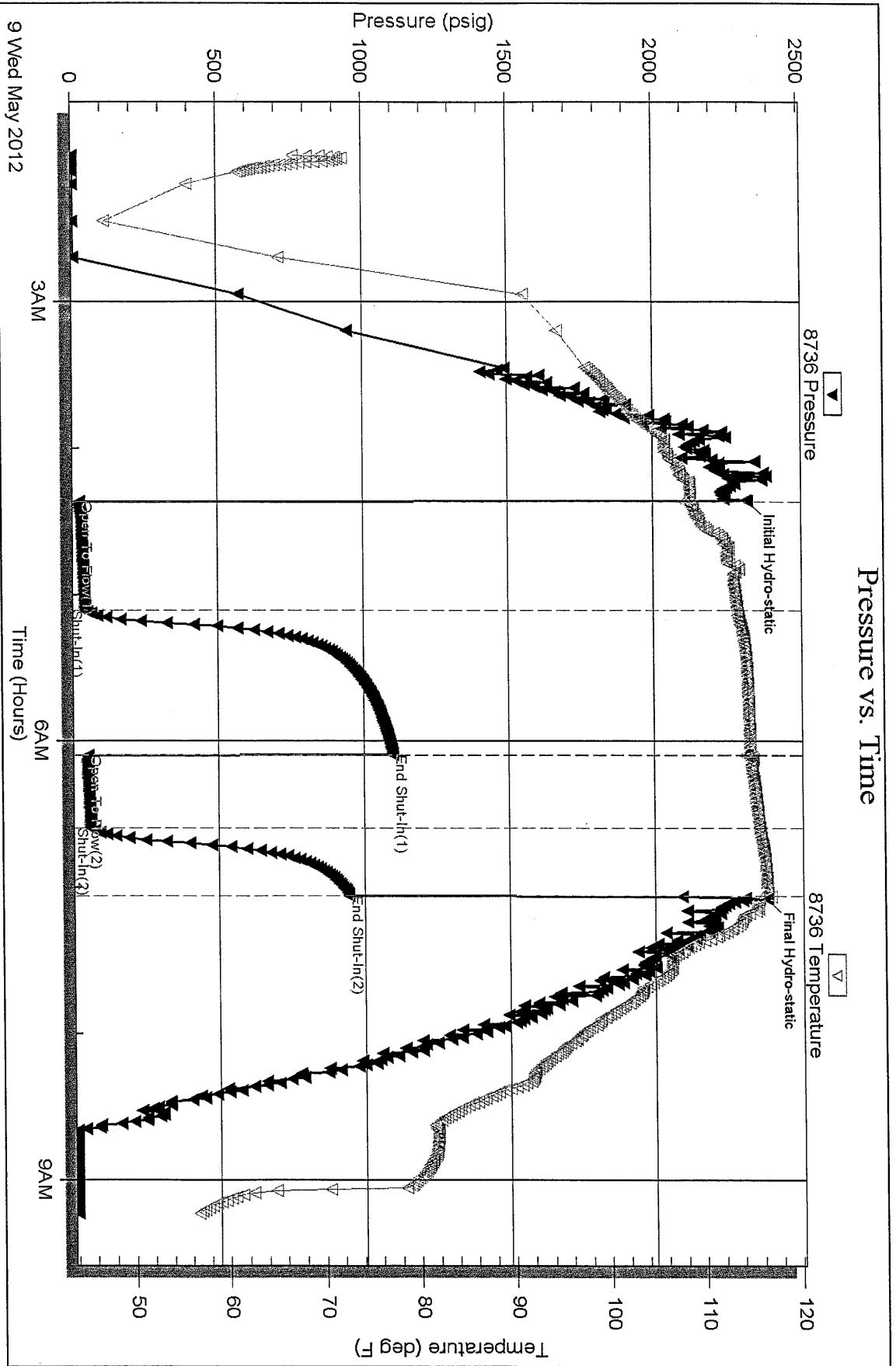
Inside

Comanche Resources

Savolt 30-1

DST Test Number: 1

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 46557

Printed: 2012.05.09 @ 12:36:15

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 _____
 ON LOCATION 12:30am START 1:30am JOB FINISH 11:30am
 LEASE Sandst WELL # 30-1 LOCATION Madoc 3W, 7S, 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

OWNER Some
 CEMENT
 AMOUNT ORDERED 175 sks ASC 1580 salt
29 gal 5th gilsonite 680 sks ALW 84
185 gal 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
salt 1734 @ 23.95 407.15
Fluoreal 114 # @ 2.7 307.80
Super Flush 500 gal @ 1.27 635.00
 _____ @ _____
 HANDLING 935.25 sks @ 2.10 1965.50
 MILEAGE 45 X 37.07 km X 2.85 4133.77

EQUIPMENT
 PUMP TRUCK CEMENTER Lakene
 # 431 HELPER Dave
 BULK TRUCK
 # 373/308 DRIVER Ethan
 BULK TRUCK
 # 391/287 DRIVER Chris

TOTAL ~~20751.72~~
20751.72

REMARKS:

pump ball through # Circulate 1 hr
mix super flush mix 175 sks ASC, Displace
with water, cement, hand plug at #
Open DU Tool # Circulate hrs.
plug mouse hole 20 sks plug rat hole 30 sks
mix 580 sks ALW. Displace with water.
hand plug at # Cement did
circulate. Thank you

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

DU Tool 4921.00
A-Ful 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

CHARGE TO: Comanche Resources
 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 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


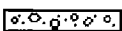
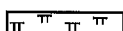
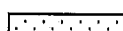

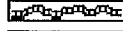




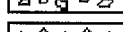

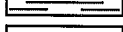




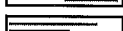












Name: TROY FOWLER
Company:
Address: 119 E. PARK LANE
DERBY, KS 67037
PH# 316.516.3618

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 15-171-20881-00-00
JAMES 31-1
SE/4 Sec.31-19S-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