



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1091975
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: _____

1091975

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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ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

27040

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

SERVICE POINT:
Libera 1 KS

DATE <u>6-4-12</u>	SEC <u>7</u>	TWP <u>15.3</u>	RANGE <u>R17W</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00 PM</u>	JOB FINISH <u>5:00 PM</u>
LEASE <u>Procedon Tower</u>	WELL # <u>1 SWD</u>	LOCATION <u>500' East of Coldwater KS</u>			COUNTY <u>Cowley</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR Patterson Drilling Co
 TYPE OF JOB _____
 HOLE SIZE 8 3/4 T.D. _____
 CASING SIZE 7" 2 1/2" DEPTH 6256.77
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 5200 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 4 1/4"
 CEMENT LEFT IN CSG. 4 1/2"
 PERFS. PLD
 DISPLACEMENT 237.80 bbl

OWNER Sam Tug-Hill Operating
 CEMENT AMOUNT ORDERED 1100 # 65/85 10/100 1/4"
155K ASC 5/8 6/100 1/4"
27. 1/100 157. 1/100
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GBL 6 sk @ 21.25 127.50
 CHLORIDE _____ @ _____
 ASC 75 ASC 1/4 @ 21.25 1593.75
 _____ @ _____
1000 sk 1/4 @ 15.00 1500.00
65/85 1/4 6 1/2 @ _____
1/4 100 3/8 @ 17.50 675.00
1/4 160 3/8 CB @ 17.50 2800.00
1/4 160 3/8 CB @ 17.50 2800.00
1/4 160 3/8 CB @ 17.50 2800.00
1/4 160 3/8 CB @ 17.50 2800.00
1/4 160 3/8 CB @ 17.50 2800.00
 HANDLING 171 @ 2.00 342.00
 MILEAGE 35 mi x 11 @ 2.00 700.00
 TOTAL \$9703.75

EQUIPMENT
 PUMP TRUCK CEMENTER Jose G / Bob R.
 # 531-541 HELPER Cesar P.
 BULK TRUCK DRIVER Vicente T.
 # 472-468
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Chaston

T. Hill / JDO

SERVICE

DEPTH OF JOB 6256'
 PUMP TRUCK CHARGE _____ @ _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 35 @ 7.00 245.00
 MANIFOLD - HEAD @ _____
 LT USEL mi 35 @ 4.00 140.00
 TOTAL 3760.00

PLUG & FLOAT EQUIPMENT

7"
 1-5W Plug @ 8.00 8.00
 _____ @ _____
 _____ @ _____
 TOTAL 8.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE \$113548.75
 DISCOUNT 4742.06 IF PAID IN 30 DAYS
\$8806.64

SIGNATURE Jos Quisenberry
 Joe Quisenberry
 AFE: 12-0105

PRINTED NAME _____

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

27039

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

SERVICE POINT:

L. BEAL KS

BEARDEN TRUST

DATE	SEC	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
<i>5-20-12</i>	<i>7</i>	<i>33</i>	<i>1/61</i>			<i>9:07 AM</i>	<i>11:00</i>
LEASE	WELL #1 SWD		LOCATION			COUNTY	STATE
			<i>Collinsville KS</i>			<i>Donnell</i>	<i>KS</i>
OLD OR (NEW) (Circle one)							
			<i>5th Ave L E 4th N 19 5th Loc</i>				

CONTRACTOR	<i>PATTERSON 1271-421</i>	OWNER	<i>SAME</i>
TYPE OF JOB	<i>9 5/8 SURFACE</i>		
HOLE SIZE	<i>12 1/4</i>	T.D.	<i>897</i>
CASING SIZE	<i>9 5/8 36"</i>	DEPTH	<i>822</i>
TUBING SIZE		DEPTH	
DRILL PIPE		DEPTH	
TOOL		DEPTH	
PRES. MAX	<i>600 PSI</i>	MINIMUM	<i>1/4</i>
MEAS. LINE		SHOE JOINT	<i>45</i>
CEMENT LEFT IN CSG.	<i>45</i>		
PERES.			
DISPLACEMENT	<i>60.5 GAL</i>		
EQUIPMENT			

PUMP TRUCK	CEMENTER	<i>Bob</i>
# <i>53/54</i>	HELPER	<i>Jim</i>
BULK TRUCK		
# <i>42/467</i>	DRIVER	<i>CRASAR</i>
BULK TRUCK		
#	DRIVER	

CEMENT			
AMOUNT ORDERED	<i>200 AMD</i>		
	<i>150 A 200 CC</i>		
COMMON	<i>350 A</i>	@ <i>16.25</i>	<i>5687.50</i>
POZMIX		@	
GEL		@	
CHLORIDE	<i>10 SK</i>	@ <i>58.25</i>	<i>582.50</i>
ASC		@	
	<i>4 SK</i>	@ <i>34.00</i>	<i>136.00</i>
		@	
	<i>Sodium Nitro 76</i>	@ <i>3.00</i>	<i>1125.00</i>
		@	
	<i>FLC seal 50</i>	@ <i>2.20</i>	<i>135.00</i>
		@	
	<i>Sugar 50</i>	@ <i>1.10</i>	<i>55.00</i>
		@	
HANDLING	<i>378</i>	@ <i>2.10</i>	<i>793.80</i>
MILEAGE	<i>SKIMMIX 11</i>		<i>1422.00</i>
TOTAL			<i>9941.03</i>

REMARKS:

Thank You.
call SD BBL to Pitt

SERVICE

DEPTH OF JOB	<i>822</i>		
PUMP TRUCK CHARGE			<i>1125.00</i>
EXTRA FOOTAGE	<i>522'</i>	@ <i>.95</i>	<i>495.90</i>
MILEAGE	<i>35 mi</i>	@ <i>7.00</i>	<i>245.00</i>
MANIFOLD	<i>head</i>	@	<i>200.00</i>
CT WEL M	<i>35</i>	@ <i>4.00</i>	<i>140.00</i>
TOTAL			<i>2265.90</i>

CHARGE TO: *Tug Hill*
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<i>9 5/8</i>			
<i>1- Top saw plug</i>	@ <i>158.00</i>		<i>158.00</i>
	@		
	@		
	@		
TOTAL			<i>158.00</i>

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
TOTAL CHARGE *12301.93*
DISCOUNT *7996.00* IF PAID IN 30 DAYS

SIGNATURE *[Signature]*
APP # *12-0105*

James Howard
PRINTED NAME

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 28, 2012

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

Re: ACO1
API 15-033-21628-00-00
Bearden Trust 1 SWD
SE/4 Sec.07-33S-17W
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