



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1094343

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Helen 1
Doc ID	1094343

All Electric Logs Run

dual induction
porosity
bond
geo

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Helen 1
Doc ID	1094343

Tops

Name	Top	Datum
hushpuckney shale	4573	-3167
B/KC	4621	-3217
PAWNEE	4720	-3316
CHER GRP	4770	-3366
CHER SD	4796	-3392
MISS	4815	-3411
KIND SH	5100	-3696
WDFD SH	5176	-3772

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 21, 2012

Anthony Farrar
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO1
API 15-007-23880-00-00
Helen 1
SE/4 Sec.10-35S-12W
Barber 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,
Anthony Farrar



CEMENTING LOG

STAGE NO. _____

Date 5-26-2012 District ML Ticket No. 33954
 Company Indian Oil Rig USI #5
 Lease Helen Well No. 1
 County Berhen State Ks
 Location Vic Heratner, Ks Field 10-355-12w

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 3 1/2 Type _____ Weight 5 1/2 Collar _____

Casing Depths: Top KB Bottom 5107'

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 523 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbbls/Lin. ft. .0238 Lin. ft./Bbl. 42.01
 Open Holes: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbls/Lin. ft. .10309 Lin. ft./Bbl. 32.40
 Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: 3 bbls water, 500 gals mud clean, 3 bbls water
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time _____ hrs. Type 60' 40' 4% G91
RC+ mouse hole Excess _____
 Amt. 50 Skys Yield 1.40 ft³/sk Density 14.1 PPG _____

TAIL: Pump Time _____ hrs. Type CLASS D nsc + 5#
Kelsoe + .2% FH Lot .2% G91 Excess _____
 Amt. 125 Skys Yield 1.57 ft³/sk Density 14.5 PPG _____
 WATER: Lead 6.7 gals/sk Tail 723 gals/sk Total 30 Bbbls.

Pump Trucks Used 548-545-Brett + Derrin
 Bulk Equip. 364-Bronson

Float Equip: Manufacturer Weatherford
 Shoe: Type Guide Shoe Depth _____
 Float: Type AFV Insert Depth _____
 Centralizers: Quantity _____ Plugs Top 1 Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type 2% KCL water Amt. 120 Bbbls. Weight 8.34 PPG _____
 Mud Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE Anthony Ferrer CEMENTER Derrin Franklin

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbbls Min.	
	400					Pipe on bottom + break circulation
	400				6	Pump 3 bbls water
	400				6	500 gals mud clean
	400				6	3 bbls water
	100				3	mix 30sr for RC+ hole
	100				3	mix 20sr for mouse hole
	400				6	mix 125sr tail cement
						Shut down
						Wash pump & lines
						Release plug
	100				7	Start displacement
	400			85	7	Line pressure @ 85 bbls
	600			110	3	Slow rate to 3 bpm @ 110 bbls
	1200			120	3	Bump plug @ 120 bbls 600-1200 psi
						Float did not hold

FINAL DISP. PRESS: 600 PSI BUMP PLUG TO 1200 PSI BLEEDBACK Shut in BBLs. THANK YOU

ALLIED CEMENTING CO., LLC. 037974

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, Ks

DATE <u>5-16-2012</u>	SEC. <u>10</u>	TWP. <u>35s</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 AM</u>	JOB FINISH <u>7:30 AM</u>
LEASE <u>Helen</u>		WELL # <u>1</u>	LOCATION <u>Herron KS, 2 east</u>		COUNTY <u>Berber</u>	STATE <u>Ks</u>	
OLD OR <u>(NEW)</u> (Circle one)			<u>1/8 south west into</u>				

CONTRACTOR V91 #5 OWNER Inden Oil

TYPE OF JOB Socface

HOLE SIZE 17 1/2 T.D. 220'

CASING SIZE 13 3/8 DEPTH 203'

TUBING SIZE 8 5/8 L5 DEPTH 14'

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 29 1/2 bbls of fresh water

CEMENT

AMOUNT ORDERED 215sx Class A

20% Gel + 3% ACC

COMMON <u>Class A 215</u>	@ <u>16.25</u>	<u>3,493.75</u>
POZMIX	@	
GEL <u>4sx</u>	@ <u>21.25</u>	<u>85.00</u>
CHLORIDE <u>8sx</u>	@ <u>58.20</u>	<u>465.60</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>227sx</u>	@ <u>2.25</u>	<u>510.75</u>
MILEAGE <u>227/11125</u>		<u>624.25</u>
TOTAL		<u>5,179.35</u>

EQUIPMENT

PUMP TRUCK CEMENTER Darin F.

548-545 HELPER Brett, Darin

BULK TRUCK

381-250 DRIVER Bronson

~~BULK TRUCK~~

DRIVER

REMARKS:

Pipe on bottom & break circulation

pump 3 bbls fresh water ches 2

mix 215sx of cement, Displace

29 1/2 bbls of fresh water, shut in

cemens did circulate

CHARGE TO: Inden Oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 217'

PUMP TRUCK CHARGE 1125.00

EXTRA FOOTAGE @

MILEAGE 25 @ 7.00 175.00

MANIFOLD 8 5/8 Swears & Ure

Light vehicle 25 @ 4.00 100.00

@

TOTAL 1,400.00

PLUG & FLOAT EQUIPMENT

@

None

@

@

@

@

TOTAL _____

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 Randy Smith

SIGNATURE X Randy Smith

Thank You!!!

SALES TAX (If Any) _____

TOTAL CHARGES 6579.35

DISCOUNT _____ IF PAID IN 30 DAYS



CEMENTING LOG

STAGE NO. _____

Date 5-19-12 District M.L. Ticket No. 32677
 Company Indian Oil Rig Val #5
 Lease Helen Well No. #1
 County Barber State KS
 Location 2 E Hardtner Ks, 1/2 S, W/into Field 10-355-12W

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

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 95/8 Type _____ Weight 23# Collar _____

LEAD: Pump Time _____ hrs. Type 65:35:6% gel
+ 3% ac + 1/4 fl seal Excess _____
 Amt. 250 Sks Yield 1.98 ft³/sk Density 12.8 PPG

TAIL: Pump Time _____ hrs. Type Class "A" + 3%
10 + 2% gel Excess _____
 Amt. 250 Sks Yield 1.34 ft³/sk Density 15.2 PPG

WATER: Lead 10.9 gals/sk Tail 6.51 gals/sk Total 147.81 Bbls.

Casing Depths: Top KB Bottom 822.02

Pump Trucks Used 471-302
 Bulk Equip. 471-252

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.D. 830.02 ft. P.B. to _____ ft.

Floater Equip: Manufacturer Weatherford

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.0637 Lin. ft./Bbl. 15.70
 Open Holes: Bbls/Lin. ft. 0.0735 Lin. ft./Bbl. 13.61
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Shoe: Type _____ Depth _____
 Floater Type AFU Insert Depth _____
 Centralizers: Quantity 2 Plugs Top _____ Btm. Rubber
 Stage Collars _____
 Special Equip. 2 Baskets
 Disp. Fluid Type Fresh H2O Amt. _____ Bbls. Weight 2.34 PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Ron Gilley

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						pipe on Bottom Break Circu.
11:45	100		3	< 1min	4	pump Fresh H2O Ahead
11:50	150		147.81	27min	5.5	Mix All Cement
						Stop Release Plug
					5	Start Displacement wash up on top plug
			47#		3	Slow at 10 Bbls out
						Bump Plug @ 500' over
						Cement Did Not Circulate
						Top Out With 50sx A+3% ac

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK Hold BBLs. THANK YOU

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 24, 2012

Anthony Farrar
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO-1
API 15-007-23880-00-00
Helen 1
SE/4 Sec.10-35S-12W
Barber County, Kansas

Dear Anthony Farrar:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/18/2012 and the ACO-1 was received on September 21, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department