



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093086
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: _____

1093086

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 OIL & GAS SERVICES, LLC 053433

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <u>07-01-12</u>	SEC. <u>8</u>	TWP. <u>27S</u>	RANGE <u>20W.</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00a.m</u>	JOB FINISH <u>10:30A.m</u>
LEASE <u>Emsele</u>	WELL # <u>1-SW0</u>	LOCATION <u>N.W. Mellinville Ks.</u>			COUNTY <u>Ford</u>	STATE <u>Ks.</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR Patterson OWNER _____
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1010 feet
 CASING SIZE 9 5/8 36# DEPTH 990 feet
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 850 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 41.95
 CEMENT LEFT IN CSG. 41.95
 PERFS. _____
 DISPLACEMENT 73.13 BBls.

CEMENT
 AMOUNT ORDERED 200 sk "A" 3% CC, 2% S.M., 2% Gyp Seal, 1/4 Flo Seal/sk, 200 sk "A" 2% CC.
 COMMON 400 sk A @ 16.25 6,500.00
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE 1 3/4 sk @ 58.00 683.85
 ASC _____ @ _____
Gyp Seal 3 3/4 @ 34.20 128.25
45 S.M. 37 1/2 @ 3.00 1128.00
Flo-Seal 50 @ 2.70 135.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 419 sk @ 2.25 942.75
 MILEAGE 419 sk x M @ 11 1613.15
 TOTAL 16131.00

EQUIPMENT
 PUMP TRUCK CEMENTER RUBEN CHAVEZ
 # 558/555 HELPER MAT THIMESCH
 BULK TRUCK
 # 421/292 DRIVER GARRET McLEMORE
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
Mix pump 350 sk cement, circu-
late to surface. lay down plug
at 850 PSI.
1/8 BB bleed back
Wash out pump and 20' conductor
Thank you.

CHARGE TO: TUG HILL
 STREET _____
 CITY _____ STATE _____ ZIP _____

10: Allied Oil & Gas Services, 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 Chaplin Packer
 SIGNATURE [Signature]
APR 12-2012

SERVICE

DEPTH OF JOB _____ 1090 feet
 PUMP TRUCK CHARGE _____ 1925.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE heavy 35 @ 7.00 245.00
 MANIFOLD _____ @ _____
 High Vehicle 35 @ 4.00 140.00
 CMHD 1 @ 200.00 200.00
 TOTAL 2510.00

PLUG & FLOAT EQUIPMENT

9 5/8
Top rubber plug 1 @ 158.00 158.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 158.00

SALES TAX (if Any) _____
 TOTAL CHARGES 13799.00
 DISCOUNT 8969.35 IF PAID IN 30 DAYS
-50 sk "A" 812.50
 TOTAL = 8156.85



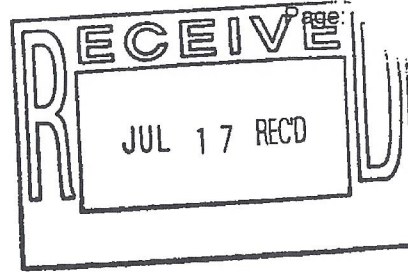
INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 131827

Invoice Date: Jul 1, 2012

Voice: (817) 546-7282
Fax: (817) 246-3361



Bill To:

Tug Hill Operating
550 Bailey, Suite 150
Fort Worth, TX 76107

12-0146 830.18

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
TugHill	Einsel #1-SWD	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jul 1, 2012	7/31/12

Quantity	Item	Description	Unit Price	Amount
400.00	MAT	Class A Common	16.25	6,500.00
11.75	MAT	Chloride	58.20	683.85
3.75	MAT	GypSeal	34.20	128.25
376.50	MAT	C-45	3.00	1,129.50
50.00	MAT	FloSeal	2.70	135.00
419.00	SER	Handling	2.25	942.75
686.45	SER	Ton miles	2.35	1,613.15
1.00	SER	Surface	1,925.00	1,925.00
35.00	SER	Heavy Vehicle Mileage	7.00	245.00
35.00	SER	Light Vehicle Mileage	4.00	140.00
1.00	SER	CMHD	200.00	200.00
1.00	EQP	9 5/8 Top Rubber Plug	158.00	158.00
1.00	CEMENTER	Ruben Chaves		
1.00	CEMENTER	Matt Thimesch		
1.00	OPER ASSIST	Garret McLemore		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$4829.65

ONLY IF PAID ON OR BEFORE
Jul 26, 2012

Subtotal	13,800.50
Sales Tax	
Total Invoice Amount	13,800.50
Payment/Credit Applied	
TOTAL	13,800.50

<4829.65>
8970.35



CONSOLIDATED
Oil Well Services, LLC

#251282

TICKET NUMBER 32190

LOCATION BARTLESVILLE, OK

FOREMAN Donnie Tate

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-12	7829	EINSEL #1 SLD	8	27	20W	Kiowa, KS
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
TUG HILL EXPLORATION			419	JAMES N		
			538	Jeff F		
				Acron		
CITY	STATE	ZIP CODE				

JOB TYPE LS HOLE SIZE 9 3/4 HOLE DEPTH 5610 CASING SIZE & WEIGHT 7" 26#
 CASING DEPTH 5571 DRILL PIPE _____ TUBING 55, 45 OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 1.58 WATER gal/sk 6.85 CEMENT LEFT IN CASING _____
 DISPLACEMENT 211 + 3 DISPLACEMENT PSI 500 MIX PSI 500 RATE 5.43

REMARKS: ARRIVE ON LOC @ 11:30 AM. RIG UP @ 5:30 PM - WE RAN 5 H2O 5 MF, 5 H2O - NO CIRC - CUSTOMER SAID GO WITH IT WE RAN 175 SK CLASS A w/ 6% OWC 2% CAL 2% GEL 6" KOL 6% SALT 40# PHENO - WASH OUT PUMP AND LINES RELEASE PUL AND DIS 211 + 35 - GOT CIRC @ 160 BBL GONE - PLUG DTD NOT LAND CUSTOMER MADE IN CALL SAID LEAVE IT. WE RIG DOWN WITH 1/2 PLUG DOWN @ 7 PM well holding 700# - 4 samples taken 1 BBL RETURNS WHEN OPENED. 175 SK - 50 slurry we ran 60.

ATE 12-0146

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	65	MILEAGE		1030.00
5407A	510	Tow Milage		260.00
5402	5571	Footage		683.40
				1225.60
1126	175 SK	OWC		
110A	1050#	KOL SEAL		3290.00
1111	1000#	SALT		483.00
1107A	280#	PHENO		370.00
1144	5 gal	MUD FLUSH		361.20
4409	1	7" PLUG		210.00
				82.00
		8222.13		
		822.21 Disc.		
		750.82 TOTAL		

10% Disc if Paid within 30 DAYS

SALES TAX 350.13
ESTIMATED TOTAL 8345.35

AUTHORIZATION *[Signature]* TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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

September 10, 2012

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

Re: ACO1
API 15-097-21727-00-00
Einsel 1 SWD
SW/4 Sec.08-27S-20W
Kiowa 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