



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1093106
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
-----------------------------------	-----------------	---

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: _____

1093106

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
--	---

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

ALLIED OIL & GAS SERVICES, LLC 053439

Federal Tax I.D.# 20-5976804

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

SERVICE POINT:
Liberal Ks.

DATE <u>07-22-12</u>	SEC. <u>18</u>	TWP. <u>34S</u>	RANGE <u>18W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00</u>	JOB FINISH <u>8:30</u>
Hi-Times LEASE Form Trust		WELL # <u>1-5W0</u>	LOCATION <u>S. Cold Water hrs</u>		COUNTY <u>Comanche</u>	STATE <u>Ks.</u>	
OLD OR (NEW) (Circle one)					<u>1.08</u>	<u>6.3</u>	

CONTRACTOR Patterson 421
 TYPE OF JOB INTERMEDIATE
 HOLE SIZE 8 3/4 TD. 6781 feet
 CASING SIZE 7" 2.6 # DEPTH 6748.32
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1000 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 2.56.07 BBIS

OWNER Tug-Hill Operating
 CEMENT AMOUNT ORDERED 175 sk "H" ASC + 5 #
 Kel Seal + .5% FL-160 + DEtamer
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASCH 175 @ 21.25 3718.75
Gls 875 # @ .89 778.25
FL-160 82 # @ 17.20 1410.40
P.DEF. 24 # @ 8.90 213.60
SpFL 500 gal. @ 1.27 635.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 225 lb/t @ 2.10 472.50
 MILEAGE 343 4m/1 mile @ 2.35 806.05
343 TOTAL 8035.05

EQUIPMENT
 PUMP TRUCK CEMENTER BRUDEN CHADLER 1
 # 549/550 HELPER Lenny BAEZA 2
 BULK TRUCK
 # 421-252 DRIVER
 BULK TRUCK
 # _____ DRIVER

REMARKS:
Pump is 800 sp/h Mod.
Mix + pump 175 sk "H" ASC and
displaced it with 2.56 BBIS H₂O
Land plug at 1000 PSI
Thank you.

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

SERVICE
 DEPTH OF JOB 6748.32 feet
 PUMP TRUCK CHARGE 3175.00
 EXTRA FOOTAGE @ _____
 MILEAGE heavy 3S @ 7.00 245.00
 MANIFOLD + Head 1 @ 200.00 200.00
Light Vehicle 3S @ 4.00 140.00
 _____ @ _____
 TOTAL 3760.00

To: 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.

PLUG & FLOAT EQUIPMENT
7"
Top rubber plug 1 @ 85.00 85.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 85.00

PRINTED NAME Jim Quisenberry
 SIGNATURE [Signature]
 AFE: 12-0107 CODE: 830.18

SALES TAX (if Any) 431.01
 TOTAL CHARGES 11880.05
 DISCOUNT 3.5% 4158.02 IF PAID IN 30 DAYS
7722-03 Net

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

27050

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

SERVICE POINT:

Liberal, KS

DATE <u>7-10-12</u>	SEC <u>1K</u>	TWP. <u>24</u>	RANGE <u>18W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:30am</u>	JOB FINISH <u>9:00am</u>
PLEASE PRINT HUBBARD FAMILY		WELL # <u>#1</u>	LOCATION <u>BUTTERMILK KS 2S</u>			COUNTY <u>CLARK</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>		<u>26 Nite</u>				<u>1.01</u>	<u>6'</u>

CONTRACTOR UTI 421

TYPE OF JOB 9 3/4 SURFACE

HOLE SIZE 12 1/4 T.D.

CASING SIZE 9 3/4 36# DEPTH 771

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 500 MINIMUM 0

MEAS. LINE _____ SHOE JOINT 45'

CEMENT LEFT IN CSQ. 45.3'

PERFS. _____

DISPLACEMENT 56.1 BBL

OWNER SAME

CEMENT AMOUNT ORDERED 200 AMD

150 A, 20 1/2 CC

COMMON 350 A @ 16.15 5687.50

POZMIX @ _____

GEL @ _____

CHLORIDE CC 10SK @ 58.10 581.00

ASC @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Bob's Repair

531/541 HELPER RUBIN

BULK TRUCK DRIVER DAVE CONVERSE

471/467

BULK TRUCK DRIVER Contract Driver

0-45 376# @ 3.00 1128.00

FLORSEA 50LB @ 2.10 135.00

BYR SEAL 4SK @ 39.00 136.00

HANDLING 378 @ 2.10 793.80

MILEAGE 605.5

REMARKS:

Thank You

Pipe cont to surface

SERVICE

DEPTH OF JOB 771'

PUMP TRUCK CHARGE 112.50

EXTRA FOOTAGE 500 @ .95 475.00

MILEAGE 35 @ 7.00 245.00

MANFOLD + Head @ _____ 200.00

FLUE W 35 @ 4.00 140.00

TOTAL 2185.00

CHARGE TO: Tug Hill

STREET _____

CITY _____ STATE _____ ZIP _____

AFE 12-0107

PLUG & FLOAT EQUIPMENT

9 3/4

Top Plug @ 158.00

TOTAL 158.00

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 493.04

TOTAL CHARGE 12229.03

DISCOUNT 35% IF PAID IN 30 DAYS

SIGNATURE Buck Davis

Buck Davis
PRINTED NAME

Line 4280.16

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 15-033-21620-00-00
Hoffman Family Trust 1 SWD
SE/4 Sec.18-34S-18W
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