



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094007
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: _____

1094007

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)*

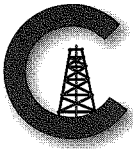
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 251186

Invoice Date: 07/13/2012 Terms: 10/10/30,n/30

Page 1

KNIGHTON OIL CO
BUILDING 100 SUITE A
1700 N. WATERFRON PARKWAY
WICHITA KS 67206
(316)264-7918

CASEY #2 SWD
36979
16-9-19
07-11-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	150.00	15.1000	2265.00
1126	OIL WELL CEMENT	175.00	22.5500	3946.25
1131	60/40 POZ MIX	350.00	15.1000	5285.00
1118B	PREMIUM GEL / BENTONITE	2408.00	.2500	602.00
1110A	KOL SEAL (50# BAG)	875.00	.5600	490.00
1107	FLO-SEAL (25#)	125.00	2.8200	352.50
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4454	5 1/2" LATCH DOWN PLUG	1.00	567.0000	567.00
4277	DV TOOL SIZE 5 1/2" (STA	1.00	4700.0000	4700.00
4130	CENTRALIZER 5 1/2"	8.00	58.0000	464.00
4104	CEMENT BASKET 5 1/2"	3.00	276.0000	828.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-2041.28
9995-130	CEMENT EQUIPMENT DISCOUNT	-554.50

	Description	Hours	Unit Price	Total
399	SINGLE PUMP	1.00	3020.00	3020.00
399	EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
528	TON MILEAGE DELIVERY	1.00	2299.95	2299.95

PAID	
CK. NO.	DATE
63312	7/20/12

Cement Casing
Casey #2 SWD

1AC

Amount Due 27243.71 if paid after 08/12/2012

Parts:	20412.75	Freight:	.00	Tax:	1157.41	AR	24519.33
Labor:	.00	Misc:	.00	Total:	24519.33		
Sublt:	-2595.78	Supplies:	.00	Change:	.00		

WELL FILE

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36979
LOCATION Oakley, KS
FOREMAN Kelly Gabel
Fuzzy

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
2-11-12	4495	Casey #2 SWD	16	9	19	Rooks
CUSTOMER Knighton Oil Co.			52 urict 2 N 1/4 W N:MO TRUCK # DRIVER TRUCK # DRIVER 399 Damon M 528 Bobby S			
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 3580 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH _____ DRILL PIPE _____ TUBING DV TOP 51 OTHER DV @ 1441'
 SLURRY WEIGHT 125-14 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 1000-35 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rigged up on WAW Drilling Rig #6, ran float eqvt
Cent on JT #1, 3, 5, 7, 9, 25, 50, 52 Baskets on #5 25, 51, 52 DV top of #51
hooked up to circulate for 2 hrs, mixed 150 SKS 60/40 Poz 8% gel 1/4" Flo-seal tailed
in with 175 SKS OWC 5" Pbk Kol-seal pumped 5 bbl water, mud flush, 5 bbl water
displaced with 50 bbl water 37 bbl mud with 200# lift, plug landed @ 1500', dropped
DV bomb, opened tool, circulated 1 hr, mixed 30 SKS RH, mixed 30 SKS 60/40 Poz
8% gel 1/4" Flo-seal washed out pumps, released plug, displaced with
35 bbl water with 800# lift plug landed @ 1500' released pressure, 1st
Hold, wash out pumps, rigged down
Cement did circulate Approx 15 bbl to pit. Shank & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020.00	3020.00
5406	45	MILEAGE	5.00	225.00
1131	150 SKS	60/40 Poz (bottom)	15.10	2265.00
1126	175 SKS	OWC	22.55	3946.25
1131	350 SKS	60/40 Poz top	15.10	5285.00
115B	2408 #	Bentonite	.25	602.00
110A	875 #	Kol-seal	.56	490.00
1107	125 #	Flo-seal	2.83	352.50
5407A	30.6	Ton Mileage delivery	1.67	2299.95
11446	500 gal	mud flush	1.00	500.00
41159	1	5 1/2 AFU float shoe (T)	413.00	413.00
44541	1	5 1/2 Latchdown Assy (LO)	567.00	567.00
4277	1	5 1/2 DV Tool (LO)	4700.00	4700.00
41130	8	5 1/2 Centralizer (T)	58.00	464.00
4104	3	5 1/2 basket	276.00	828.00
				25,957.70
				2595.28
				23,361.90
			SALES TAX	1157.41
			ESTIMATED TOTAL	24519.33

Plavin 3737
10:00 PM AUTHORIZATION [Signature] TITLE _____ DATE 2-11-12

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

251186 WELL FILE

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 19, 2012

Earl M. Knigon, Jr
Knighton Oil Company, Inc.
1700 N WATERFRONT PKY
BLDG 100 STE A
WICHITA, KS 67206

Re: ACO1
API 15-163-20550-00-01
Casey 2 SWD
SE/4 Sec.16-09S-19W
Rooks 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,
Earl M. Knigon, Jr