



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1094365  
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: \_\_\_\_\_

1094365

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	New Eloise 1
Doc ID	1094365

All Electric Logs Run

dual induction
porosity
bond
geo

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	New Eloise 1
Doc ID	1094365

Tops

Name	Top	Datum
B/KC	4580	-3193
PAWNEE	4680	-3293
CHER GP	4710	-3323
MISS	4800	-3413
KIND SH	5030	-3643
WOOD SH	5109	-3722
MISNER SD	5131	-3744
VIOLA	5131	-3744

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

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

Re: ACO1  
API 15-007-23911-00-00  
New Eloise 1  
SE/4 Sec.06-35S-11W  
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,  
Joscelyn Nittler

# ALLIED CEMENTING CO., LLC. 037703

Federal Tax I.D.# 20-5975804

MITTO P.O. BOX 31  
RUSSELL, KANSAS 67665.

SERVICE POINT:  
*Medicine Lodge KS*

DATE <i>7/4/12</i>	SEC. <i>6</i>	TWP. <i>35S</i>	RANGE <i>11W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>4:00 PM</i>
LEASE <i>NO FLOIS</i> WELL# <i>1</i>		LOCATION <i>Kiowa, Twp 1/2 E, N/S</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)				1.01		7.3	

CONTRACTOR *UA #5*  
 TYPE OF JOB *Surface*  
 HOLE SIZE *12 1/4* T.D.  
 CASING SIZE *8 5/8* DEPTH *749'*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX *800* MINIMUM  
 MEAS. LINE SHOE JOINT *34*  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT *45 1/2 Bbls Fresh*


OWNER *Indian Oil Co.*  
 CEMENT AMOUNT ORDERED  
*250 x 65:35:6 + 5% cc + 1/4 floscal*  
*150 x 3K Class A + 3% cc + 2% bcc*

COMMON	<i>150</i>	@ <i>16.25</i>	<i>2437.50</i>
POZMIX		@	
GEL	<i>3</i>	@ <i>21.25</i>	<i>63.75</i>
CHLORIDE	<i>14</i>	@ <i>58.20</i>	<i>814.00</i>
ASC		@	
<i>DLW</i>	<i>250</i>	@ <i>15.00</i>	<i>3750.00</i>
<i>Floscal</i>	<i>62</i>	@ <i>2.70</i>	<i>167.40</i>

EQUIPMENT  
 PUMP TRUCK CEMENTER *Carl Bolding 1*  
 # *558-555* HELPER *Matt Thomasek 1*  
 BULK TRUCK  
 # *356* DRIVER *Bruce Boor 3*  
 BULK TRUCK  
 # DRIVER

HANDLING	<i>452.69</i>	@ <i>2.10</i>	<i>950.64</i>
MILEAGE	<i>38.574/20/2.35</i>		<i>773.83</i>
	<i>329.28</i>		<b>TOTAL <i>8957.92</i></b>

REMARKS:

*Thank you*  


SERVICE

DEPTH OF JOB	<i>749'</i>		
PUMP TRUCK CHARGE	<i>1125.00</i>		
EXTRA FOOTAGE	<i>449</i>	@ <i>-.95</i>	<i>426.55</i>
MILEAGE	<i>20</i>	@ <i>7.00</i>	<i>140.00</i>
MANIFOLD	<i>Hard Rental</i>	@	<i>200.00</i>
Light Vehicle	<i>20</i>	@ <i>4.00</i>	<i>80.00</i>

TOTAL *1971.55*

CHARGE TO: *Indian Oil Co.*  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<i>AFU Insert</i>	@	<i>382.00</i>
<i>2 - Centralizers</i>	@ <i>67.00</i>	<i>134.00</i>
<i>2 - Baskets</i>	@ <i>478.00</i>	<i>956.00</i>
<i>1 - Rubber plug</i>	@	<i>112.00</i>

TOTAL *1584.00*

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.

SALES TAX (If Any) *643.61*  
 TOTAL CHARGES *12,512.67* **3.49**

PRINTED NAME *Randy Smith*

SIGNATURE *Randy Smith*

# ALLIED OIL & GAS SERVICES, LLC 053863

Federal Tax I.D. # 20-5975804

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

SERVICE POINT:  
*Propane labels*

DATE	SEC.	TWP.	RANGE	LOCATED OUT	ON LOCATION	JOB START	JOB FINISH
07-31-12	06	35	11	052814 KS	254. 1/8 E, N/4th	Barber	KS
LEASE	<i>New</i>	<i>Reliance</i>	WELL #	1	LOCATION	INDIAN	7:00 AM
OLD OR NEW	(Circle one)						

CONTRACTOR *Vol 45* OWNER *Indians*

TYPE OF JOB *Production*

HOLE SIZE *7 7/8* T.D. *5247'*

CASING SIZE *5 1/2* DEPTH *5238'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1300* MINIMUM *-*

MEAS. LINE SHOE JOINT *2116*

CEMENT LEFT IN CSG. *7'*

PERFS.

DISPLACEMENT *129KB615 2% KCL water*

EQUIPMENT

PUMP TRUCK CEMENTER *DEAL*

# *471-302* HELPER *S. Pilly*

BULK TRUCK DRIVER *B. Bore*

# *421-252*

BULK TRUCK DRIVER

REMARKS: *See Job Log.*

DEPTH OF JOB *5238'*

PUMP TRUCK CHARGE

EXTRA FOOTAGE

MILEAGE

MANIFOLD *headcraft*

*light valve*

TOTAL

CITY STATE ZIP

CHARGE TO: *Indian Oil*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE

MILEAGE

MANIFOLD

TOTAL

<i>1- Galbe Slur</i>	@	
<i>1- AFU Insort</i>	@	
<i>2- cement 3.1st</i>	@	
<i>6- control liner</i>	@	
<i>1- TRP</i>	@	

SALES TAX (If Any) \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS \_\_\_\_\_

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.

PRINTED NAME *Torvald Miller*

SIGNATURE *Torvald Miller*

*5 1/2*



# CEMENTING LOG

STAGE NO.

Date 07-31-12 District Med. Lodge, KS Ticket No. 53863  
 Company Indian Oil Rig Vol # 5  
 Lease New Elaise Well No. 1  
 County Barber State KS  
 Location U. S. Court, KS Field 06-355-11w

CEMENT DATA:  
 Spacer Type: 500gals ASF  
 Amt. \_\_\_\_\_ Skys Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG \_\_\_\_\_

CASING DATA: PTA  Squeeze   
 Surface  Intermediate  Production  Liner   
 Size 5 1/2 Type \_\_\_\_\_ Weight 15.5 Collar \_\_\_\_\_

LEAD: Pump Time \_\_\_\_\_ hrs. Type 60:40 4/6 gal  
 Excess \_\_\_\_\_

Amt. 50 Skys Yield 1.41 ft<sup>3</sup>/sk Density 14.1 PPG \_\_\_\_\_

TAIL: Pump Time \_\_\_\_\_ hrs. Type A ASC + 5% Kalsol  
+ .2% FL-16D + .2% Gas Block + Excess  
 Excess \_\_\_\_\_

Amt. 150 Skys Yield 1.57 ft<sup>3</sup>/sk Density 14.5 PPG \_\_\_\_\_

WATER: Lead 6.7 gals/sk Tail 223 gals/sk Total \_\_\_\_\_ Bbls. \_\_\_\_\_

Casing Depths: Top \_\_\_\_\_ Bottom \_\_\_\_\_

Pump Trucks Used 471-302

Bulk Equip. 421-

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
 Open Hole: Size 7 7/8 T.D. 5247 ft. P.B. to 5238 ft.

Float Equip: Manufacturer W.G.

Shoe: Type Guide Shoe Depth \_\_\_\_\_

Float: Type AFU insert + Depth \_\_\_\_\_

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .0238 Lin. ft./Bbl. \_\_\_\_\_

Centralizers: Quantity 6 Plugs Top TRP Btm. \_\_\_\_\_

Open Holes: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_

Stage Collars \_\_\_\_\_

Drill Pipe: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_

Special Equip. 2 - Baskets

Annulus: Bbls/Lin. ft. .0309 Lin. ft./Bbl. \_\_\_\_\_

Disp. Fluid Type 2% KCL Water Amt. 124 1/2 Bbls. Weight \_\_\_\_\_ PPG \_\_\_\_\_

Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_

Mud Type Native Weight \_\_\_\_\_ PPG \_\_\_\_\_

Perforations: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Amt. \_\_\_\_\_

COMPANY REPRESENTATIVE \_\_\_\_\_

CEMENTER D. Felio

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						Pipe on BHM, Break Circ.
	400			3	4	Pump Fresh H <sub>2</sub> O
	400			12	4	Pump 500gals ASF
	400			3	4	Pump Fresh H <sub>2</sub> O
	400 & 200			42	5 1/2 - 6	Mix 150sr "A" ASC Cement
	100			10	3	Stop Pump Wash Pump & Lines Release Plug
	200				7	Start Dis. w/ Fresh H <sub>2</sub> O
	450			89	7	See 5' steady increase in PSI
	<del>800</del>			<del>115</del>	4 1/2	Slow Rate
	800			115	2 1/2	Slow Again
	1300			124 1/2	2 1/2	Bump Plug
						Release PSI - Float Did Hold
	100			12 1/2	3	Plug Ret & Mouseholes w/ 50sr 60:40

FINAL DISP. PRESS: 800 PSI BUMP PLUG TO 1300 PSI BLEEDBACK 1 BBLs. THANK YOU