



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1095189
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: _____

1095189

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Credo Petroleum Corporation
Well Name	See 1-33
Doc ID	1095189

All Electric Logs Run

Borehole Compensated Sonic
Microresistivity
Dual Induction
Dual Compensated Porosity

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 28, 2012

jack Renfro
Credo Petroleum Corporation
1801 BROADWAY # 900
DENVER, CO 80202-3858

Re: ACO1
API 15-171-20892-00-00
See 1-33
NW/4 Sec.33-16S-31W
Scott 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,
jack Renfro

ALLIED OIL & GAS SERVICES, LLC 053753

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Corral Bend, KS

See

DATE <u>7-22-12</u>	SEC. <u>33</u>	TWP. <u>16S</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30</u>	JOB FINISH <u>(6:30)</u>
LEASE <u>see</u>	WELL.# <u>1-33</u>	LOCATION <u>Healey, KS SW 1/4 N</u>		COUNTY <u>Scott</u>	STATE <u>KS</u>		
OLD OR <u>(NEW)</u> (Circle one)			<u>EMSD</u>		<u>1.01</u> <u>8.3</u>		

CONTRACTOR WV Drilling Rty #2 OWNER _____
 TYPE OF JOB Gas Case
 HOLE SIZE 12 1/8" T.D. _____
 CASING SIZE 4 3/4" DEPTH 262.70
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15 FT
 PERFS. _____
 DISPLACEMENT 15.77 Bbls Freshwater

CEMENT

AMOUNT ORDERED <u>160 SKS CLASS A</u>	
<u>3% cc 2% gel</u>	
COMMON <u>160</u>	@ <u>16.25</u> <u>2600.00</u>
POZMIX _____	@ _____
GEL <u>3</u>	@ <u>21.25</u> <u>63.75</u>
CHLORIDE <u>6</u>	@ <u>58.20</u> <u>349.20</u>
ASC _____	@ _____
HANDLING <u>173</u>	@ <u>2.10</u> <u>363.30</u>
MILEAGE <u>7.9 X 45 X</u>	<u>2.35</u> <u>835.43</u>
<u>355.50</u>	TOTAL <u>4211.68</u>

EQUIPMENT

PUMP TRUCK # <u>398</u>	CEMENTER <u>Dustin C</u>
BULK TRUCK # <u>442-170</u>	HELPER <u>Scott M</u>
BULK TRUCK # _____	DRIVER <u>Kiko (TWS)</u>
BULK TRUCK # _____	DRIVER _____

REMARKS:
Break circulation with big mud
plug 5 bbls Freshwater ahead
mix 160 SKS class A 3% cc 2% gel
Displace 15.77 bbls Freshwater
Cement set circulation
Plug down 6:30 pm
Run Down

CHARGE TO: Crede Petroleum Corp
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>262.7</u>	
PUMP TRUCK CHARGE _____	<u>1125.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>HVM 45</u>	@ <u>7.00</u> <u>315.00</u>
MANIFOLD _____	@ _____
<u>LVM 45</u>	@ <u>4.00</u> <u>180.00</u>
	@ _____

TOTAL 1,620.00

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.

PRINTED NAME X Thommie Hays
 SIGNATURE X Thommie Hays

PLUG & FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	

SALES TAX (If Any) 250.07
 TOTAL CHARGES 5831.68
 DISCOUNT 25% 1457.92 IF PAID IN 30 DAYS
\$4373.76

Thank You!!

ALLIED OIL & GAS SERVICES, LLC 056719

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

oakley

DATE <i>7-29-12</i>	SEC. <i>33</i>	TWP. <i>16S</i>	RANGE <i>31W</i>	CALLED OUT	ON LOCATION	JOB START <i>5:30am</i>	JOB FINISH <i>6:30am</i>
LEASE <i>see</i>	WELL # <i>1-23</i>	LOCATION <i>Healy 8W 2N slato</i>	COUNTY <i>Scott</i>	STATE <i>KS</i>			
OLD OR (NEW) (Circle one)							

CONTRACTOR *OW 2*

TYPE OF JOB *PTA*

HOLE SIZE *7 7/8* T.D. *4203*

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2* DEPTH *2340*

FOOT _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER *same*

CEMENT AMOUNT ORDERED *295 sks 6 1/4 4 1/2 gal*

1/4 Flo-seal

COMMON *122 sks @ 16.25 = 2826.25*

POZMIX *118 sks @ 8.50 = 1003.00*

GEL *10 sks @ 21.25 = 212.50*

CHLORIDE _____

ASC _____

FLO SEAL *295 @ 2.10 = 619.50*

EQUIPMENT

PUMP TRUCK CEMENTER *Andrew Jackson*

HELPER *Ethan Glassman*

BULK TRUCK DRIVER *S Adam Halcomb*

DRIVER _____

REMARKS:

20 sks @ 2340'

20 sks @ 1650'

20 sks @ 810'

10 sks @ 300'

10 sks @ 60'

15 sks mouse hole

10 sks Rest hole

thank you

CHARGE TO: *Credo Petroleum*

STREET _____

CITY _____ STATE _____ ZIP _____

HANDLING *36.82 @ 2.10 = 77.34*

MILBAGE *2.25 @ 13.24/mile = 29.79*

TOTAL *6353.15*

595.30

SERVICE

DEPTH OF JOB *2340'*

PUMP TRUCK CHARGE *1250.00*

EXTRA FOOTAGE _____

MILBAGE *45 miles @ 2.10 = 94.50*

MANIFOLD _____

Light vehicle _____

TOTAL *1785.00*

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (if Any) *672.14*

TOTAL CHARGES *8098.15*

DISCOUNT *20 1619.63* 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 *Danny Johnston*

SIGNATURE *Danny Johnston*