



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1099458
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: _____



1099458

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Kreb's 1-6
Doc ID	1099458

Tops

Name	Top	Datum
Anhydrite	2417	682
B/Anhydrite	2436	-663
Topeka	3736	-637
Heebner	3974	-875
Toronto	3993	-894
Lansing	4018	-919
C	4055	-936
D	4109	-1010
F	4133	-1034
Muncie Creek	4199	-1100
H	4209	-1110
I	4237	-1138
J	4272	-1173
Stark Shale	4300	-1201
K	4303	-1204
L	4349	-1250
BKC	4386	-1287
Marmaton	4444	-1345
Altamont	4478	-1379
Pawnee	4523	-1424
Myrick Station	4564	-1465
Fort Scott	4577	-1478
Cherokee	4606	-1507
Johnson Zone	4647	-1548

Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Kreb's 1-6
Doc ID	1099458

Tops

Name	Top	Datum
Upper Morrow Sand	4739	-1640
Missippian	4777	-1678

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

October 31, 2012

Jeff Wood
Landmark Resources, Inc.
1616 S VOSS RD STE 600
HOUSTON, TX 77057-2641

Re: ACO1
API 15-171-20917-00-00
Kreb's 1-6
SE/4 Sec.06-17S-33W
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,
Jeff Wood



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 133238

Invoice Date: Oct 20, 2012

Page: 1



Bill To:
Landmark Resources, Inc. 1616 S. Voss Suite 600 Houston, TX 77057-1264

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Land	Krebs #1-6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Oct 20, 2012	11/19/12

Quantity	Item	Description	Unit Price	Amount
165.00	MAT	Class A Common	17.90	2,953.50
3.00	MAT	Gel	23.40	70.20
6.00	MAT	Chloride	64.00	384.00
178.25	SER	Cubic Feet	2.48	442.06
365.85	SER	Ton Mileage	2.60	951.21
1.00	SER	Surface	1,512.25	1,512.25
45.00	SER	Pump Truck Mileage	7.70	346.50
45.00	SER	Light Vehicle Mileage	4.40	198.00
1.00	CEMENTER	Tim Dickson		
1.00	EQUIP OPER	Joshua Isaac		
1.00	OPER ASSIST	Alan Genereux		

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

\$ 1714.43

ONLY IF PAID ON OR BEFORE
Nov 14, 2012

Subtotal	6,857.72
Sales Tax	282.84
Total Invoice Amount	7,140.56
Payment/Credit Applied	
TOTAL	7,140.56

ALLIED OIL & GAS SERVICES, LLC 059065

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Acet Band 4

DATE <u>10-20-12</u>	SEC. <u>6</u>	TWP. <u>17</u>	RANGE <u>33</u>	CALLED OUT <u>4:15 PM</u>	ON LOCATION <u>8:30 PM</u>	JOB START <u>10:00</u>	JOB FINISH <u>10:30 PM</u>
LEASE <u>Krebs</u>	WELL# <u>1-6</u>	LOCATION <u>Pence 14, 3E, 4S, 1/4E</u>	COUNTY <u>Scott</u>	STATE <u>TX</u>			
OLD OR <u>(NEW)</u> (Circle one)			<u>N-inte</u>	<u>1.01</u>	<u>8.3</u>		

CONTRACTOR Murphy Z
 TYPE OF JOB surface
 HOLE SIZE 12 1/4" T.D. 234'
 CASING SIZE 8 5/8" DEPTH 232'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13.95 bbls
 EQUIPMENT _____

OWNER Same
 CEMENT
 AMOUNT ORDERED 165 Class A
3% cc. 2% Hcl
 COMMON 165 @ 17.90 2,953.50
 POZMIX _____ @ _____
 GEL 3 @ 23.40 70.20
 CHLORIDE 6 @ 64.00 384.00
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 178.25 @ 2.48 442.50
 MILEAGE 8.13 x 45 x 2.60 951.21

PUMP TRUCK CEMENTER Tom Dickson
 # 2399 HELPER Josh Isaac
 BULK TRUCK
 # 244-112 DRIVER Adam Humeray
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
Ran 232' of 8 5/8 casing broke
circulation mixed 165 lbs
Class A 3% cc. 2% Hcl
Displaced with fresh 1420.

365.85 TOTAL 4,800.97

Cement did circulate
1 hour

SERVICE
 DEPTH OF JOB 232'
 PUMP TRUCK CHARGE 1512.35
 EXTRA FOOTAGE _____ @ _____
 MILEAGE Hum 45 @ 7.76 346.50
 MANIFOLD _____ @ _____
Hum 45 @ 4.40 198.00

CHARGE TO: Landmark Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 2056.75

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
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

PRINTED NAME X Arturo Cabera
 SIGNATURE X Arturo Cabera

TOTAL _____
 SALES TAX (If Any) 282.83
 TOTAL CHARGES 6,857.72
25% 1,714.43
 DISCOUNT _____ IF PAID IN 30 DAYS
5,143.29



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 133403
Invoice Date: Oct 28, 2012
Page: 1

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



Bill To:
Landmark Resources, Inc. 1616 S. Voss Suite 600 Houston, TX 77057-1264

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Land	Krebs #1-6	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Oct 28, 2012	11/27/12

Quantity	Item	Description	Unit Price	Amount
180.00	MAT	Class A Common	17.90	3,222.00
120.00	MAT	Pozmix	9.35	1,122.00
10.00	MAT	Gel	23.40	234.00
75.00	MAT	Flo Seal	2.97	222.75
322.20	SER	Cubic Feet	2.48	799.06
605.25	SER	Ton Mileage	2.60	1,573.65
1.00	SER	Plug to Abandon	2,483.59	2,483.59
45.00	SER	Pump Truck Mileage	7.70	346.50
45.00	SER	Light Vehicle Mileage	4.40	198.00
1.00	EQP	8.5/8 Top Wooden Plug	107.64	107.64
1.00	CEMENTER	Darren Racette		
1.00	EQUIP OPER	Tyler Flipse		
1.00	OPER ASSIST	Brandon Wilkinson		

Subtotal	10,309.19
Sales Tax	855.66
Total Invoice Amount	11,164.85
Payment/Credit Applied	
TOTAL	11,164.85

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

\$ 2268.02

ONLY IF PAID ON OR BEFORE
Nov 22, 2012

