



1101228

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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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

November 15, 2012

Leon Rodak
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: ACO1
API 15-153-20903-00-00
Hatch 1-30
SE/4 Sec.30-01S-36W
Rawlins 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,
Leon Rodak



PO Box 93999
Southlake, TX 76092

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

PROD COPY

*Acct.
Prod - Uzt*

INVOICE

Invoice Number: 131997

Invoice Date: Jul 20, 2012

Page: 1



Bill To:
Murfin Drlg. Co., Inc.
250 N. Water
STE #300
Wichita, KS 67202

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Murfin	Hatch #1-30	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Jul 20, 2012	8/19/12

Quantity	Item	Description	Unit Price	Amount
225.00	MAT	Class A Common	16.25	3,656.25
8.00	MAT	Chloride	58.20	465.60
236.20	SER	Cubic Feet	2.10	496.12
871.35	SER	Ton Mileage	2.35	2,047.69
1.00	SER	Surface	1,125.00	1,125.00
80.00	SER	Pump Truck Mileage	7.00	560.00
1.00	SER	Manifold Head Rental	200.00	200.00
80.00	SER	Light Vehicle Mileage	4.00	320.00
1.00	EQP	8.5/8 Surface Plug	92.00	92.00
1.00	CEMENTER	Andrew Forslund		
1.00	EQUIP OPER	Dane Retzloff		
1.00	OPER ASSIST	Ethan Glassman		

ID203
3.3252.0001
6164.94 Cement SRP #1-30
OKA

Subtotal	8,962.66
Sales Tax	339.21
Total Invoice Amount	9,301.87
Payment/Credit Applied	
TOTAL	9,301.87

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

\$ 3136.93

ONLY IF PAID ON OR BEFORE
Aug 14, 2012

(3136.93)

6164.94



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 132086

Invoice Date: Jul 23, 2012

Page: 1

acct. Prod. - Ligt



Bill To:
Murfin Drlg. Co., Inc. 250 N. Water STE #300 Wichita, KS 67202

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Murfin	Hatch #1-30	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Jul 23, 2012	8/22/12

Quantity	Item	Description	Unit Price	Amount
145.00	MAT	Class A Common	16.25	2,356.25
2.00	MAT	Chloride	58.20	116.40
36.00	MAT	Flo Seal	2.70	97.20
147.84	SER	Cubic Feet	2.10	310.46
551.60	SER	Ton Mileage	2.35	1,296.26
1.00	SER	Plug to Abandon	1,250.00	1,250.00
80.00	SER	Pump Truck Mileage	7.00	560.00
80.00	SER	Light Vehicle Mileage	4.00	320.00
1.00	CEMENTER	Alan Ryan		
1.00	EQUIP OPER	Wayne McGhghy		
1.00	OPER ASSIST	Ethan Glassman		

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

\$ 2207.29

ONLY IF PAID ON OR BEFORE
Aug 17, 2012

Subtotal	6,306.57
Sales Tax	523.45
Total Invoice Amount	6,830.02
Payment/Credit Applied	
TOTAL	6,830.02

OK

ALLIED OIL & GAS SERVICES, LLC 056769

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Oakley, Ki

DATE <i>7/23/12</i>	SEC <i>30</i>	TWP. <i>1</i>	RANGE <i>36</i>	CALLED OUT	ON LOCATION	JOB START <i>7:30 AM</i>	JOB FINISH <i>8:30 PM</i>
LEASE <i>ATCH</i>	WELL # <i>1-30</i>	LOCATION <i>McDonald 2W 10 N</i>	<i>1/2 E</i>			COUNTY <i>Cheyenne</i>	STATE <i>Ks</i>
OLD OR NEW (circle one)							

CONTRACTOR <i>Mur Kin 3</i>	OWNER <i>Same</i>
TYPE OF JOB <i>PTA</i>	
HOLE SIZE <i>2 7/8</i>	T.D.
CASING SIZE <i>2 7/8</i>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT	
AMOUNT ORDERED <i>145 com</i>	
<i>370 cc on side</i>	
COMMON <i>145</i>	@ <i>16.25</i> <i>2356.25</i>
POZMIX	@
GEL	@
CHLORIDE <i>2</i>	@ <i>58.20</i> <i>116.40</i>
ASC	@
<i>Flo Seal 36lb</i>	@ <i>2.20</i> <i>97.20</i>
HANDLING <i>147.84 CF</i>	@ <i>2.10</i> <i>310.46</i>
MILBAGE <i>2.35 ton/mile</i>	@ <i>6.8957</i> <i>1296.28</i>
<i>551.60</i>	TOTAL <i>4176.52</i>

EQUIPMENT

PUMP TRUCK	CEMENTER <i>Alan Ryan 1</i>
# <i>422</i>	HELPER <i>Wayne McHughy 3</i>
BULK TRUCK	
# <i>347</i>	DRIVER <i>Ethan Glaseman</i>
BULK TRUCK	
#	DRIVER

REMARKS:

*max 50 SK com 14 lb Flo Seal w/ 370 cc in 1400
2 1400 FT. - Displac, wait 4 hrs, load 140
cc cement, pull to 300' max 40 SK
pull to 40' max 10 SK, max 30 SK & 1
15K mi. h.*

SERVICE

DEPTH OF JOB	<i>1400'</i>
PUMP TRUCK CHARGE	<i>1250.00</i>
EXTRA FOOTAGE	@
MILBAGE <i>80</i>	@ <i>7.00</i> <i>560.00</i>
MANIFOLD	@
<i>late vehicle 80</i>	@ <i>4.00</i> <i>320.00</i>

TOTAL *2130.00*

CHARGE TO: *Murkin Drilling*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

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

TOTAL _____

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 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) *523.44*

TOTAL CHARGES *6,306.57*

DISCOUNT *35 2207.29* IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE *Kath Van Pelt*