



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102071
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: _____



1102071

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
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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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Corrected

ALLIED OIL & GAS SERVICES, LLC 053920

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Archie Ledge KS

DATE <i>09/21/12</i>	SEC. <i>25</i>	TWP. <i>31</i>	RANGE <i>19</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>7:00 PM</i>
LEASE <i>Proctor</i>	WELL # <i>1 (SWD)</i>	LOCATION <i>Coldwater KS, North to Ave F,</i>			COUNTY <i>Cornuche</i>	STATE <i>KS</i>	
OLD OR (NEW) (Circle one)		<i>1 Vent, North into</i>					

CONTRACTOR *Salze Patterson #421* OWNER *Tug Hill*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* I.D. *7 7/8*

CASING SIZE *9 5/8* DEPTH *756*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *960* MINIMUM

MEAS. LINE SHOE JOINT *45*

CEMENT LEFT IN CSG. *45*

PERFS.

DISPLACEMENT *55*

CEMENT

AMOUNT ORDERED *200x Class A + 2% cc + 2% ms + 2% Gyp Seal + 1/4# Flo Seal, 150x Class A + 2% cc*

COMMON <i>Class A</i>	<i>350ex</i>	@	<i>16.25</i>	<i>5687.50</i>
POZMIX		@		
GEL		@		
CHLORIDE	<i>10ex</i>	@	<i>51.20</i>	<i>512</i>
ASC		@		
Gyp Seal	<i>45x</i>	@	<i>74.20</i>	<i>136.80</i>
Sodium Metasilicate	<i>376#</i>	@	<i>3.00</i>	<i>1128</i>
Flo Seal	<i>50#</i>	@	<i>2.70</i>	<i>135</i>
HANDLING	<i>378cc @</i>	@	<i>2.10</i>	<i>793.80</i>
MILEAGE	<i>605.5 to mi</i>	X	<i>2.35</i>	<i>1422.93</i>
TOTAL				<i>9856.03</i>
				<i>9884.03</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Faun Thimerc*

548/545 HELPER *Eddie Piper/Scott Pridy*

BULK TRUCK

561/553 DRIVER *Troy Lenz*

BULK TRUCK

DRIVER

REMARKS:

Did circ cement

Well Name *Proctor Family Trust SWD*

AFE No. *12-0146*

AGENT No.

Name *Buck Davis*

Signature *Buck Davis*

SERVICE

DEPTH OF JOB *756*

PUMP TRUCK CHARGE *1185-*

EXTRA FOOTAGE *490 @ .95* *433.70*

MILEAGE *35mi @ 7* *245*

MANIFOLD + Head @ *200*

LV *35mi @ 4* *140*

TOTAL *8143.20*

CHARGE TO: *Tug Hill*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

95x

Tap Rubber Plug *1 @ 158* *158*

TOTAL *158*

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

SIGNATURE

SALES TAX (if Any) *4.91.22*

TOTAL CHARGES *12,187.23* *12,187.23*

DISCOUNT *35% of 4285.03* *1499.76*

Net *\$7902.70* *4285.03*

7921.70

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

KB
27182

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

SERVICE POINT:
LIBERAL KS

DATE: 9-29-12	SEC. 28	TWP. 31S	RANGE 19W	CALLED OUT	ON LOCATION	JOB START 10:30 AM	JOB FINISH 12:00
LEASE: Proctor	WELL # 5W0-1	LOCATION: Cold Water Ks N to			COUNTY: Comanche	STATE: KS	
OLD OR (NEW) (Circle one)		FAVE 1W N to			1.04		

CONTRACTOR WT 471

TYPE OF JOB 7" Long String

HOLE SIZE 8 7/8 T.D. 6120'

CASING SIZE 7" 26" DEPTH 6120'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 3500 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 1/2'

CEMENT LEFT IN CSG. 1/2'

PERFS. _____

DISPLACEMENT 232 B/L

OWNER SAME

CEMENT AMOUNT ORDERED 200 SK .5% FC-160

ASC H

5# Gilsonite 11# Deformin

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASCH <u>200 SK</u>	@ <u>23.45</u>	<u>4690.00</u>	
<u>Gilsonite 1000' B</u>	@ <u>.98</u>	<u>980.00</u>	
<u>FC-160 94LB</u>	@ <u>18.00</u>	<u>1716.00</u>	
<u>Deformin 2PLB</u>	@ <u>7.00</u>	<u>274.00</u>	
<u>Super Flush 1200L</u>	@ <u>58.75</u>	<u>7049.00</u>	
HANDLING <u>262</u>	@ <u>2.25</u>	<u>699.75</u>	
MILEAGE <u>385.5</u>	@ <u>2.60</u>	<u>1028.30</u>	
		TOTAL	10103.40

EQUIPMENT

PUMP TRUCK CEMENTER Robert Bryant

549/550 HELPER Cason Davis

BULK TRUCK DRIVER Richard Estrada

472/467

BULK TRUCK DRIVER _____

REMARKS:

Thank You!

CHARGE TO: Tug Hill

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

Well Name Proctor Tussy 15WD

AFE No. 12-0164

ACCNT No. 930.18

SIGNATURE Name Quill Davis

Signature [Signature]

SERVICE

DEPTH OF JOB 6120'

PUMP TRUCK CHARGE 3099.45

EXTRA FOOTAGE @ _____

MILEAGE 35 mi @ 7.20 268.50

MANIFOLD Head @ _____ 275.00

GTUEL 35 mi @ 4.40 1540.00

TOTAL **3792.75**

PLUG & FLOAT EQUIPMENT

7" Top Plug @ _____ 99.45

_____ @ _____ _____

_____ @ _____ _____

_____ @ _____ _____

_____ @ _____ _____

TOTAL **99.45**

TAX 53.70

TOTAL CHARGE 1400.46

DISCOUNT 51.80 IF PAID IN 30 DAYS

PRINTED NAME

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 20, 2012

Winnie Scott
Tug Hill Operating, LLC
550 BAILEY AVE, STE 510
FT. WORTH, TX 76107

Re: ACO1
API 15-033-21657-00-00
Proctor Trust 1SWD
SW/4 Sec.25-31S-19W
Comanche 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,
Winnie Scott