



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102154
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: _____



1102154

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE Invoice # 253646
 =====
 Invoice Date: 10/12/2012 Terms: 10/10/30,n/30 Page 1

REILLY OIL COMPANY, INC
P.O. BOX 277
WAKEENEY KS 67672
(785)743-6774

WENDY SWD 1-7
37161
7-11-24
10-12-2012
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	100.00	22.5500	2255.00
1131	60/40 POZ MIX	350.00	15.1000	5285.00
1110A	KOL SEAL (50# BAG)	500.00	.5600	280.00
1118B	PREMIUM GEL / BENTONITE	2464.00	.2500	616.00
1107	FLO-SEAL (25#)	87.50	2.8200	246.75
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4454	5 1/2" LATCH DOWN PLUG	1.00	303.0000	303.00
4130	CENTRALIZER 5 1/2"	12.00	58.0000	696.00
4104	CEMENT BASKET 5 1/2"	2.00	276.0000	552.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
1142A	KCL SUB MB6875 CC3107 (1	2.00	39.1000	78.20

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1122.50
9995-130	CEMENT EQUIPMENT DISCOUNT	-346.80

Description	Hours	Unit Price	Total
463 SINGLE PUMP	1.00	1695.00	1695.00
463 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
T-127 TON MILEAGE DELIVERY	1.00	1548.00	1548.00

Amount Due 15456.25 if paid after 11/11/2012

Parts:	11224.95	Freight:	.00	Tax:	686.97	AR	13910.62
Labor:	.00	Misc:	.00	Total:	13910.62		
Sublt:	-1469.30	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808	EL DORADO, KS 316/322-7022	EUREKA, KS 620/583-7664	PONCA CITY, OK 580/762-2303	OAKLEY, KS 785/672-2227	OTTAWA, KS 785/242-4044	THAYER, KS 620/839-5269	GILLETTE, WY 307/686-4914
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TICKET NUMBER 37161
 LOCATION Oakley KS
 FOREMAN Miles Shaw
Walt Dinkel

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-12-12	7165	Wendy SWD # 1-7	7	115	24W	Trego
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Reilly Oil Co			463	Cori D		
MAILING ADDRESS			693	M. H. M		
			687107	W S F		
CITY	STATE	ZIP CODE				

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 2006' CASING SIZE & WEIGHT 5 1/2" 15 1/2 lb
 CASING DEPTH 200' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12# + 14# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 43.35
 DISPLACEMENT 48 bbls DISPLACEMENT PSI 500 MIX PSI 1000 Land RATE _____

REMARKS: Safety meetings and rig up on WW drilling #6 Run dust equipment, Centralizers @ 4, 6, 8, 10, 12, 14, 17, 20, 22, 25, 27, 29, Baskets on land top of 20 Run casing to bottom Circulate casing. Run 1 hr, Pump 5 bbls water several mud flush, 20 bbl KCL water, mix 30 S4S R# 320 S4S 60/40 per 8 gal 1/4" Floseal down hole treated in with 100 S4S OWC. Shut down Cleared pump & lines released plug displaced 48 bbls water plug land 500 psi lift 1000 psi land Cement did not Circulate

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	1695.00	1695.00
5406	45	MILEAGE	5.00	225.00
5407A	20.6 tons	Ton delivery Mortgage	1.67	1548.00
1126	106 S4S	OWC cement	22.55	2255.00
1131	380 S4S	60/40 per	15.10	5285.00
1110A	500 #	Vul seal	156	280.00
1118B	2464 #	Bentonite gel	125	616.00
1107	87.5 #	Floseal	2.82	246.75
4159	1	5 1/2" Float shoe AFU	413.00	413.00
4454	1	5 1/2" latchdown Plug with handle	303.00	303.00
4130	12	5 1/2" Centralizers "W"	55.00	660.00
4104	2	5 1/2" Baskets "W"	276.00	552.00
1144G	500 gal	Mud Flush	1.00	500.00
1142A	2 gal	KCL	39.10	78.20
		Subtotal		14692.95
		less 1080.00 discount		1469.30
		Subtotal		13223.65
		SALES TAX		686.97
		ESTIMATED TOTAL		13910.62

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

253646



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 133212

Invoice Date: Oct 17, 2012

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

Page: 1



Bill To:
Reilly Oil Company, Inc. P O Box 277 Wakeeney, KS 67672-0277

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Reilly	Wendy SWD	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-09	Oakley	Oct 17, 2012	11/16/12

Quantity	Item	Description	Unit Price	Amount
120.00	MAT	ALW	15.95	1,914.00
222.93	SER	Cubic Feet	2.48	552.87
510.83	SER	Ton Mileage	2.60	1,328.18
1.00	SER	Circulate Cement to Surface	1,718.75	1,718.75
55.00	SER	Pump Truck Mileage	7.70	423.50
55.00	SER	Light Vehicle Mileage	4.40	242.00
1.00	CEMENTER	Alan Ryan		
1.00	EQUIP OPER	Wayne McGhghy		
1.00	OPER ASSIST	Chris Helpingstine		

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

\$ 1,421.35

ONLY IF PAID ON OR BEFORE
Nov 11, 2012

Subtotal	6,179.30
Sales Tax	
Total Invoice Amount	6,179.30
Payment/Credit Applied	
TOTAL	6,179.30

ALLIED OIL & GAS SERVICES, LLC 050791

Federal Tax I.D.# 20-5976804

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

SERVICE POINT: Dallas, Ky

DATE <u>10/17/12</u>	SEC. <u>7</u>	TWR. <u>11</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00p</u>	JOB FINISH <u>1:30p</u>
LEASE <u>Wendy SW</u> WELL # <u>(500)</u>		LOCATION <u>Wada Rd N To Rd B</u>		COUNTY <u>Trego</u>		STATE <u>Ky</u>	
OLD OR <u>NEW</u> (Circle one)		3/4 E Sinto					

CONTRACTOR Fitzler
 TYPE OF JOB 1" TO Circulate Cement To Surface
 HOLE SIZE 2 1/8" T.D. _____
 CASING SIZE 5/8" DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 200 ALW

EQUIPMENT

PUMP TRUCK CEMENTER Allen Ryan
 # 420 HELPER Wayne McGhee
 BULK TRUCK # 340 DRIVER Chris Helberg
 BULK TRUCK # _____ DRIVER _____

COMMON	_____	@	_____
POZMIX	_____	@	_____
OBL	_____	@	_____
CHLORIDE	_____	@	_____
ASC	_____	@	_____
ALW	<u>120</u>	@	<u>15.95 1914.00</u>
HANDLING	<u>822.933 CF</u>	@	<u>2.48 552.87</u>
MILEAGE	<u>2704</u>	@	<u>9.00 24336.00</u>
			<u>1338.87</u>
			<u>3795.87</u>

REMARKS:

Run 1" Max 12000 ALW, Displace
 4x 1/2" H2O

510.83
 SERVICE

DEPTH OF JOB	_____		<u>560'</u>
PUMP TRUCK CHARGE	_____		<u>1718.25</u>
EXTRA FOOTAGE	_____	@	_____
MILEAGE	<u>55</u>	@	<u>2.72 423.50</u>
MANIFOLD	_____	@	_____
CR Vehicle	<u>55</u>	@	<u>4.90 842.00</u>
		@	_____
			<u>3.5</u>
			<u>2384.25</u>

CHARGE TO: Reilly Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
		<u>TOTAL _____</u>

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.

SALES TAX (If Any) 130.15
 TOTAL CHARGES 6,179.80 30
 DISCOUNT 1421.35 IF PAID IN 30 DAYS

PRINTED NAME Full & Barber
 SIGNATURE _____

2370

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

DUSTY RHOADES
Reilly Oil Company, Inc.
PO BOX 277
WAKEENEY, KS 67672-0277

Re: ACO1
API 15-195-20588-00-01
WENDY SWD 1-7
NW/4 Sec.07-11S-24W
Trego 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,
DUSTY RHOADES