



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102290
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: _____



1102290

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	Coral Coast Petroleum, L.C.
Well Name	Harden 1
Doc ID	1102290

All Electric Logs Run

comp neutron density
dual induction
micro
sonic

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 21, 2012

Daniel M. Reynolds
Coral Coast Petroleum, L.C.
8100 E 22ND ST N
BLDG 600, STE R
WICHITA, KS 67226

Re: ACO1
API 15-025-21545-00-00
Harden 1
SE/4 Sec.16-32S-21W
Clark 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,
Daniel M. Reynolds

Coral Coast Petroleum, LC

#1 Harden 16-32-21w

Drill Stem Test info:

DST #1 Viola 6426 to 6466; 5-30-60-90; GTS in 5 min. Recovered 200' oil; HYD 3295-3137; FP 149-92,132-135; SIP 1392-1391; 130 degrees F.

ALLIED OIL & GAS SERVICES, LLC 053990

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lake, KS

DATE <u>9-6-2012</u>	SEC <u>16</u>	TRIP <u>325</u>	RANGE <u>21W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:30 am</u>	JOB FINISH <u>10:30 am</u>
LEASE <u>Aarden</u> WELL # <u>1</u>		LOCATION <u>Project on KS west to</u>			COUNTY <u>CSIK</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		CO LINE, 2 West, S. near, W. # <u>KS</u>			<u>1.01</u>	<u>6.3</u>	

CONTRACTOR Medicine Lake #106 OWNER Corsi Cogset

TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>636'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>636'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>41'</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>38</u> bbls of Freshwater	
EQUIPMENT	

CEMENT	
AMOUNT ORDERED <u>200 SY @ 6.8135: 670.60</u>	
<u>3% @ 1/4 #10.80, 150 SY @ 1.75: 262.50</u>	
<u>3% @</u>	
COMMON class <u>A 150 SY @ 17.90 2685.00</u>	
POZ MIX	@
GEL	<u>3 SY @ 23.90 70.00</u>
CHLORIDE	<u>12 SY @ 64.00 768.00</u>
ASC	@
Lite Weight	<u>200 SY @ 15.95 3190.00</u>
	@
	@
	@
	@
	@
	@
HANDLING <u>392.19 @ 2.48 972.63</u>	
MILEAGE <u>16.91 hr @ 55.2.60 2418.53</u>	
<u>930.05</u>	TOTAL <u>10103.94</u>

PUMP TRUCK CEMENTER Derin F. 1
#561-264 HELPER Scott P. 2
BULK TRUCK
#356-290 DRIVER Jake 3, Trey 3
BULK TRUCK
DRIVER

REMARKS:
Pipe on bottom & break circulation, pump
5 bbls grease, mix 200 SY lead cement,
mix 100 SY #10 cement, shut down,
Release plug, start displacement, pump
38 bbls water, shut in, cement bit
circulate

SERVICES	
DEPTH OF JOB <u>636</u>	
PUMP TRUCK CHARGE	<u>2058.50</u>
EXTRA FOOTAGE @	
MILEAGE <u>55 @ 7.70</u>	<u>423.00</u>
MANIFOLD <u>Residential</u>	<u>275.00</u>
@ <u>4.90</u>	<u>242.00</u>
@	
TOTAL	<u>2999.00</u>

CHARGE TO: Corsi Cogset
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT	
<u>8 5/8</u>	
1-Rubber Plug	@ <u>131.04</u>
1-Baffle Plug	@ <u>131.04</u>
2-Centrisizer	@ <u>74.88</u>
1-Basket	@ <u>554.26</u>
	@
TOTAL	<u>971.10</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) <u>484.11</u>	
TOTAL CHARGES <u>14074.06</u>	
DISCOUNT <u>3518.51</u> IF PAID IN 30 DAYS	
<u>Net 10555.55</u>	

PRINTED NAME X SAU 51445
SIGNATURE [Signature]



Cement Report

Customer <i>Coral Coast</i>		Lease No.		Date <i>9-20-12</i>	
Lease <i>Harden</i>		Well # <i>1</i>		Service Receipt	
Casing <i>5 1/2</i>	Depth	County <i>Clack</i>		State <i>KS</i>	
Job Type <i>5 1/2 Production</i>		Formation	Legal Description <i>16-32-2</i>		
Pipe Data			Perforating Data		Cement Data
Casing size <i>5 1/2 15.5"</i>	Tubing Size	Shots/Ft		Lead <i>250 sk AA-2</i> <i>.25% C-4HP, 10% SAH</i> <i>3% CFR, 5% C-15</i> <i>5# Gilsomite</i>	
Depth <i>6625.74 ft</i>	Depth <i>210</i>	From	To		
Volume <i>158.68 CB</i>	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth <i>6667.15 ft</i>	Packer Depth	From	To	Tail in	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1200</i>					<i>On location - Spot + Rig up</i>
<i>2045</i>					<i>Casing on bottom - Break Circulation</i>
<i>2149</i>		<i>300</i>	<i>5</i>	<i>4</i>	<i>Pump 5 BBL Fresh Water</i>
<i>2152</i>		<i>300</i>	<i>12</i>	<i>4</i>	<i>Pump 500 Gal Mod Flush</i>
<i>2157</i>		<i>300</i>	<i>5</i>	<i>4</i>	<i>Pump 5 BBL Fresh Water</i>
<i>2159</i>					<i>Plug Rat + Mouse holes w/ 50 sk AA-2</i>
<i>2218</i>		<i>300</i>	<i>50</i>	<i>4</i>	<i>Mix 200 sk AA-2 @ 150 15 PPG</i>
<i>2233</i>					<i>Shut Down - Clean Line - Disp plug</i>
<i>2238</i>		<i>100</i>	<i>0</i>	<i>6</i>	<i>Start Displacement</i>
<i>2258</i>		<i>300</i>	<i>103</i>	<i>5</i>	<i>Displacement Reaches Cement</i>
<i>2300</i>		<i>300</i>	<i>149</i>	<i>2</i>	<i>Slow Rate</i>
<i>2307</i>	<i>430-1400</i>		<i>158.6</i>		<i>Bump Plug</i>
<i>2309</i>	<i>1300-10</i>				<i>Release Pressure - Flats Hold</i>
Service Units		<i>217555</i>	<i>27808/2019</i>	<i>22021/2012</i>	
Driver Names		<i>K. by</i>	<i>Ed</i>	<i>Tolson</i>	

Customer Representative _____ Station Manager *Tony Bennett* _____ Cementer *K. by Harper* _____ Taylor Printing, Inc.

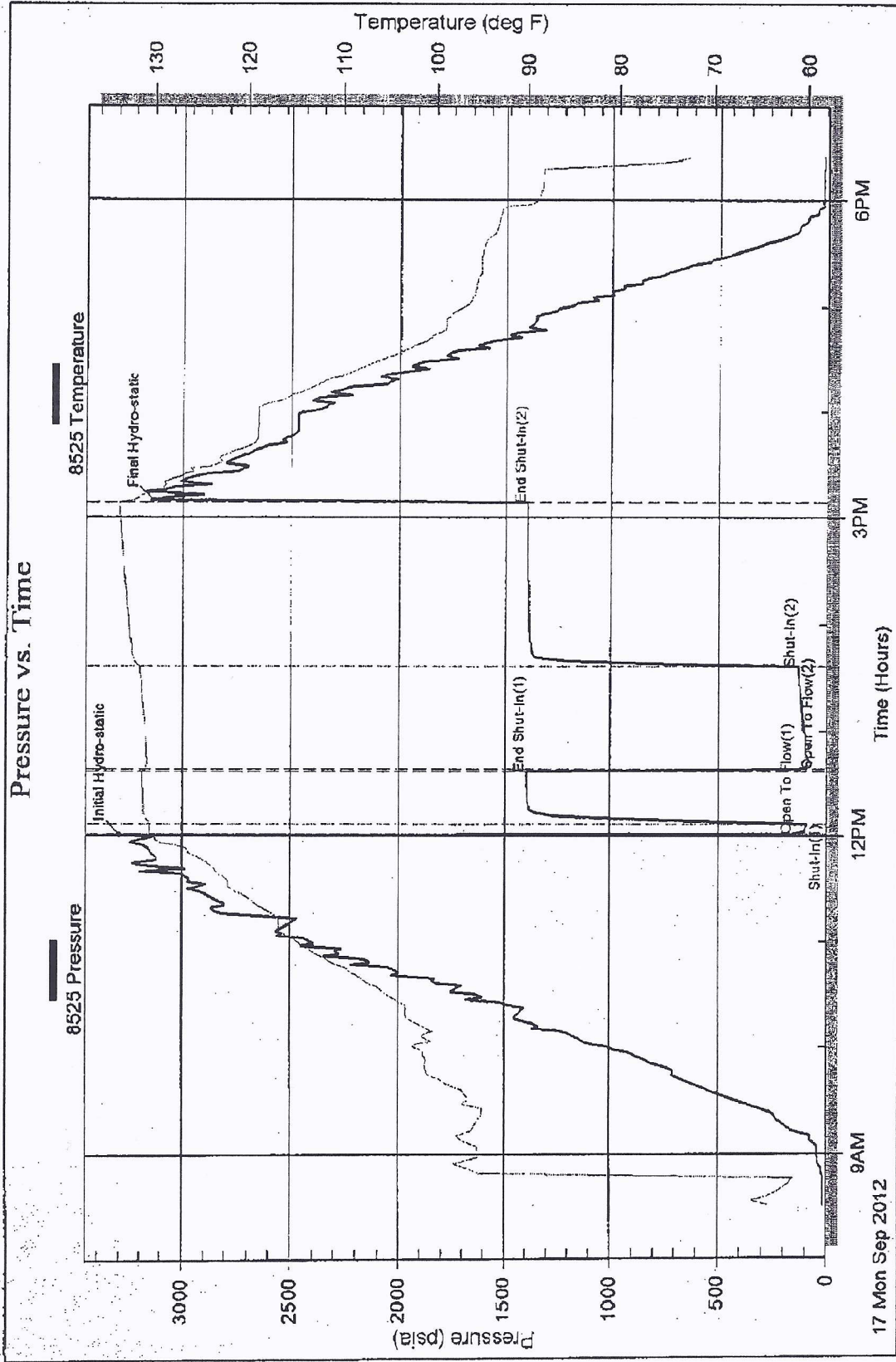
DST Test Number: 1

Harden #1

Outside Coral Coast Petroleum

Serial #: 8525

Pressure vs. Time



Printed: 2012.09.18 @ 12:38:55

Ref. No: 17810

Superior Testers Enterprises LLC