



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102996
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: _____



1102996

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 32687

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge
7-20

DATE <u>7-27-12</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>3:10 PM</u>	JOB FINISH <u>3:30 AM</u>
LEASE <u>Doherty</u>	WELL # <u>SUB</u>	LOCATION <u>SW, Medicine Lodge to top of Hill</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>12 S, W, into</u>				<u>1.07</u>	<u>A/E</u>

CONTRACTOR Edge OWNER Twig Hill

TYPE OF JOB Conductor

HOLE SIZE TD CEMENT

CASING SIZE 20" DEPTH 100' AMOUNT ORDERED 187 SX + A + 270 CC

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

COMMON A 187 SX @ 16.25 3038.75

POZMIX @

GEL @

CHLORIDE 2 SX @ 58.20 116.40

ASC @

48# Sugar @ 2.00 96.00

EQUIPMENT

PUMP TRUCK CEMENTER Don Gailley 1

553 HELPER Eddie Piper 2

BULK TRUCK

381 DRIVER Troy Lenz 3

BULK TRUCK

DRIVER

HANDLING 188.5 @ 2.10 395.85

MILEAGE 8.96/15/8.35 (mi) 344.00 315.84

134.70 TOTAL 397.00

3962.84

REMARKS:

See Cement Log

SERVICE

DEPTH OF JOB		<u>100'</u>
PUMP TRUCK CHARGE	<u>1015.00</u>	
EXTRA FOOTAGE	@	
MILEAGE	<u>15</u>	@ <u>7.00</u> <u>105.00</u>
MANIFOLD	@	
<u>Light Vehicle</u>	@ <u>4.00</u>	<u>60.00</u>

TOTAL 1180.00

CHARGE TO: Twig Hill

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
<u>None</u>	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

To Allied Cementing Co., 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) 237.93

TOTAL CHARGES 5171.00 5112.84

DISCOUNT 1799.99 PAID IN 30 DAYS

PRINTED NAME Troy Hunter

SIGNATURE Troy Hunter

NET 3361.15

3342.85

ALLIED OIL & GAS SERVICES, LLC 052905

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
10/30/12					1700	1800	1900
LEASE <u>Donovan</u>				WELL # <u>SWD #1</u>	LOCATION <u>Medicine Lodge</u>	COUNTY <u>Baker</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one)							

CONTRACTOR	OWNER
<u>Patterson 421</u>	<u>Tug Hill</u>
TYPE OF JOB <u>7" Long string</u>	
HOLE SIZE <u>8 3/4"</u>	T.D. <u>5530</u>
CASING SIZE <u>7"</u>	DEPTH <u>5321</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>3000</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>44'</u>
CEMENT LEFT IN CSG. <u>44'</u>	
PERFS.	
DISPLACEMENT <u>209</u>	

EQUIPMENT		COMMON		
PUMP TRUCK	CEMENTER <u>Stephen Henza (Liberal)</u>		@	
# <u>558/550</u>	HELPER <u>Scott Ruddy 2</u>	POZMIX		
BULK TRUCK		GEL	@	
# <u>561/553</u>	DRIVER <u>Jake / James</u>	CHLORIDE	@	
BULK TRUCK		ASC II		
DRIVER		<u>200 SK</u>	@ <u>23.45</u>	<u>4690.00</u>

REMARKS:
Comp. ASC II (1072 salt, 1072 Gyp, 22.5 gal)
5" Si-Konite per tank
5/16" at 1 1/2 FL-160
14 #/sk Deformax

* Full Returns during job

Siliconite	1000#	@	.98	980.00
FL-160	94#	@	18.90	1776.60
Powder Deformax	28#	@	9.80	274.40
Supp. Flush	12 882	@	58.70	704.40
		@		
		@		
		@		
HANDLING <u>Rub</u>		@	2.18	2049.76
MILEAGE <u>Drayage</u>	<u>895.3</u>	@	2.00	1028.30
TOTAL				<u>10,103.46</u>

SERVICE

DEPTH OF JOB	<u>5530</u>			
PUMP TRUCK CHARGE				<u>3099.25</u>
EXTRA FOOTAGE		@		
MILEAGE <u>Light Vehicle</u>	<u>35</u>	@	4.40	154.00
MANIFOLD & Head	<u>1</u>	@	275.00	275.00
<u>Heavy Vehicle</u>	<u>35</u>	@	7.70	269.50
		@		

TOTAL 397.75

PLUG & FLOAT EQUIPMENT

7" Rebar Plug	1	@	99.45	99.45
		@		
		@		
		@		
		@		
TOTAL				<u>99.45</u>

SALES TAX (if Any)	<u>627.31</u>			
TOTAL CHARGES	<u>14,000.46</u>			
DISCOUNT	<u>4900.23</u>			
		IF PAID IN 30 DAYS		

NET = 9100.43

CHARGE TO: Tug Hill
STREET: Well Name Donovan #1 SWD
CITY: AFE No. #12-0122
STATE KS ZIP 67665
ACCNT No. 813018
Name: Joe Trevino
Signature: [Signature]

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 _____

ALLIED OIL & GAS SERVICES, LLC 053936

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>10/23/12</u>	SEC. <u>1d</u>	TWP. <u>34s</u>	RANGE <u>13w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>8:00 AM</u>
LEASE <u>Dobyns</u>	WELL # <u>(SW)</u>	LOCATION <u>160 + Gyp Hill Rd, 13 south,</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				West into			

CONTRACTOR Patterson #421 OWNER Tug Hill

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 850 CEMENT

CASING SIZE 9 5/8 DEPTH 810 AMOUNT ORDERED 200sx Class A + 3% cc +

TUBING SIZE DEPTH 2% SMS + 2% Gypseal + 1/4 # Floseal,

DRILL PIPE DEPTH 150sx Class A + 2% cc

TOOL DEPTH

PRES. MAX 906 MINIMUM

MEAS. LINE SHOE JOINT 38

CEMENT LEFT IN CSG. 38

PERFS.

DISPLACEMENT 59 Bq Bllc Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimerch 1

#558/555 HELPER Scott Priddy 2

BULK TRUCK

#561/553 DRIVER Jason Thimerch/James B 3

BULK TRUCK

DRIVER

COMMON Class A 350sx @ 17.90 6265

POZMIX @

GEL @

CHLORIDE 11sx @ 64 704

ASC @

Gyp Seal 4sx @ 37.60 150.40

Sodium Metasilicate 376lbs @ 3.30 1249.80

Floseal 50lbs @ 2.97 148.50

@

@

@

@

@

HANDLING 378.35 cu ft @ 2.48 938.31

MILEAGE 17.26 hr x 35mi x 2.60 1570.66

TOTAL 11017.67

60% .10

REMARKS:

SERVICE

DEPTH OF JOB 810

PUMP TRUCK CHARGE 2058.50

EXTRA FOOTAGE @

MILEAGE 35mi @ 7.70 269.50

MANIFOLD + Head @ 275 275

LV 35mi @ 4.40 154

@

TOTAL 2757

CHARGE TO: Tug Hill

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

SALES TAX (If Any) 10% 1377.467

TOTAL CHARGES 13774.67

DISCOUNT 35% IF PAID IN 30 DAYS

Net 8953.54

PRINTED NAME Joe Trevino

SIGNATURE Joe Trevino

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.

Well Name: Donovan 1 SWD

Contractor/Rig: Patterson-UTI 421

State: KS

County: Barber

SHL: 291' FSL & 732' FEL

Township:

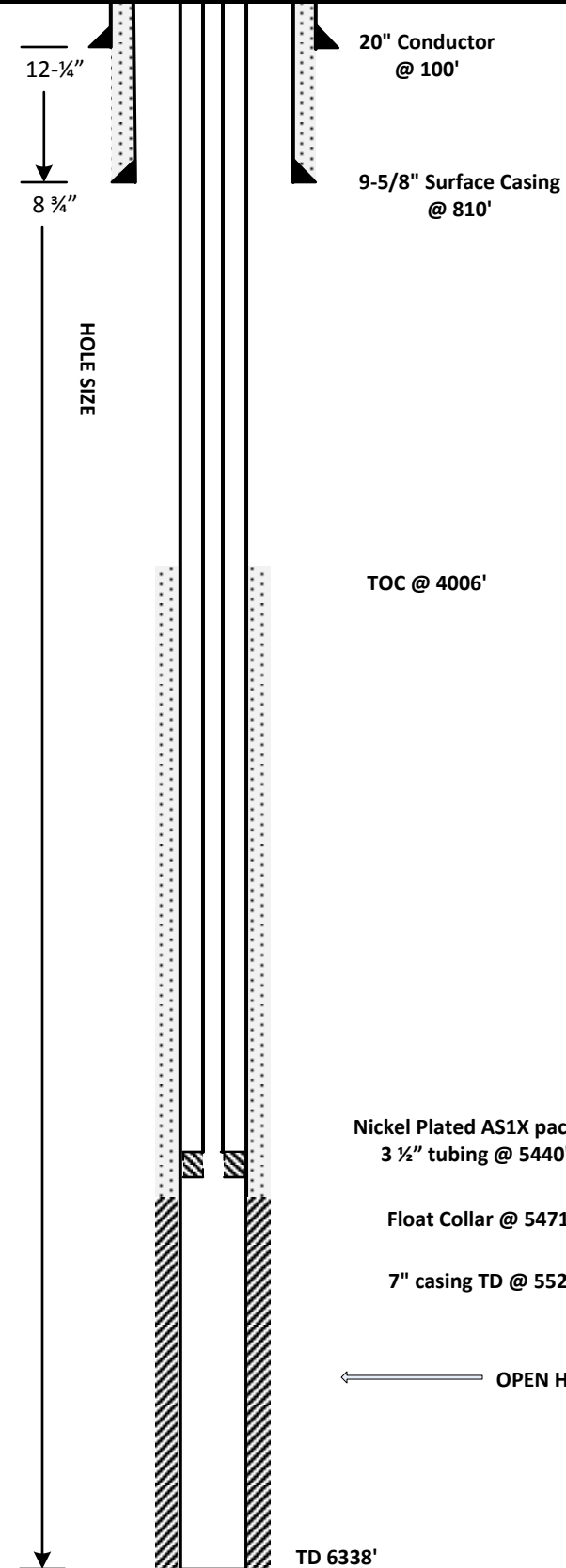
Final

GL Elev: 1641' KB: KB Elev:

BHL:

AFE: 12-0122

Permit Number: 15-095-23909-00-00



Tubular Details

	20"	9 5/8"	7"	3 1/2"
Weight		36#	26#	9.3#
Grade		J55	N80	J55
Thread		STC	LTC	EUE
Depth	100'	810'	5521'	5440'
				IPC

Cement Details

Interval	Company	Excess	Est. Vol
Surface			
Intermediate			
Production Lead			
Production Tail			

See attachments for slurry details

TD 6338'

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 29, 2012

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

Re: ACO1
API 15-007-23909-00-00
Dovovan 1 SWD
NE/4 Sec.10-34S-13W
Barber 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