



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1103562
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: _____



1103562

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> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 053385

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>7-06-12</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Niche Por</u>	<u>#1 SWD</u>					<u>6:30pm</u>	<u>7:00pm</u>
	WELL #		LOCATION <u>Vec Ness City KS</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Edge Services

TYPE OF JOB Conductor

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 200 SK

COMMON 200 @ 16.25 3250.00

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE 5 @ 58.20 291.00

ASC _____ @ _____

HANDLING 2.05 @ 2.25 461.25

MILEAGE _____ @ _____

TOTAL 4227.75

EQUIPMENT

PUMP TRUCK CEMENTER Kenan

531-541 HELPER Ruben

BULK TRUCK

450-251 DRIVER Vicente

BULK TRUCK

471-553 DRIVER Josset F

REMARKS:

AFF#12-0113

THANK YOU!!!

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 1125.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 20 @ _____

MANIFOLD _____ @ _____

Night 1 Mileage 20 @ _____

TOTAL 1125.00

CHARGE TO: Tug Hill

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

N/A

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 0

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) _____

TOTAL CHARGES \$ 5352.75

DISCOUNT \$ 3479.29 IF PAID IN 30 DAYS 35%

PRINTED NAME Jay Lewis

SIGNATURE Jay Lewis NEA 12-0113

ALLIED OIL & GAS SERVICES, LLC 053923

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lodge KS

Nichepor 1

DATE <i>09/29/12</i>	SEC. <i>32</i>	TWP. <i>17</i>	RANGE <i>23</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>9/30/12</i>
LEASE <i>Nichepor</i>	WELL # <i>1-SWD</i>	LOCATION <i>Ness city KS, about 3 mi North of Rd</i>			COUNTY <i>Ness</i>	STATE <i>KS</i>	
OLD OR (NEW) (Circle one)	<i>170, 1 East, 1 North, West into</i>			<i>1-01</i>		<i>10/2</i>	

CONTRACTOR *Patterson # 172* OWNER *Tug Hill*

TYPE OF JOB *Surface*

HOLE SIZE *8 1/2* T.D. *880*

CASING SIZE *4 1/2* DEPTH *875*

TUBING SIZE DEPTH

DRILL-PIPE DEPTH

TOOL DEPTH

PRES. MAX *1000* MINIMUM

MEAS. LINE SHOES JOINT *39.70*

CEMENT LEFT IN CSG. *39.70*

PERFS.

DISPLACEMENT *6 1/2 Bbls Fresh H₂O*

CEMENT AMOUNT ORDERED *2000y Class A + 3% cc + 2% sm + 2% Gyp seal + 1/4# Flaseal #, cc*

Class A + 2% cc

COMMON <i>Class A</i>	<i>350y @</i>	<i>17.90</i>	<i>6265</i>
POZMIX	@		
GEL	@		
CHLORIDE	<i>10ss @</i>	<i>64</i>	<i>640</i>
ASC	@		
<i>Gyp seal</i>	<i>4ss @</i>	<i>37.60</i>	<i>150.40</i>
<i>sm's</i>	<i>27lb @</i>	<i>5.30</i>	<i>1240.80</i>
<i>Flaseal</i>	<i>50lbs @</i>	<i>2.97</i>	<i>148.50</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Jason Thineach 1*

558/555 HELPER *Daren Franklin 1*

BULK TRUCK

561/553 DRIVER *Jake Heard 3*

BULK TRUCK

DRIVER

HANDLING <i>371 cu ft</i>	@	<i>2.48</i>	<i>937.44</i>
MILEAGE <i>173 mi x</i>	<i>2.60</i>		<i>449.80</i>
		TOTAL	<i>9831.94</i>

REMARKS:

Did use cement

Well Name *Nichepor SWD*

AFE No. *12-0113*

ACCNT No. *830 19*

Name *John Thineach*

CHARGE TO *Signature [illegible]*

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB <i>875</i>			
PUMP TRUCK CHARGE			<i>2058.50</i>
EXTRA FOOTAGE	@		
MILEAGE <i>10mi @</i>	<i>7.70</i>		<i>77</i>
MANIFOLD & Head	@		<i>2.75</i>
LV <i>10mi @</i>	<i>4.40</i>		<i>44</i>
		TOTAL	<i>2454.50</i>

PLUG & FLOAT EQUIPMENT

<i>958</i>			
<i>Top Rubber Plug</i>	@		<i>184.86</i>
	@		
	@		
	@		
		TOTAL	<i>184.86</i>

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) *543.66*

TOTAL CHARGES *12471.20*

DISCOUNT *35% 4364.95* IF PAID IN 30 DAYS

8106.35

ALLIED CEMENTING CO., LLC. 038082

Federal Tax I.D.# 20-6976804

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

SERVICE POINT:

Medicine Lodge

DATE <u>10-5-12</u>	SEC <u>32</u>	TWP <u>17S</u>	RANGE <u>23W</u>	CALLED OUT <u>1:00 AM</u>	ON LOCATION <u>5:30 AM</u>	JOB START <u>3:15</u>	JOB FINISH <u>4:45</u>
LEASE <u>Nichepan</u>		WELL # <u>500</u>	LOCATION <u>Ness City, 3N, 1E, 1W, W/into</u>		COUNTY <u>Ness</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>Patterson</u>	OWNER <u>Tug Hill</u>
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>8 5/8</u>	T.D. <u>4803</u>
CASINO SIZE <u>7</u>	DEPTH <u>4789</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.36</u>
CEMENT LEFT IN CSG. <u>41.36</u>	
PERFS.	
DISPLACEMENT <u>180 1/2</u>	

CEMENT AMOUNT ORDERED 3000 SY AT 2 1/2" x 2 1/2" SWS + 1/4" # 8 Seal
2 1/2" FI-160 + Deframer 2000 SY AT 2 1/2" x 2 1/2" SWS
5" Seal + 1 1/2" FI-160 + Deframer

COMMON Class A	300 @	17.90	5,370.00
POZ MIX	@		
GBL	4 @	23.40	93.60
CHLORIDE	@		
ASC 4"	200 @	23.40	4,680.00
Salt	6 @	26.35	158.10
FI-160	235 @	18.70	4,394.50
preferred Deframer	125 @	9.80	1,225.00
SWS	564 @	3.30	1,861.20
Kal Seal	1000 @	.98	980.00

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Bon Willey 1</u>
<u>1515-518</u>	HELPER <u>Eddie Piper 1</u>
BULK TRUCK	
<u>1561-553</u>	DRIVER <u>Brandon Boor 3</u>
BULK TRUCK	
<u>1561-554</u>	DRIVER <u>Angel Garcia (liberal) 3</u>

HANDLING	6.98 @	2.48	1,731.04
MILEAGE	132 @	2.60	343.20
		TOTAL	20,883.64

REMARKS:

See Cement Log

Well Name <u>Nichepan 15WD</u>
AFE No. <u>12-0113</u>
ACCT No. <u>83018</u>
Name <u>John Johnston</u>
Signature <u>[Signature]</u>

CHARGE TO: Tug Hill
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB		<u>4803'</u>
PUMP TRUCK CHARGE		<u>3099.25</u>
EXTRA FOOTAGE	@	
MILEAGE	5 @	7.20 36.00
MANIFOLD	@	275.00
Light Veh.	5 @	4.40 22.00
		TOTAL <u>3434.75</u>

7" PLUG & FLOAT EQUIPMENT

1- Rubber Plug	@	99.45	99.45
	@		
	@		
	@		
	@		
		TOTAL	99.45

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.

PRINTED NAME X John Johnston
 SIGNATURE X [Signature]

SALES TAX (If Any) 1197.25
 TOTAL CHARGES 24,806.19 24,417.84
 DISCOUNT 3570.89 20,846.95
 Net # 16,163.02

IF PAID IN 30 DAYS
 Disc 8546.24



Daily Drilling Report

10/31/2012 4:15 PM

Well Information

Well Nichepor 1 SWD			AFE Number 12-0113		Report Date 10/6/2012	
Country USA	State KS	County Ness	Field Unknown		Lease 200' FNL 635' FEL/NE NE	
API / IPO UWI Ness		Orig KB Elev (ft)		Ground Elevation (ft) 2349.0		KB-GRD (ft) -2349.0
Qtr/Qtr, Block, Sec, Town, Range .32,17S,23W				Spud Date 9/29/2012		Rig Release Date 10/11/2012

Daily Operations

24 Hour Summary
LDDC's. RIG UP CALIBER CASERS. RAN 116 JTS 7" 26#, N-80 LTC CASING TO 4787'. CEMENT WITH 300SX LEAD CLASS A, WITH ADDITIVES 11.4PPG AND 200 SX TAIL CLASS A WITH ADDITIVES TAIL 14.5PPG. WOC. SET SLIPS CUT CASING AND NIPPLE DOWN BOP. INSTALL WELLCAP. RIG RELEASE 0100 AM. RIG DOWN

24 Hr Forecast
SKID RIG. RIG UP. PICK UP TOOLS, SPUD NICHEPOR 1-32H

Operations At Report Time
RIG DOWN

Daily Total (Cost) \$61683.00	Cum Daily Total (cost) \$693831.00	Total AFE (Cost) \$0.00
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Daily Contacts

Wellsite Supervisor JOHN JOHNSTON	Supervisor Phone 580-309-3450
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Time Log

Start Time	End Time	Hours	Log Start Depth	Log End Depth	Activity Code	Description
6:00	6:30	0.50	4803.0	4803.0	USER	LDDC'S
6:30	7:30	1.00	4803.0	4803.0	RCSG	RIG UP CALIBER CASERS
7:30	14:00	6.50	4803.0	4803.0	RCSG	RUN 7" 116 JTS, 26#, N-80 LTC TO 4787'
14:00	14:30	0.50	4803.0	4803.0	LUBE	RIG SERVICE - RIG DOWN CASERS
14:30	15:00	0.50	4803.0	4803.0	COND	CIRC CASING
15:00	17:00	2.00	4803.0	4803.0	CMNT	CEMENT 7' WITH 300SX CLASS A W/ADDITIVES 11.4 PPG LEAD AND 200 SX CLASS A W/ADDITIVES 14.5 PPG TAIL
17:00	20:30	3.50	4803.0	4803.0	WOC	WOC, RIG DOWN CEMENTERS
20:30	0:30	4.00	4803.0	4803.0	NUND	NIPPLE DOWN BOP
0:30	1:00	0.50	4803.0	4803.0	USER	INSTALL WELL CAP
1:00	6:00	5.00	4803.0	4803.0	RDMO	RIG DOWN

Mud Checks

Type	Depth (ftKB)	Source	Density (lb/gal)	Funnel Viscosity (s/qt)	Filtrate (mL/30min)			
HTHP Filtrate (ml/30min)	Mud Lost Hole (bbl)	Mud Lost (Surf) (bbl)	PV(cp)	YP (lb/100ft ²)	pH			
Vis 6rpm	Lime (lb/bbl)	Gel 30 min (lb/100ft ²)	Gel 30 min (lb/100ft ²)	Gel 10 sec (lb/100ft ²)	Gel 10 min (lb/100ft ²)			
Calcium (mg/L)	Ca CL (wt%)	Solids (%)	LGS (%)	Sand (%)	Percent Oil (%)	Oil Water Ratio	Electric Stab (V)	MBT (lb/bbl)

Bit Record

Bit Number	Size	Make	Model	Serial No.	Depth In	Depth Out	Footage
2	8.75	STC	Msi516	JGO739	880.0	In Hole	4,660.0

BHA

BHA # 2	Item Number	Component Type	OD	ID	Length	Cumulative Length	Fishing Neck	Top Connection
	1		6.500	2.750	23.00	28.00		XH
	21	Drill Collar	6.500	2.250	638.24	666.24		XH

Drilling Parameters

Start Depth (ftKB) 4803.0	End Depth (ftKB) 0.0	Cum Depth Drilled (ft) -4803.0	Total ROP (ft/hr) #Error	Drilling Torque
Motor RPM (rpm)	RPM (rpm)	QGas Inj (ft ³ /min)	Drilling Time (hr) 0.00	Rotating Time (hr)
				Circulation Time (hr)

Well Name: Nichepor 1 SWD

Contractor/Rig: Patterson-UTI 421

State: KS

County: Ness

SHL: 200' FNL & 635' FEL

Township:

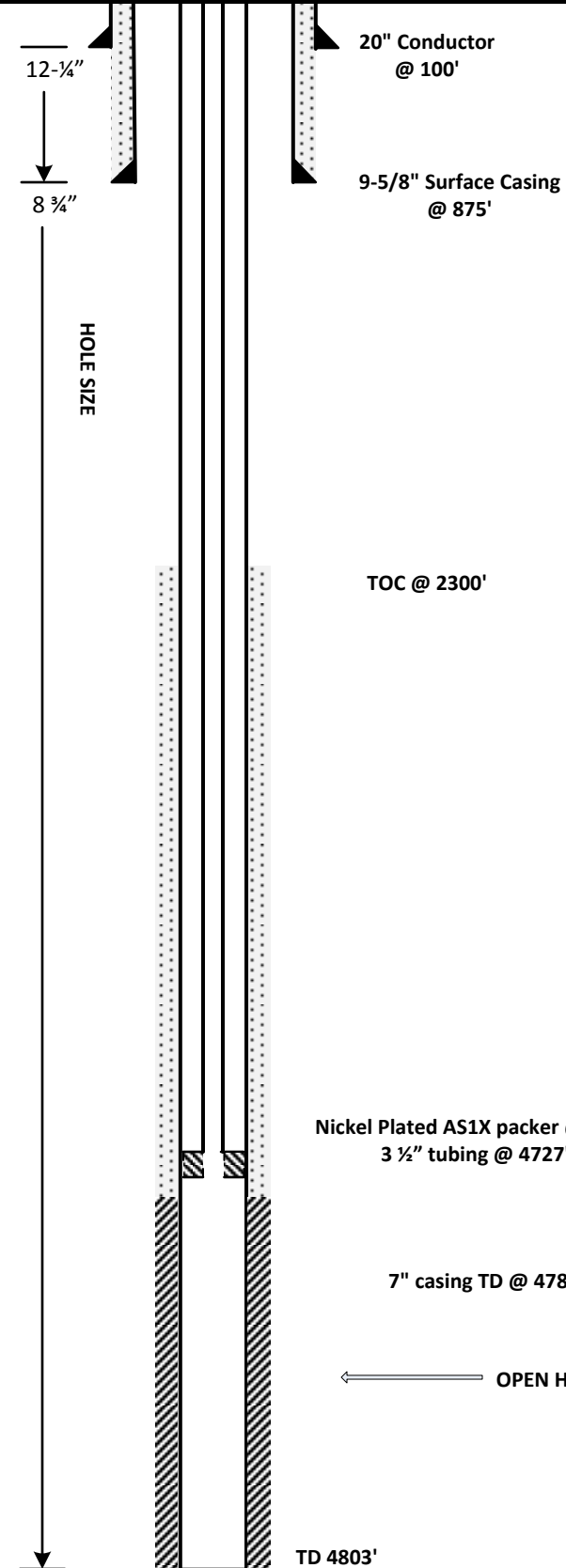
Final

GL Elev: 2349' KB: KB Elev:

BHL:

AFE: 12-0113

Permit Number: 15-135-25428-00-00



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'	875'	4787'	4727'
				IPC

Cement Details

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

See attachments for slurry details

TD 4803'

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

December 03, 2012

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

Re: ACO1
API 15-135-25428-00-00
Nichepor 1 SWD
SE/4 Sec.32-17S-23W
Ness 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