



KANSAS CORPORATION COMMISSION 1110545  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1110545

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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 Bbbs.	Gas Mcf	Water Bbbs.	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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Form	ACO1 - Well Completion
Operator	Atlas Operating LLC
Well Name	Giefer Unit 1
Doc ID	1110545

All Electric Logs Run

Dual Induction
Compensated Neutron-Density
Microlog
Cbl

# ALLIED OIL & GAS SERVICES, LLC 059682

Federal Tax I.D.# 20-5976804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>1-15-2013</u>	SEC. <u>15</u>	TWP. <u>29s</u>	RANGE <u>9W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00am</u>	JOB FINISH <u>11:00am</u>
LEASE <u>Greifer Unit</u>	WELL # <u>1</u>	LOCATION <u>Willowdale KS 1/4 sec</u>	COUNTY <u>Ki</u>	STATE <u>KS</u>			
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)			<u>north line</u>			<u>2-01</u>	<u>7.05</u>

CONTRACTOR 1291 #5

TYPE OF JOB Surf ace

HOLE SIZE 12 1/4 T.D. 275'

CASING SIZE 8 1/2 DEPTH 268'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSO. 20'

PERFS.

DISPLACEMENT 16 bbls Fresh Water

EQUIPMENT

OWNER Atiss Operating

CEMENT

AMOUNT ORDERED 1755x Class B + 290cc  
20' 60', 1005x Class B + 290cc

COMMON <u>Class B 275x</u>	<u>17.90</u>	<u>4922.50</u>
POZMIX	0	
GEL	<u>350</u>	<u>70.20</u>
CHLORIDE	<u>95x</u>	<u>2400</u>
ASC		
<u>5029x</u>	<u>50#</u>	<u>1.00</u>
		<u>50.00</u>

PUMP TRUCK CEMENTER Darin F. 1

# 558-555 HELPER Scott P. 2

BULK TRUCK

# 421-252 DRIVER Brendan B. 3

BULK TRUCK

# DRIVER

COMMON Class B 275x 17.90 4922.50

POZMIX 0

GEL 350 23.40 70.20

CHLORIDE 95x 2400 576.00

ASC

5029x 50# 1.00 50.00

REMARKS:

Pipe on bottom & break circulation, pump  
3 bbls water based mix 1755x cement  
slow down release plug, stir & disperse  
Pump 16 bbls water, stir down, shut in  
cement & put overtop, top off  
with 1005x Class B 290cc

HANDLING 292.16

MILEAGE 1343/30 2.48 999.27 1247.54

402.90 2.68 TOTAL 2277.54

7390.79

CHARGE TO: Atiss Operating

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB 268'

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE 0

MILEAGE 30 2.70 231.00

MANIFOLD 1755x 275.00

light vehicle 30 4.40 132.00

TOTAL 2,150.25

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.

PLUG & FLOAT EQUIPMENT

8 5/8

1-Wooden plug 0 107.64

0

0

0

0

TOTAL 107.64

PRINTED NAME Randy Smith

SIGNATURE Randy Smith

SALES TAX (If Any) 403.70

TOTAL CHARGES 9635.47 9648.68

DISCOUNT 12097.92 IF PAID IN 30 DAYS

2701.63 6947.05

Net \$ 6937.47

Thank you!!!



PO Box 93999  
Southlake, TX 76092

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

558214

# INVOICE

Invoice Number: 134508  
Invoice Date: Jan 15, 2013  
Page: 1

RECEIVED JAN 28 2013

Now Includes:



**Bill To:**  
Atlas Operating  
15603 Kuykendahl Suite #200  
Houston, TX 77090-3655

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Atlas	Giefer Unit #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Medicine Lodge	Jan 15, 2013	2/14/13

Quantity	Item	Description	Unit Price	Amount
275.00	MAT	Class A Common	17.90	4,922.50
3.00	MAT	Gel	23.40	70.20
9.00	MAT	Chloride	64.00	576.00
50.00	MAT	Sugar	1.00	50.00
292.16	SER	Cubic Feet	2.48	724.55
402.90	SER	Ton Mileage	2.60	1,047.54
1.00	SER	Surface	1,512.25	1,512.25
30.00	SER	Pump Truck Mileage	7.70	231.00
1.00	SER	Manifold Head Rental	275.00	275.00
30.00	SER	Light Vehicle Mileage	4.40	132.00
1.00	EQP	8.5/8 Wooden Plug	107.64	107.64
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Scott Priddy		
1.00	OPER ASSIST	Brandon Boor		

Cement casing  
Surface  
1600015

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

ONLY IF PAID ON OR BEFORE

Subtotal	9,648.68
Sales Tax	403.71
Total Invoice Amount	10,052.39
Payment/Credit Applied	
<b>TOTAL</b>	<b>10,052.39</b>

# ALLIED OIL & GAS SERVICES, LLC 059684

Federal Tax I.D.# 20-5976804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>1-23-2013</u>	SEC. <u>15</u>	TWP. <u>29s</u>	RANGE <u>9w</u>	CALLED OUT <u>10:00 AM</u>	ON LOCATION <u>1:00 PM</u>	JOB START <u>5:30 PM</u>	JOB FINISH <u>7:30 PM</u>
LEASE <u>Gier</u>	UNIT	WELL # <u>1</u>	LOCATION <u>Willowdale, KS, 1/4 east</u>	COUNTY <u>Kingman</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>			North into				

CONTRACTOR V91 H5

TYPE OF JOB Production

HOLE SIZE 7 7/8 TD. 4590'

CASING SIZE 5 1/2 15.5# DEPTH 4438'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 21'

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

DISPLACEMENT 10 1/2 bbls of 29% KCL water

EQUIPMENT

PUMP TRUCK CEMENTER Darin F. 1

# 558-555 HELPER Scott P. 2

BULK TRUCK

# 421-252 DRIVER James B. 3

BULK TRUCK

DRIVER

OWNER Atlas operating

CEMENT

AMOUNT ORDERED 3005x class A ASC

5 # Kalses 1 + 3% FL160 + Debasmer

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC class A	3005x @	20.90	6270.00
Kalses	1500 lbs @	0.92	1470.00
FL-160	84.6 lbs @	16.90	1598.94
Debasmer	42 @	9.80	411.60
ASF	12 Bbls @	8.70	104.40
Claper	12 Bbls @	34.40	412.80
	@		
	@		
	@		
HANDLING	586 cost @	2.40	958.47
MILEAGE	1678 tax @	2.60	1309.46
			TOTAL <u>12535.67</u>

REMARKS:

Pipe on bottom & break circulation, pump 3 bbls water, 12 bbls ASF, 3 bbls water mix 30% cement for Post Hole, mix 20% cement for main hole, mix 25% cement. Shut down, wash pump & lines, Release Pipe, Start & displacement, like pressure at 80 bbls, slow rate to 3 bpm at 95 bbls bump pipe at 10 1/2 bbls 1100-1200 psi, Peak die hold

CHARGE TO: Atlas Operating

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB 4438'

PUMP TRUCK CHARGE \_\_\_\_\_ 2765.75

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE 20 @ 7.70 231.00

MANIFOLD High pressure @ 2.75 2.75

LV 30 @ 4.40 132.00

TOTAL 3403.75

PLUG & FLOAT EQUIPMENT

5 1/2

1-Guide Shoe	@		<u>280.80</u>
1-DFV Insert	@		<u>534.62</u>
10-Centers/2ers	@	<u>57.33</u>	<u>573.30</u>
1-Rubber plug	@		<u>85.41</u>
			TOTAL <u>1274.13</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.

PRINTED NAME x Randy Smith

SIGNATURE x Randy Smith

Thank you!!!

SALES TAX (If Any) 813.70

TOTAL CHARGES 17,213.55

DISCOUNT 25% IF PAID IN 30 DAYS

Net 12910.16

D: 4303.38



PO Box 93999  
Southlake, TX 76092

356353

RECEIVED FEB - 4 2013

# INVOICE

Invoice Number: 134598  
Invoice Date: Jan 23, 2013  
Page: 1

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

**Bill to:**  
Atlas Operating  
15603 Kuykendahl Suite #200  
Houston, TX 77090-3655

Now Includes:



Customer ID	Well Name# or Customer P.O.	Payment Terms	
Atlas	Giefer Unit #1 ✓	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Medicine Lodge	Jan 23, 2013	2/22/13

Quantity	Item	Description	Unit Price	Amount
300.00	MAT	ASC Class A	20.90	6,270.00
1,500.00	MAT	Kol Seal	0.98	1,470.00
84.60	MAT	FL-160	18.90	1,598.94
42.00	MAT	Defoamer	9.80	411.60
12.00	MAT	ASF	8.70	104.40
12.00	MAT	Cla Pro	34.40	412.80
386.47	SER	Cubic Feet	2.48	958.47
503.63	SER	Ton Mileage	2.60	1,309.46
1.00	SER	Production Casing	2,765.75	2,765.75
30.00	SER	Pump Truck Mileage	7.70	231.00
1.00	SER	Manifold Head Rental	275.00	275.00
30.00	SER	Light Vehicle Mileage	4.40	132.00
1.00	EQP	5.5 Guide Shoe	280.80	280.80
1.00	EQP	5.5 AFU Insert	334.62	334.62
10.00	EQP	5.5 Centralizer	57.33	573.30
1.00	EQP	5.5 Rubber Plug	85.41	85.41
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Scott Priddy		
1.00	OPER ASSIST	James Bowen		

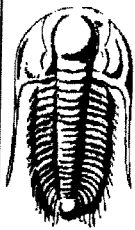
300 Sacks of  
cross A L or + of  
170005

R

Subtotal	17,213.55
Sales Tax	813.70
Total Invoice Amount	18,027.25
Payment/Credit Applied	
<b>TOTAL</b>	<b>18,027.25</b>

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

ONLY IF PAID ON OR BEFORE  
Feb 17, 2013



**TRILOBITE TESTING, INC.**

## DRILL STEM TEST REPORT

Atlas Operating LLC

**15-29S-9W Kingman KS**

15603 Kuykendahi  
Suite 200  
Houston, TX 77090  
ATTN: Ijaz Rehman

**Giefer Unit #1**

Job Ticket: 50831

**DST#: 1**

Test Start: 2013.01.22 @ 02:42:13

### GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:11:37

Time Test Ended: 11:23:38

Test Type: Conventional Bottom Hole (Initial)

Tester: Jimmy Ricketts

Unit No: 56

Interval: ft (KB) To ft (KB) (TVD)

Total Depth: 4507.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 1690.00 ft (KB)

1680.00 ft (CF)

KB to GR/CF: 10.00 ft

**Serial #: 8352** Outside

Press@RunDepth: 21.08 psig @ 4486.00 ft (KB)

Start Date: 2013.01.22

End Date: 2013.01.22

Start Time: 02:42:13

End Time: 11:23:38

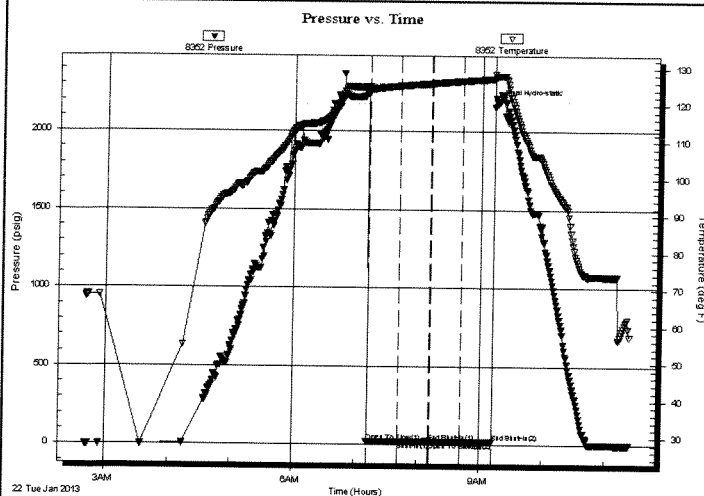
Capacity: 8000.00 psig

Last Calib.: 2013.01.22

Time On Btm: 2013.01.22 @ 07:07:37

Time Off Btm: 2013.01.22 @ 09:14:37

TEST COMMENT: Weak blow building to 1/4 inch initial flow period. No blow final flow period,



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2216.76	124.80	Initial Hydro-static
4	18.85	124.39	Open To Flow (1)
34	21.10	125.08	Shut-In(1)
64	22.56	125.82	End Shut-In(1)
64	20.35	125.83	Open To Flow (2)
94	21.08	126.49	Shut-In(2)
124	21.52	127.08	End Shut-In(2)
127	2176.84	127.75	Final Hydro-static

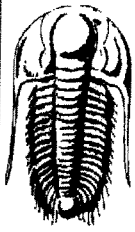
### Recovery

Length (ft)	Description	Volume (bbl)
1.00	Drilling mud	0.01

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**FLUID SUMMARY**

Atlas Operating LLC  
15603 Kuykendahi  
Suite 200  
Houston, TX 77090  
ATTN: Ijaz Rehman

**15-29S-9W Kingman KS**

**Giefer Unit #1**

Job Ticket: 50831

**DST#: 1**

Test Start: 2013.01.22 @ 02:42:13

### Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 51.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.59 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: inches			

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	Drilling mud	0.014

Total Length: 1.00 ft      Total Volume: 0.014 bbl

Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:

Laboratory Name:      Laboratory Location:

Recovery Comments:

