



KANSAS CORPORATION COMMISSION 1112128
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
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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

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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 056803

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
RUSSELL

DATE <u>12-5</u>	SEC. <u>28</u>	TWP. <u>11-2</u>	RANGE <u>18-2</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
TRUMAN JOHNSON LEASE	WELL # <u>2</u>	LOCATION <u>HAYS KS N. to Dean Hill Rd</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>N/A TO LOCATION</u>				

CONTRACTOR AMERICAN EAGLE 2

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH 221

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 FT

PERFS.

DISPLACEMENT 13 bbl

EQUIPMENT

PUMP TRUCK CEMENTER BOB S.

417 HELPER WOODY

BULK TRUCK

410 DRIVER WALTER

BULK TRUCK

DRIVER

REMARKS:

CHARGE TO: SPIRAL

STREET _____

CITY _____ STATE _____ ZIP _____

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 Bradford Parker

OWNER

CEMENT

AMOUNT ORDERED 170 sk 3/8" 2% gel

COMMON	<u>170</u>	@	<u>17.9</u>	<u>3043.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>23.10</u>	<u>70.20</u>
CHLORIDE	<u>6</u>	@	<u>64</u>	<u>384.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>183.51 Ft</u>	@	<u>2.48</u>	<u>455.11</u>
MILEAGE	<u>100.56 7/m</u>	@	<u>2.6</u>	<u>261.46</u>
TOTAL				<u>4213.76</u>

SERVICE

DEPTH OF JOB	<u>221</u>			
PUMP TRUCK CHARGE				<u>1512.25</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>HAY 12</u>	@	<u>7.7</u>	<u>92.40</u>
MANIFOLD	<u>LOV 12</u>	@	<u>4.4</u>	<u>52.80</u>
		@		

TOTAL 1657.45

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL <u>0</u>			

SALES TAX (If Any) _____

TOTAL CHARGES 5871.21

DISCOUNT 1614.58

4256.63

IF PAID IN 30 DAYS
BS 12-5

ALLIED OIL & GAS SERVICES, LLC 058820

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Oakley, TX

DATE <u>12/11/12</u>	SEC <u>28</u>	TWP. <u>11</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
TRIMAN LEASE <u>Johnson</u>	WELL # <u>2</u>	LOCATION <u>Hwy 11 to Deer Hill Rd 3/4</u>		COUNTY <u>Ft. Hill</u>	STATE <u>TX</u>		
OLD OR NEW (Circle one)							

CONTRACTOR <u>American Eagle 2</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production 2 Stage</u>	
HOLE SIZE <u>9 1/8</u>	T.D. <u>3571</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>3579 1/2</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH
TOOL <u>DV</u>	DEPTH <u>1014</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>25.72</u>
CEMENT LEFT IN CSG. <u>25.72</u>	
PERFS.	
DISPLACEMENT <u>1400</u>	<u>2-Min</u>
EQUIPMENT <u>1400</u>	
PUMP TRUCK # <u>372</u>	CEMENTER <u>John</u>
	HELPER <u>COZAC</u>
BULK TRUCK # <u>372</u>	DRIVER <u>Kevin</u>
BULK TRUCK # <u>386</u>	DRIVER <u>David</u>

CEMENT		
AMOUNT ORDERED <u>135 ASC 10W 50T 22 gal</u>		
<u>5" Cement</u>		
<u>475 S&W ALW 4F 10</u>	<u>500 Gal 10K TL</u>	
COMMON <u>ALW</u>	@ <u>15.25</u>	<u>2576.25</u>
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>135</u>	@ <u>20.20</u>	<u>2821.20</u>
<u>Cement</u>	@	
<u>675 1b</u>	@ <u>0.98</u>	<u>661.20</u>
<u>Sult</u>	@ <u>11.98</u>	<u>368.20</u>
<u>Flow Seal</u>	@ <u>2.22</u>	<u>356.40</u>
<u>WPR 11</u>	@ <u>58.20</u>	<u>204.80</u>
HANDLING <u>716 100 CF</u>	@ <u>2.22</u>	<u>1575.24</u>
MILEAGE <u>2400 miles</u>	@ <u>29.20</u>	<u>7008.00</u>
		TOTAL <u>21976.23</u>

REMARKS:

On Co. Contact logs 12/12/12 at 10:15 AM 135501
 135501 2 Stage Production 2 Stage
 at 5000 ft. level @ 500 psi float
 Hand Op. tool @ 800 psi of 10' length
 30' x 11" 11" 4 1/2" in diameter
 with a 1/2" displacement plug at 2880' 110'
 @ 500 psi level. Hand Op. plug @ 1500 psi
 Tool closed
 Cement did accumulate
 10' - 15' of cement
 Hand

SERVICE

DEPTH OF JOB <u>3574</u>		
PUMP TRUCK CHARGE <u>2600</u>	@ <u>2600</u>	<u>2600.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>100</u>	@ <u>7.20</u>	<u>720.00</u>
MANIFOLD - Hand	@	<u>27.00</u>
<u>L touch c/c</u>	@ <u>1.40</u>	<u>410.00</u>
		TOTAL <u>6491.23</u>

PLUG & FLOAT EQUIPMENT

weather Ford		
DV 1001	@ <u>5335</u>	<u>5335.00</u>
6' x 6' float pipe - 1	@ <u>636</u>	<u>636.00</u>
Truck - 2011	@ <u>655</u>	<u>655.00</u>
Water Pump Assembly	@ <u>324</u>	<u>324.00</u>
Bucket	@ <u>394</u>	<u>394.00</u>
		TOTAL <u>7345.23</u>

CHARGE TO: Special Energy Corp
 STREET _____
 CITY _____ STATE _____ ZIP _____

John V. [Signature]

To: Allied Oil & Gas Services, LLC.
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PRINTED NAME _____
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS