



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1106738
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: _____



1106738

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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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

January 04, 2013

Sandra Ochoa
Citation Oil & Gas Corp.
14077 Cutten Rd
PO BOX 690688
HOUSTON, TX 77269-0688

Re: ACO1
API 15-163-24089-00-00
Dan Barry A 25
SE/4 Sec.02-09S-19W
Rooks 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,
Sandra Ochoa

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No.

Cell 785-324-1041

Date	12-7-2012	Sec.	2	Twp.	9	Range	19	County	Rooks	State	Kansas	On Location	
								Location					Zurich 4N 1 3/4 E N Int

Lease	Dan Berry A	Well No.	25	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Duke Rig 10				You are hereby requested to rent cementing equipment
Type Job	Surface				center and helper to assist owner or contractor to do
Hole Size	12 1/4	T.D.	1406	Charge To	Citation
Csg.	8 5/8	Depth	1402	Street	Gas
Tbg. Size		Depth		City	
Tool		Depth		The above was done to satisfaction and supervision of owner	
Cement Left in Csg.	51.22	Shoe Joint	51.22	Cement Amount Ordered	
Meas Line		Displace	86 bbl	500 Common 3% CC 2% Gel	

EQUIPMENT

Pumptrk	15	No.	Cementer	MATT	Common	500
			Helper		Poz. Mix	
Bulktrk	12	No.	Driver	NICK	Gel.	9
			Driver		Calcium	18
Bulktrk	PV	No.	Driver	LONNIE W		
			Driver			

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
Established Circulation	Sand
Stopped Pump and dropped ball	Handling
Circulated 20 min. Mixed 500	Mileage
Sacks displaced 86 bbl Plug	
landed Cement did Circulate	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	12 8 5/8 2 Lock Rings
Baskets	
AFU Inserts	1 8 5/8
Float Shoe	
Latch Down	

Pumptrk Charge	Long Surface
Mileage	35

Signature: *J. Blaser*

Tax Discoun Total Charge

MAXIMUM TORQUE SERVICES, INC.

785-324-2648

P.O. BOX 132
RUSSELL, KANSAS 67665

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Date 12/7

Company Citation Oil + Gas Called By Ed C

Address _____

Lease Barry Well No. A-25 County Rooper

Drilling Co. Duke Drilling Rig No. 10

SERVICE REPORT

Casing 8 5/8 1402' Amount: _____

Tool Rental Slips, Elevators, Thread Protectors Amount: _____

Hourly Work Amount: _____

Transportation Charge Miles @ Per Mile Amount: _____

Waiting Time Hours @ Amount: _____

Misc. Amount: _____

Tong Operator Shane Piche

Helpers Al, Chris E, Chris L. Amount: _____

TOTAL SERVICE CHARGE

Remarks: Truck No. 1 arrived @ _____ completed @ 3:35

Responsible Party: _____

Date Work Commenced _____ Date Work Completed _____

[Signature]

By: _____

Thanks!



QUALITY OILWELL CEMENTING, IN

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No.

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location
12-11-12	2	9	19	ROCKS	KANSAS	
Lease <u>DAN BARRY A</u>				Well No. <u>#25</u>	Owner <u>CITATION OIL GAS COE</u>	
Contractor <u>DUKE</u>				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment cementing and helper to assist owner or contractor to c		
Type Job <u>PROD. STRING</u>				Charge To <u>CITATION OIL GAS COE</u>		
Hole Size <u>7 7/8"</u>	T.D. <u>3,485</u>			Street <u>14077 CUTTEN RD</u>		
Csg. <u>5 1/2"</u>	Depth <u>3,481.05</u>			City <u>HOUSTON</u> State <u>TX</u>		
Tbg. Size	Depth			The above was done to satisfaction and supervision of owner		
Tool	Depth			Cement Amount Ordered <u>200com-10%</u>		
Cement Left in Csg.	Shoe Joint <u>55.53</u>			Cement Amount Ordered <u>200com-10%</u>		
Meas Line	Displace <u>83 1/2 BBLs</u>					
EQUIPMENT				Common <u>200</u>		
Pumptrk <u>#15</u> No.	Cementer Helper <u>NICK</u>			Poz. Mix		
Bulktrk <u>#14</u> No.	Driver <u>DOUG</u>			Gel. <u>4</u>		
Bulktrk <u>PLU</u> No.	Driver <u>CISCO</u>			Calcium		
JOB SERVICES & REMARKS				Hulls		
Remarks:				Salt <u>18</u>		
Rat Hole <u>30</u>				Flowseal <u>50#</u>		
Mouse Hole <u>15</u>				Kol-Seal		
Centralizers <u>1,2,3,5,7,9,11,13,15,17,19,21</u>				Mud CLR 48 <u>500 GAL</u>		
Baskets <u>3</u>				CFL-117 or CD110 CAF 38		
D/V or Port Collar				Sand		
<u>DROPPED BALL - BROKE CIRCULATION</u>				Handling <u>222</u>		
<u>CIRCULATED 1 hr - PUMPED 500 GAL</u>				Mileage		
<u>MUD FLUSH - PLUGGED RAT & MOUSE</u>				FLOAT EQUIPMENT		
<u>HOLE - MIXED & PUMPED 155 DOWN</u>				Guide Shoe		
<u>5 1/2" - DROPPED PLUG & WASHED</u>				Centralizer <u>14-5 1/2" TURBOS</u>		
<u>PUMP - DISPLACED - PLUG LANDED</u>				Baskets <u>1-5 1/2"</u>		
<u>& HELD.</u>				AFU Inserts		
<u>LIFT PRESSURE @ 1,000</u>				Float Shoe <u>1-5 1/2"</u>		
<u>PLUG LANDED @ 83 1/2 BBLs 1,500 LBS</u>				Latch Down <u>1-5 1/2" w/PLUG</u>		
				<u>1-5 1/2" AFU BUTT WELD FLOAT</u>		
				<u>SHOE. 2-5 1/2" LIMIT CLAN</u>		
				Pumptrk Charge <u>prod Long Str</u>		
				Mileage <u>35</u>		
<u>THANK YOU</u>						
<u>[Signature]</u>						
X Signature				Total Charge		

MAXIMUM TORQUE SERVICES, INC.

785-324-2648

P.O. BOX 132
RUSSELL, KANSAS 67665

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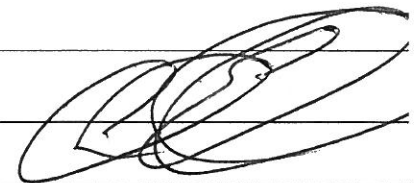
Date 12-11

Company Citilco Oil Called By Ed
Address 14077 Coker Rd
Lease Don Berry Well No. A County Rooks
Drilling Co. Dkt 110 Rig No. 10

SERVICE REPORT

Casing TD -> 3485 83 Joints 3481 ft. Amount:
Tool Rental 5 1/2 slips, 5 1/2 elevators & 5 1/2 headstocks Amount:
Hourly Work Amount:
Transportation Charge Miles @ Per Mile Amount:
Waiting Time Hours @ Amount:
Misc. Amount:
Tong Operator Chris Ellison
Helpers Big Al, Josh Little, Chappy Amount:
TOTAL SERVICE CHARGE

Remarks: Truck No. 1 arrived @ 12:15am completed @ 9:45 AM

Responsible Party: 

Date Work Commenced 12/10/2012 Date Work Completed
By: E. Blanner

Thanks!



TIORCO

A NALCO & STEPAN COMPANY

2452 South Trenton Way • Suite M • Denver, CO 80231 • 303.923.6440

Company Name: Citation Oil & Gas Corp.

Field Name: Barry

Well Name: Barry A #25

Well Type: Production

County and State: Rooks County, Kansas

Portable Unit #: 11

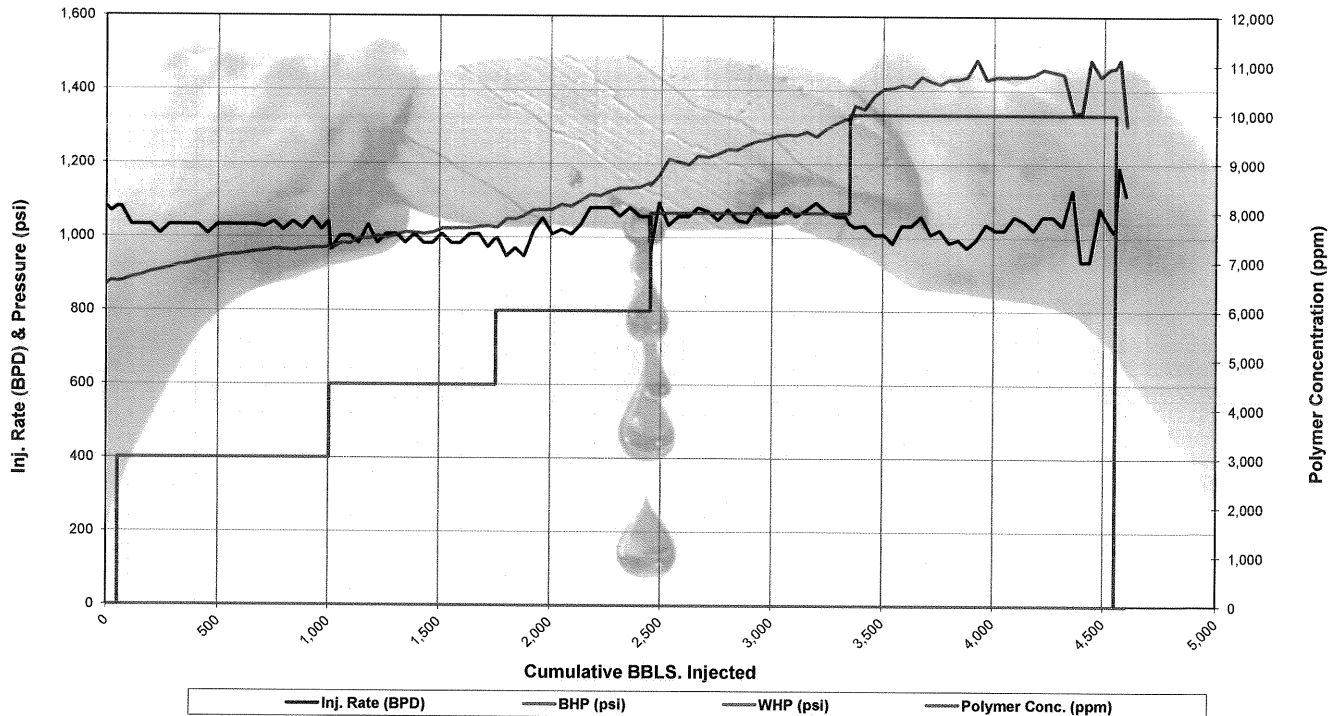
Report Date: January 21, 2013

MARCIT Polymer Gel Treatment

Treatment Summary and Charts

Stage	Date Begin	Time Begin	Date End	Time End	Polymer ppm	BBLs / Stage	WHP (psi)		BHP (psi)		Pump Rate (bpd)		Comments
							Begin	End	Begin	End	Begin	End	
1	1/16/13	3:29 PM	1/16/13	4:36 PM	0	50	0	0	870	878	1,080	1,080	Stage #1. 50 BBL Water Flush with CRO195 & X-Cide 102w.
2	1/16/13	4:36 PM	1/17/13	2:43 PM	3,000	950	0	0	878	973	1,080	1,080	Stage #2: 3,000 ppm with X-Cide 102w.
3	1/17/13	2:43 PM	1/18/13	8:47 AM	4,500	750	0	0	973	1,027	1,080	1,080	Stage #3: 4,500 ppm with X-Cide 102w.
4	1/18/13	8:47 AM	1/19/13	1:06 AM	6,000	700	0	0	1,027	1,141	1,080	1,080	Stage #4 6,000 ppm with X-cide 102w
5	1/19/13	1:06 AM	1/19/13	9:25 PM	8,000	900	0	0	1,141	1,322	1,080	1,080	Stage #5 8,000 ppm with X-cide 102w
6	1/19/13	9:25 PM	1/21/13	1:37 AM	10,000	1,200	0	0	1,322	1,462	1,080	1,080	Stage #6 10,000 ppm with X-cide 102w
7	1/21/13	1:37 AM	1/21/13	2:40 AM	0	50	0	0	1,462	1,305	1,080	1,080	Stage #7. 50 BBL Water Over Flush with CRO195 & X-Cide 102w.
Totals						4600							

Injection Rate, Pressure, & Concentration



Hall Slope and Psi/BWI

