



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1108679
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
-----------------------------------	-----------------	---

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: _____



1108679

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

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Mai Oil Operations, Inc.
Well Name	York 'T' 1
Doc ID	1108679

Tops

Name	Top	Datum
Anhydrite	2224	+611
Heebner	3915	-1080
Toronto	3930	-1095
Lansing	3952	-1117
Stark	4214	-1379
Base Kansas City	4290	-1455
Marmaton	4324	-1489
Fort Scott	4456	-1621
Cherokee	4479	-1644
Mississippi	4546	-1711

ALLIED OIL & GAS SERVICES, LLC 058942

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Oakley

DATE <u>10-21-12</u>	SEC <u>7</u>	TWP. <u>17</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00 Am</u>	JOB FINISH <u>7:00 Am</u>
LEASE <u>York T</u>		WELL # <u>#1</u>		LOCATION <u>Healy 1E To Eagle Rd 1/2 S</u>		COUNTY <u>Lanc</u>	STATE <u>Ks</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>to 230-1E-Sinto</u>			

CONTRACTOR South Wind

TYPE OF JOB Production

HOLE SIZE <u>7 7/8</u>	T.D. <u>4630'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>4623'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <u>Port Collar</u>	DEPTH <u>2189'</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>19.61</u>
CEMENT LEFT IN CSG. <u>19.61</u>	
PERFS.	
DISPLACEMENT <u>112.32</u>	

OWNER Same

CEMENT

AMOUNT ORDERED 160 SKS 640 2% Gel 10% Salt
1/4" Flosal

COMMON	<u>96 SKS @ \$17.20</u>	<u>\$1718.40</u>
POZMIX	<u>64 SKS @ \$9.32</u>	<u>\$599.40</u>
GEL	<u>3 SKS @ \$23.40</u>	<u>\$70.20</u>
CHLORIDE	@	
ASC	@	
Salt	<u>14 SKS @ \$26.25</u>	<u>\$368.20</u>
Flosal	<u>40 @ \$2.92</u>	<u>\$118.80</u>
24 bbl Super Flush	@ \$58.70	\$1408.80
HANDLING <u>176.95 CF X</u>	@ \$2.42	\$438.80
MILEAGE <u>7.38 x 57 x</u>	@ \$2.60	\$1093.20
		TOTAL <u>\$5816.20</u>

EQUIPMENT

PUMP TRUCK # <u>423-281</u>	CEMENTER <u>Darren Racette</u>
BULK TRUCK # <u>347</u>	HELPER <u>LaRene Wentz</u>
BULK TRUCK #	DRIVER <u>Brandon Wilkison</u>
BULK TRUCK #	DRIVER <u>Paul Beaver</u>

REMARKS:

Pump 1000gal Super Flush Plug Rathole
mix Cement Displace with water
Load Plug " Float Held

Thank You.

CHARGE TO: Mai O.I. operation

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>4623</u>	
PUMP TRUCK CHARGE	<u>\$2765.20</u>
EXTRA FOOTAGE	@
MILEAGE <u>57</u>	@ \$7.72 <u>\$438.80</u>
MANIFOLD <u>Head</u>	@ <u>\$275.00</u>
<u>LU Mileage</u>	@ \$4.10 <u>\$250.80</u>
TOTAL <u>\$3730.40</u>	

PLUG & FLOAT EQUIPMENT

<u>5/8 Weatherford</u>	
<u>1 AEU Float Shoe</u>	@ <u>\$408.33</u>
<u>1 Latch Down Plug Assy</u>	@ <u>\$324.00</u>
<u>1 Basket</u>	@ <u>\$394.80</u>
<u>1 Port Collar</u>	@ <u>\$2042.00</u>

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment



CHARGE TO:	MAT operations
ADDRESS	
CITY, STATE, ZIP CODE	

TICKET
No 23464

PAGE	1	OF	1
------	---	----	---

1. SERVICE LOCATIONS Ness City, KS	WELL/PROJECT NO. 10VW0	LEASE Yout	COUNTY/PARISH LANE	STATE KS	CITY Healy	DATE 12 NOV 12	OWNER
2. TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR EXPRESS		RIG NAME/NO.	SHIPPED VAT	DELIVERED TO location	ORDER NO.	
3. WELL TYPE oil ownr	WELL CATEGORY Development	JOB PURPOSE cement post collar		WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
575		1			MILEAGE TRK 114	45	mi			6.00		270	00
576D		1			Pump Charge	1	ea			1250.00		1250	00
330		1			SMD cement	235	sk			16.50		3877	50
276		1			flocele	50	lb			2.00		100	00
290		1			D-AIR	3	gal			35.00		105	00
581		1			Service Charge	235	sk			2.00		470	00
583		1			Drayage	2338	lb	526.16	TM	1.00		526	16

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Ken Wilson

DATE SIGNED _____ TIME SIGNED _____ A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR _____ APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10V12 PAGE NO.

CUSTOMER *MAI operations* WELL NO. *101110* LEASE *YORK* JOB TYPE *Cement port collar* TICKET NO. *23464*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								235 5MD cement w/ 3/4" floccle port collar 2187' 28x52 2178'
	0900							on loc TRK 114
	0425		90			1000	1000	fill hole - plug in hole test to 1000psi - holding
	0950							open port collar
	1000	3	2			200		inj rate 3bpm @ 200psi
	1004	3 1/2				210		mix 5MD cement @ 11.2 ppg
		3 1/2	15			250		fluid to surface -
		3 1/2	177			400		— Cement to surface —
								235 sk mixed 15 to pit
		3 1/2	11			400		Displace with H ₂ O
								close port collar
	1045					1000	1000	test to 1000psi - held
	1052							run 5 joints
	1057		25					Reverse out - hole clean - 2 cement plugs -
								wash up pull tool
								pack up
								job complete Thank
								Flint Blaine, JS & Dave

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 18, 2013

Allen Bangert
Mai Oil Operations, Inc.
8411 PRESTON RD STE 800
DALLAS, TX 75225-5520

Re: ACO1
API 15-101-20788-00-01
York 'T' 1
NE/4 Sec.07-17S-29W
Lane 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,
Allen Bangert