



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1108899
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: _____



1108899

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	Mills-Gooch 1-7
Doc ID	1108899

Tops

Name	Top	Datum
Base Heebner Shale	4344 S	(-1319)
Toronto Lime	4354 S	(-1329)
Lansing Lime	4460 S	(-1435)
Kansas City Lime	4784 S	(-1759)
Marmaton Lime	5218 S	(-2193)
Cherokee Shale	5611 S	(-2586)
Lower Atoka Lime	5925 S	(-2900)
Morrow Shale	5963 S	(-2938)
Lower Morrow Lime	6300 L	(-3275)
Chester C Lime	6366 L	(-3341)
Ste Genevieve	6652 L	(-3627)
St Louis	6717 L	(-3692)

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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	65	40	Grout	50	
Surface	12.25	8.625	24	1664	Class A	400	3% CC, 2% gypseal, .25# Flocele
Surface	12.25	8.625	24	1664	Class C	150	2% CC
Production	7.875	5.5	15.5	6778	Class A POZ	100	.25# FloCele
Production	7.875	5.5	15.5	6778	Class H	150	6% Gypseal, 10% salt, 5#/SK gilsonite

SouthWest Acid Services, LLC

TREATMENT REPORT

Customer MIDWESTERN EXPLORATION		Lease Name MILLS-GOOCH	
Date 12-7-12		Well # 1-7	Legal Description 1-35S-35W
Ticket # 3113	Formation BASAL CHESTER	Casing 4 1/2	Tubing 2 3/8
Job Type Acid BALLOUT		County & State STEVENS KANSAS	
Casing Size 4 1/2	Pipe Date 2-3-0	Perforating Date	Customer Billy Daugherty
Tubing Size 2 3/8	6 spf	Shots/Ft	Treater D'MORE'S
Depth	Depth	From	To
		6572'	6600'
Volume	Volume	From	To
Max PSI	Max PSI	From	To
Well Connection	Annulus Volume	From	To
Plug Depth	Packer Depth 6530'	From	To
Driver J DAY		Truck 3-ST	
Acid Type 7 1/2%		Fluids Type NEFE	
Flush Type		Volume 3500g	
2.1		Kca	
		5000g	
Treatment Resume			
Rate		Pressure	
Max	4.0	2520	ISIP 500
Min	2.0	1470	2 Min VAC
Avg	3.5	2200	10 Min /
N2 Volume			15 Min /
			Total Load 119 BBL

Time	Casing Pressure	Tubing Pressure	Bbl Pumped	Rate	Jog Log
					ON LOCATION
					SAFETY MEETING
828	20		0 BBL	2.0	LOAD ANNULUS
846	90		65.2	3.7	LOADED
847	500			.2	PRESSURED TO 500 PSI
856		85	0 BBL	2.1	START ACID & TBNG
		25	12	3.0	START BALUS
904		2050	21.5	1.8	HOLD LOADED
		1486	27	2.0	ACID ON BOTTOM
908		1870	30	3.5	RATE ESTABLISHED
		2025	41	3.7	PUMPING ACID
		2048	60	3.8	PUMPING ACID
928		2180	93.5	3.9	START FLUSH
932		2310	119	4.0	SHUT DOWN - LOS COMPACTS
		500			ISIP
					THANK YOU FOR CALLING
					SOUTH WEST ACID SERVICES
					DIK & JACOB

Liberal Office Machines

ALLIED OIL & GAS SERVICES, LLC KB 052626

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Liberal

DATE <u>11-01-12</u>	SEC <u>7</u>	TWP <u>35S</u>	RANGE <u>35W</u>	CALLED OUT	ON LOCATION	JOB START <u>1130</u>	JOB FINISH <u>2:30</u>
M/LB LEASE <u>Goach</u>	WELL # <u>1-7</u>	LOCATION <u>W. Liberal, KS</u>			COUNTY <u>Stevens</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)						1.01	(0.1)

CONTRACTOR Duke Drilling #6 OWNER Mid

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1680 feet
 CASING SIZE 8 5/8 24 # DEPTH 1685 "
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1000 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42.20
 CEMENT LEFT IN CSG. 42.20
 PERFS. _____
 DISPLACEMENT 10 4 1/2 BBIS

CEMENT "A"
 AMOUNT ORDERED 400 sk 37.00, 275 M, 27. Gyp Seal, 1/4 # 1 sk T-S, 150 sk C, 27. C.C.

COMMON <u>400 sk "A"</u>	@ <u>17.90</u>	<u>7160.00</u>
POZMIX _____	@ _____	_____
GEL _____	@ _____	_____
CHLORIDE <u>18 sk</u>	@ <u>64.00</u>	<u>1152.00</u>
ASC _____	@ _____	_____
<u>150 sk "C"</u>	@ <u>24.40</u>	<u>3660.00</u>
<u>NAMS. 5 Motor 752 ft</u>	@ <u>3.90</u>	<u>2981.60</u>
<u>Gyp Seal 8</u>	@ <u>37.60</u>	<u>300.80</u>
<u>FIS 138 #</u>	@ <u>2.97</u>	<u>409.86</u>
<u>Stop Loss Spacer 100ds</u>	@ <u>2.60</u>	<u>2,600.00</u>
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>603.10 G-ft</u>	@ <u>2.48</u>	<u>1500.65</u>
MILEAGE <u>547.70 T.M.</u>	@ <u>2.60</u>	<u>1424.02</u>
		TOTAL <u>20,688.93</u>

REMARKS:

Mix pump 10 BB of Stop loss spacer, Mix pump 550sk of cement and displace it with 10 4 1/2 BBIS of H2O. Circulate to surface 2.0 BBIS of cement. Release pressure. Flow holds 1/8 BBIS bleed back.
Thank you

511.1

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>2,213.75</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>heavy Veh. 20.</u>	@ <u>7.70</u> <u>154.00</u>
MANIFOLD + Cen. head 1	@ <u>275.00</u> <u>275.00</u>
light Vehicle 20.	@ <u>4.40</u> <u>88.00</u>
_____	@ _____
TOTAL <u>2,730.75</u>	

CHARGE TO: Mid Western Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>Guide Shoe 1</u>	@ <u>460.98</u>	<u>460.98</u>
<u>AFU Float Valve 1</u>	@ <u>446.94</u>	<u>446.94</u>
<u>Centralizer 3</u>	@ <u>74.88</u>	<u>224.64</u>
<u>Cen. Basket 1</u>	@ <u>559.96</u>	<u>559.96</u>
<u>Top rubber plug 1</u>	@ <u>131.04</u>	<u>131.04</u>
		TOTAL <u>1,822.56</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 Billy Daugherty
 SIGNATURE Billy Daugherty

SALES TAX (if Any) 1233.98
 TOTAL CHARGES 2,5242.54
 DISCOUNT 8834.89 IF PAID IN 30 DAYS
NET = 16,407.65

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 21, 2013

Dale J. Lollar, President
Midwestern Exploration Company
3500 S BOULEVARD STE 2B
EDMOND, OK 73013-5487

Re: ACO1
API 15-189-22787-00-00
Mills-Gooch 1-7
SW/4 Sec.07-35S-35W
Stevens 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,
Dale J. Lollar, President