



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1109116
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: _____



1109116

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Gick 10
Doc ID	1109116

All Electric Logs Run

Dual Induction Log
Micro Log
Compensated Density/Neutron PE Log
Drill Time Geologist Log

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 22, 2013

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

Re: ACO1
API 15-163-24087-00-00
Gick 10
SW/4 Sec.01-09S-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,
Tami Troxel

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6372

Cell 785-324-1041

Date	1-30-13	Sec.	Twp.	Range	County	State	On Location	Finish
			9	19	Rooks	KS		6:00 AM

Lease *616* Well No. 10 Location *Zurich 4N 2E N into*

Contractor *Duke 10* Owner To Quality Oilwell Cementing, Inc.

Type Job *Production* You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size *7 7/8* T.D. *3465* Charge To *Citation oil + Gas*

Csg. *5 1/2* Depth *3463* Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. *84.35* Shoe Joint *84.35* Cement Amount Ordered *235 Class A 10% S-17*

Meas Line Displace *80.5 BBL* *1/2 gal 1/4 flow seal*

EQUIPMENT

Pumptrk	5	No.	Cementer	Helper	Common
			<i>mett</i>		

Bulktrk	10	No.	Driver	Driver	Poz. Mix
			<i>Drett</i>		

Bulktrk	10	No.	Driver	Driver	Gel. 4
			<i>lornie</i>	<i>mitschell</i>	

JOB SERVICES & REMARKS

Remarks: Halls

Rat Hole *30 SK* Salt *20*

Mouse Hole Flowseal *50#*

Centralizers Kol-Seal

Baskets Mud CLR 48 *500 gal*

D/V or Port Collar CFL-117 or CD110 CAF 38

Handing Sand

Mileage *259*

FLOAT EQUIPMENT

Guide Shoe

Centralizer *tubos 14 5/8*

Baskets *2 5/8*

AFU Inserts *1 5/8*

Float shoe *1 5/8*

Latch Down *1 5/8*

2 Stop Rings 5/8

Pumptrk Charge *prod long string*

Mileage

Tax

Discount

Total Charge

X Signature *[Signature]*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 6369

Cell 785-324-1041

Date	1-26-13	Sec.	1	Twp.	9	Range	19	County	Boone	State	KS	On Location		Finish	7:15 AM
------	---------	------	---	------	---	-------	----	--------	-------	-------	----	-------------	--	--------	---------

Location Zurich 4N 1 1/2 E Ninto

Lease ~~East Brick~~ Well No. 10 Owner

Contractor Duke 10 To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job Surface Charge To Citizens Oil & Gas

Hole Size 1 1/4 T.D. 1398 Street 1st

Csg. 558 Depth City State

Tbg. Size Depth The above was done to satisfaction and supervision of owner agent or contractor.

Tool Depth Cement Amount Ordered 300 3% ACC 2% gel

Cement Left in Csg. 81.92 Shoe Joint 81.22 Meas Line Displace 83 1/4 BBL

Common 520

EQUIPMENT

Pumptrk	5	No.	Cementer		Common	520
			Helper	<u>Math</u>	Poz. Mix	
Bulktrk	13	No.	Driver	<u>Brett</u>	Gel.	10
			Driver		Calcium	18
Bulktrk	06	No.	Driver	<u>Doug</u>	Hulls	
			Driver		Salt	

JOB SERVICES & REMARKS

Remarks:		Flowseal
Rat Hole		Kol-Seal
Mouse Hole		Mud CLR 48
Centralizers		CFL-117 or CD110 CAF 38
Baskets		Sand
D/V or Port Collar		Handling <u>548</u>
<u>Cement did circulate</u>		Mileage

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	<u>12 878</u>
Baskets	<u>Rubber Plug</u>
AFU Inserts	
Float Shoe	
Latch Down	
<u>048 5/8 Stop Rings</u>	
<u>Baffle plate</u>	
Pumptrk Charge	<u>Long Surface</u>
Mileage	<u>35</u>

X Signature

[Handwritten Signature]

Tax	
Discount	
Total Charge	



A NALCO & STEPAN COMPANY

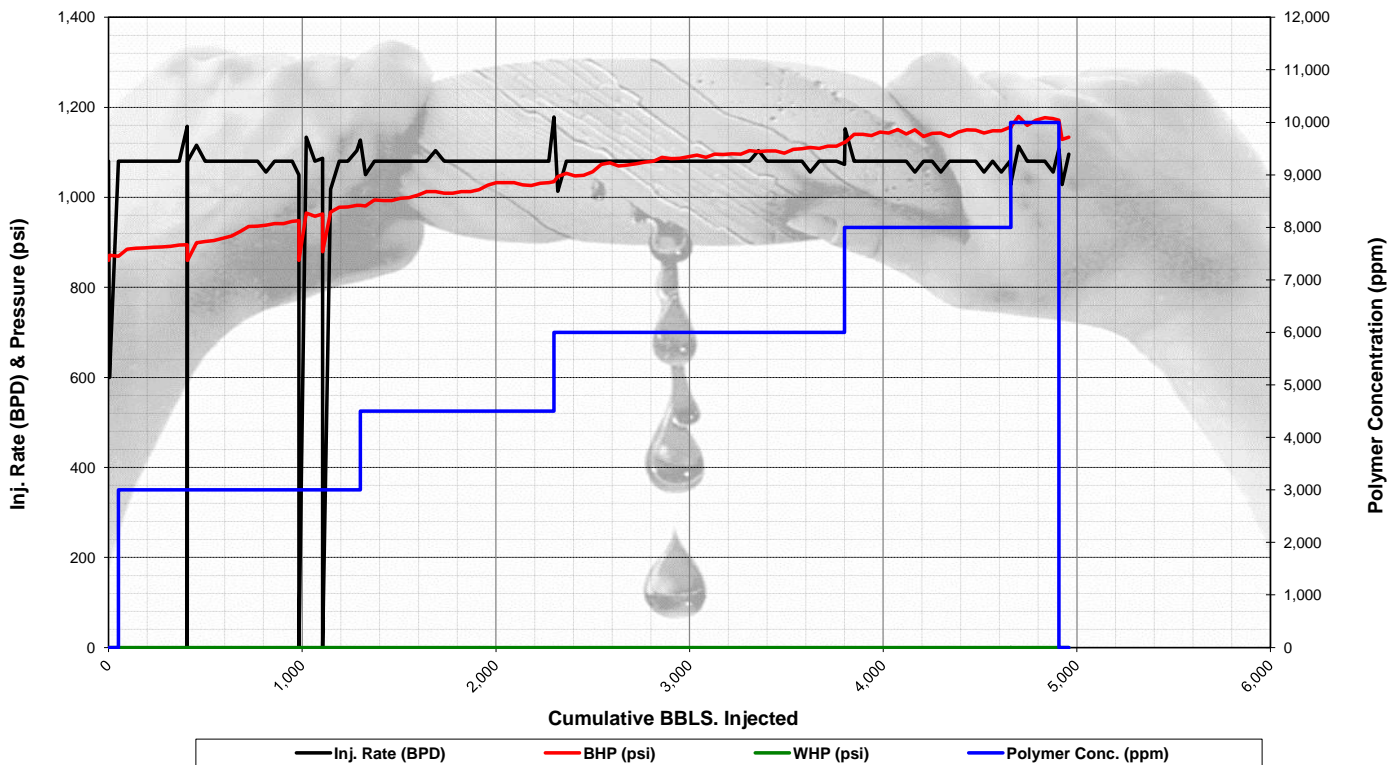
2452 South Trenton Way • Suite M • Denver, CO 80231 • 303.923.6440

Company Name: Citation Oil & Gas Corp.
 Field Name: Barry
 Well Name: Gick #10
 Well Type: Production
 County and State: Rooks County, Kansas
 Portable Unit #: 18
 Report Date: February 15, 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	2/10/13	7:48 AM	2/10/13	9:00 AM	0	50	0	0	860	869	1,080	1,080	Stage #1. Water Flush with CRO195 & X-Cide 102w.
2	2/10/13	9:00 AM	2/11/13	2:23 PM	3,000	1,250	0	0	869	982	1,080	1,080	Stage #2. 3,000 ppm with X-Cide 102w.
3	2/11/13	2:23 PM	2/12/13	12:33 PM	4,500	1,000	0	0	982	1,035	1,080	1,080	Stage #3. 4,500 ppm with X-Cide 102w.
4	2/12/13	12:33 PM	2/13/13	9:55 PM	6,000	1,500	0	0	1,035	1,122	1,080	1,080	Stage #4. 6,000 ppm with X-Cide 102w.
5	2/13/13	9:55 PM	2/14/13	5:07 PM	8,000	858	0	0	1,122	1,156	1,080	1,080	Stage #5. 8,000 ppm with X-Cide 102w.
6	2/14/13	5:07 PM	2/14/13	10:39 PM	10,000	250	0	0	1,156	1,171	1,080	1,080	Stage #6. 10,000 ppm with X-Cide 102w.
7	2/14/13	10:39 PM	2/14/13	11:46 PM	0	50	0	0	1,171	1,134	1,080	1,080	Stage #7. Water Flush with CRO195 & X-Cide 102w.
Totals						4,958							

Injection Rate, Pressure, & Concentration



Hall Slope and Psi/BWI

