



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1109148
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: _____



1109148

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: _____ _____ |
|---|--|--|

ALLIED OIL & GAS SERVICES, LLC 053942

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

| | | | | | | | |
|--------------------------------|---------------------|--|------------------|------------|----------------------|-----------------|---------------------------|
| DATE <u>11/09/12</u> | SEC. <u>20</u> | TWP. <u>32s</u> | RANGE <u>22w</u> | CALLED OUT | ON LOCATION | JOB START | JOB FINISH <u>2:15 PM</u> |
| LEASE <u>Hazel Thomas</u> | WELL # <u>1 SWD</u> | LOCATION <u>Ashland KS, 3 North on East</u> | | | COUNTY <u>Clarke</u> | STATE <u>KS</u> | |
| OLD OR <u>NEW</u> (Circle one) | | Side of Town, East then 2 C.C.s, North along | | | <u>101</u> | <u>101</u> | |

| | |
|---|--------------------------|
| CONTRACTOR <u>Clarke</u> | OWNER <u>Raymond Oil</u> |
| TYPE OF JOB <u>Surface</u> | |
| HOLE SIZE <u>11</u> | T.D. <u>211</u> |
| CASING SIZE <u>8 5/8</u> | DEPTH <u>206</u> |
| TUBING SIZE | DEPTH |
| DRILL PIPE | DEPTH |
| TOOL | DEPTH |
| PRES. MAX <u>200</u> | MINIMUM |
| MEAS. LINE | SHOE JOINT |
| CEMENT LEFT IN CSG. <u>20sf</u> | |
| PERFS. | |
| DISPLACEMENT <u>12 BBL Fresh H₂O</u> | |

| | | | |
|----------------|----------------|--------------------------------|-----------------------------|
| CEMENT | | | |
| AMOUNT ORDERED | <u>100sx</u> | <u>Class A + 3%cc + 2% Gel</u> | |
| COMMON | <u>Class A</u> | <u>100sx @ 17.90</u> | <u>1790</u> |
| POZMIX | | @ | |
| GEL | <u>2sx</u> | @ <u>23.40</u> | <u>46.80</u> |
| CHLORIDE | <u>4sx</u> | @ <u>64</u> | <u>256</u> |
| ASC | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| | | @ | |
| HANDLING | <u>108.13</u> | <u>caff @ 2.48</u> | <u>268.16</u> |
| MILEAGE | <u>4.94</u> | <u>trucks X 75mi X 2.60</u> | <u>963.30</u> |
| | | | TOTAL <u>3324.26</u> |

| | |
|------------------|--|
| PUMP TRUCK | CEMENTER <u>Jason Thimesch</u> |
| # <u>558/555</u> | HELPER <u>Scott Priddy</u> |
| BULK TRUCK | |
| # <u>421/252</u> | DRIVER <u>Brian Boer / James Bowen</u> |
| BULK TRUCK | |
| # | DRIVER |

REMARKS:
Did not cement

| | | | |
|-------------------|-------------|---------------|----------------|
| SERVICE | | | |
| DEPTH OF JOB | <u>206</u> | | |
| PUMP TRUCK CHARGE | | | <u>1512.25</u> |
| EXTRA FOOTAGE | | @ | |
| MILEAGE | <u>75mi</u> | @ <u>7.70</u> | <u>577.5</u> |
| MANIFOLD | | @ | |
| <u>LV</u> | <u>75mi</u> | @ <u>4.40</u> | <u>330</u> |
| | | @ | |

CHARGE TO: Raymond Oil

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2419.75

PLUG & FLOAT EQUIPMENT

| | | |
|-------|---|-------|
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |
| _____ | @ | _____ |

TOTAL _____

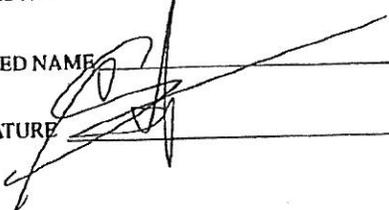
To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) 134.87

TOTAL CHARGES 5744.01

DISCOUNT 1148.78 IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE 

Net \$4595.23

ALLIED OIL & GAS SERVICES, LLC

052682 ^{KB}

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

| | | | | | | | |
|---------------------------|-------------------|------|-------------------------------------|------------|------------------------|--------------------------|---------------------------|
| DATE <u>11-16-12</u> | SEC. | TWP. | RANGE | CALLED OUT | ON LOCATION | JOB START <u>2:30</u> | JOB FINISH <u>3:30</u> |
| LEASE <u>Hazel Tom</u> | WELL # <u>SWE</u> | | LOCATION <u>North of Ashland KS</u> | | COUNTY <u>Clark</u> | STATE <u>KS</u> | |
| OLD OR (NEW) (Circle one) | | | | | <u>1.01</u> | <u>6.3</u> | |

CONTRACTOR _____ OWNER _____

TYPE OF JOB Surface

HOLE SIZE 7 7/8 T.D. 820

CASING SIZE 5 1/2 DEPTH 701

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 17.1 barrels

CEMENT

AMOUNT ORDERED Class A 100/40 8Pec 2% gel

260 sk

| | | | |
|--------------------------|---|----------|-----------------------|
| COMMON | @ | | |
| POZMIX | @ | | |
| GEL | @ | <u>4</u> | <u>23.40 93.60</u> |
| CHLORIDE | @ | <u>8</u> | <u>64.00 512.00</u> |
| ASC | @ | | |
| <u>ALC 2A 100/40 260</u> | @ | | <u>15.95 4,147.00</u> |

EQUIPMENT

PUMP TRUCK CEMENTER Lenny Baeza - Tim Chandler

530-484 HELPER Vicent Torres

BULK TRUCK

470-525 DRIVER Angel Garcia

BULK TRUCK

_____ DRIVER _____

| | | | |
|----------|---|--------------|-------------------|
| HANDLING | @ | <u>2.48</u> | <u>674.56</u> |
| MILEAGE | @ | <u>2.160</u> | <u>2289.10</u> |
| Praysge | | | |
| | | TOTAL | <u>\$5,427.76</u> |

880.42 SERVICE 7116.26

REMARKS:

Thank You

DEPTH OF JOB 0-850

PUMP TRUCK CHARGE \$ 2,058.50

EXTRA FOOTAGE @ _____

MILEAGE 75 @ 7.70 577.50

MANIFOLD 1 @ 275.00 275.00

light Vehicle 75 @ 4.40 330.00

CHARGE TO: Raymond Oil

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL \$ 3241.00

PLUG & FLOAT EQUIPMENT

| | | | | |
|-----------------|-------|---|---------------|---------------|
| Centralizers | 3 5/2 | @ | <u>57.33</u> | <u>171.99</u> |
| AFU Float shoes | 1 | @ | <u>408.33</u> | <u>408.33</u> |
| Latchdown Plug | 1 | @ | <u>324.09</u> | <u>324.09</u> |

TOTAL \$ 904.41

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.

SALES TAX (If Any) 356.39

TOTAL CHARGES \$ 9572.67 11861.67

DISCOUNT 1914.52 IF PAID IN 30 DAYS

Net 7658.05 9489.34

PRINTED NAME Allan Smith

SIGNATURE [Signature]

ALLIED CEMENTING CO., LLC. 32708

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Mesquite Lodge KS

| | | | | | | | |
|----------------------|---------------------|--|---------------------|-----------------|-------------|-----------|----------------------------|
| DATE <u>11-20-12</u> | SEC <u>20</u> | TWP <u>32s</u> | RANGE <u>22w</u> | CALLED OUT | ON LOCATION | JOB START | JOB FINISH <u>11:30 AM</u> |
| LEASE <u>THOMAS</u> | WELL # <u>1 SWD</u> | LOCATION <u>1/2 h. road E, E/S, SW, E/4 to</u> | COUNTY <u>Clark</u> | STATE <u>KS</u> | | | |

OLD OR NEW (Circle one)

CONTRACTOR Charles W.P.
 TYPE OF JOB top off
 HOLE SIZE 8 1/2" I.D.
 CASING SIZE 8 5/8" w/ 5/8" DEPTH 206' w/
 TUBING SIZE 1" DEPTH 270
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 550' MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG
 PERFS.
 DISPLACEMENT

OWNER Raymond
 CEMENT AMOUNT ORDERED 300sq class A cement
 COMMON class A 300sq @ 17.90 5370.00
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @

EQUIPMENT
 PUMP TRUCK CEMENTER D. Feltz
 #360-302 HELPER J. Thinesch
 BULK TRUCK
 #381-250 DRIVER B. Book
 BULK TRUCK
 # DRIVER

HANDLING 300 sq @ 2.48 744.00
 MILEAGE 4.1 hrs @ 50' 2.10 1833.00
 TOTAL 7947.00

REMARKS:
See Job Log
Mixed 300sq class A cement did not type off
THX ☺

SERVICE
 DEPTH OF JOB 270'
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @
 MILEAGE 50 @ 7.70 385.00
 MANIFOLD N/A @ N/A
Light Vehicle 50 @ 4.40 220.00

CHARGE TO: Raymond
 STREET
 CITY STATE ZIP

TOTAL 2117.25

PLUG & FLOAT EQUIPMENT
~~None~~

To Allied Cementing Co., 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.

TOTAL
 SALES TAX (if Any)
 TOTAL CHARGES 19064.25
 DISCOUNT 25% - 2516.06 IF PAID IN 30 DAYS

PRINTED NAME
 SIGNATURE

7548.19

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 23, 2013

Robert Turner
Raymond Oil Company, Inc.
PO BOX 48788
WICHITA, KS 67202-1822

Re: ACO1
API 15-025-21549-00-00
Hazel Thomas SWD 1
SW/4 Sec.20-32S-22W
Clark 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,
Robert Turner