



1112156

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: _____ _____
--	--	---

Invoice

RR 1 Box 90D
Hoxie, KS 67740

Date 12/28/2012

Invoice # 658

Phone # 785-675-8974

sosllc@ruralnet.net

Fax # 785-675-9938

Bill To
A&A Production PO box 100 Hill City, KS 67642

Ship To

P.O. # Urban #3
Terms Net 30

Ship Date 12/28/2012
Due Date 1/27/2013
Other

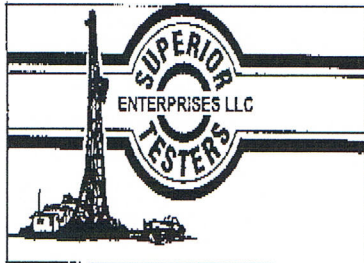
Item	Description	Qty	Price	Amount
Cement	Common	165	15.50	2,557.50T
Go!		3	26.00	78.00T
chloride	calcium chloride	6	52.00	312.00T
Handling of mater...	per-sack	174	2.15	374.10
Mileage and labor	on 12/22/12	60	17.40	1,044.00
Mileage and labor	on 12/28/12	60	17.40	1,044.00
Pump truck charge	Tri-plex pump charge		1,050.00	1,050.00
Pump truck mileage	To and From Location on 12/22/12	120	6.50	780.00
Pump truck mileage	To and From Location on 12/28/12	120	6.50	780.00
Light vehicle mile...	To and From Location on 12/22/12	120	2.00	240.00
Light vehicle mile...	To and From Location on 12/28/12	170	2.00	240.00
Trucks went to location twice due to Drilling Rig break down				
<i>Trace</i>				
<i>\$2064.00</i>				

TAKE 10% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL.

Subtotal \$8,499.60
Sales Tax (7.3%) \$215.17
Total \$8,714.77
Payments/Credits \$0.00
Balance Due \$8,714.77

Schippers Oilfield Services LLC

871.48
7843.29



DRILL STEM TEST REPORT

TOOL DIAGRAM

A&A Production
 PO Box 100
 Hill City, Kansas 67642+0100

28/10S/34W/Thomas

Urban #3

Job Ticket: 16942

DST#: 1

ATTN:

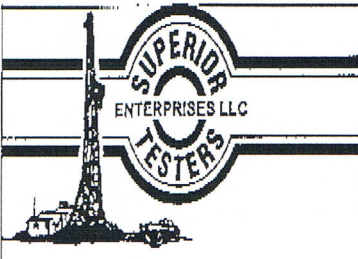
Test Start: 2013.01.12 @ 17:06:00

Tool Information

Drill Pipe:	Length: 4638.00 ft	Diameter: 3.80 inches	Volume: 65.06 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 45000.00 lb
			Total Volume: 65.06 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	18.00 ft			String Weight: Initial 28000.00 lb
Depth to Top Packer:	4640.00 ft			Final 28000.00 lb
Depth to Bottom Packer:	11			
Interval between Packers:	75.04 ft			
Tool Length:	95.04 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			4625.00	
Hydraulic Tool	5.00			4630.00	
Packer	5.00			4635.00	20.00 Bottom Of Top Packer
Packer	5.00			4640.00	
Perforations	6.00			4646.00	
Change Over Sub	0.75			4646.75	
Drill Pipe	31.54			4678.29	
Change Over Sub	0.75			4679.04	
Anchor	31.00			4710.04	
Recorder	1.00	6749	Inside	4711.04	
Recorder	1.00	6999	Outside	4712.04	
Bullnose	3.00			4715.04	75.04 Bottom Packers & Anchor
Total Tool Length:	95.04				



DRILL STEM TEST REPORT

FLUID SUMMARY

A&A Production **28/10S/34W/Thomas**
 PO Box 100 **Urban #3**
 Hill City, Kansas 67642-0100
 Job Ticket: 16942 DST#: 1
 ATTN: Test Start: 2013.01.12 @ 17:06:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 54.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.19 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 10000.00 ppm			
Filler Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

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 31, 2013

ANDY ANDERSON
Anderson, Andy dba A & A Production
PO BOX 100
HILL CITY, KS 67642-0100

Re: ACO1
API 15-193-20879-00-00
URBAN 3
SE/4 Sec.28-10S-34W
Thomas 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,
ANDY ANDERSON