



KANSAS CORPORATION COMMISSION 1114396
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1114396

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Southwind Petroleum Corp.
Well Name	Eileen Hagerman 4-6
Doc ID	1114396

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	14.5	10.75	32.75	1059	pozmix	450	6% gel, 3%cacl
Production	9.875	7	26	4002	ASC	225	10%salt, 6%gyp seal2% gel
Surface	14.5	10.75	32.75	1059	Class a common	200	3% Cacl, 2% gel
Production	9.875	7	26	4002	60/40	50	4%gel

ALLIED OIL & GAS SERVICES, LLC 059240

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>1-23-13</u>	SEC. <u>4</u>	TWP. <u>20</u>	RANGE <u>16W</u>	CALLED OUT	ON LOCATION <u>5:30AM</u>	JOB START	JOB FINISH
LEASE <u>Hayman</u>	WELL # <u>4-6</u>	LOCATION <u>Great Bend, KS 10th & Patton</u>			COUNTY <u>Polk, KS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>15w 14S WINTO</u>					

CONTRACTOR Royal Drilling #1
 TYPE OF JOB Surf hole
 HOLE SIZE 14 1/2 T.D.
 CASING SIZE 10 3/4 DEPTH 1059.50
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 27.22 ft
 PERFS.
 DISPLACEMENT 104.01 bbls Freshwater

OWNER _____
 CEMENT
 AMOUNT ORDERED 450 SKS 45% class A
354.202 64gel 37.0cc 4.4 ft
220 SKS Class A 37.0cc 2.1 gel
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Wayne Davis
 # 390 HELPER Dustin Chambers
 BULK TRUCK
 # 744-170 DRIVER Richard Williams
 BULK TRUCK
 # 544- DRIVER Charles Kinyan

REMARKS:

Break circulation with R.G. mud
run 566's Freshwater ahead
mix 450 SKS 65/35 64gel 37.0cc 4.4 ft
mix 220 SKS Class A 37.0cc 2.1 gel
Shut Pump + Release Plug
Rig place 104.01 bbls Freshwater
Land slug, pressure 950
plug Run 5:30 even bit change
Th. wait No charge 5hr wait time

CHARGE TO: Southwind Petroleum
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

1-10 3/4 Basket @ _____
1-10 1/4 Baffle Plug @ _____
1-10 3/4 Rubber Plug @ _____
 @ _____

To: Allied Oil & Gas Services, LLC.

ALLIED OIL & GAS SERVICES, LLC 059283

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE 2-2-13	SEC. 4	TWP. 20S	RANGE 16W	CALLED OUT 5:00 AM	ON LOCATION 7:00 AM	JOB START 3:00 PM	JOB FINISH 4:00 PM
LEASE Eikon Hayes #	WELL# 46		LOCATION 10 1/2 mi W. 3700 ft. South 1 mile, West 1/4		COUNTY Pawnee	STATE KS	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Ruffal L
 TYPE OF JOB Production Casing
 HOLE SIZE 9 5/8" T.D. 4187 ft
 CASING SIZE 7" 22' DEPTH 4002.25
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42.05 ft
 CEMENT LEFT IN CSG. 42.05 ft, 1.61 bbls, 5.8%
 PERFS. _____
 DISPLACEMENT 151.25 bbls Fresh Water

OWNER Southwind Petroleum Corp.

CEMENT
 AMOUNT ORDERED 22500 ASC + 10% Seal + 6% Grout + 2% Gel + 5% Gelsol + 3% FL-160 + 1% Dr. Creamer
5000 60/40 + 4% Gel + 25% Fly Flo-Seal

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Charles Elkins + David P. 10
 # 395 HELPER Just Isaac
 BULK TRUCK
 # 611/214 DRIVER Alan G. 10
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Ruffal Triple Guide Shoe, Catch Down Coffer and 5 Cuts
Establish Circulation and Drop Ball
Pump 12 bbls DV-1100 Pro-Vis
Place Rat Hole with 7.5 bbls (30%) Muds. Note w/ 4 bbls (20%)
Pump 63 bbls (22500) Cement, Drop Plug, + Wash Lines
Displace with 151.5 bbls Fresh Water
Drop Plug to 1300 ps
Flows Holding

CHARGE TO: _____
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

Weatherford
17" Triple Guide Shoe @ _____
17" Catch Down Coffer + Plug @ _____
57" Centralizers @ _____
17" Head + Man. (1.1) @ _____

To: Allied Oil & Gas Services, LLC.