



KANSAS CORPORATION COMMISSION 1119565
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: _____



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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TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Phillips Exploration
 1601 sagebrush
 Wichita, KS 67230
 ATTN: Jim Phillips

7-11s-23w Trego Co.

Flax #1-7

Job Ticket: 47039

DST#: 2

Test Start: 2012.08.08 @ 12:36:00

GENERAL INFORMATION:

Formation: "I,J,K,L"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:05:15

Time Test Ended: 18:32:30

Test Type: Conventional Bottom Hole (Reset)

Tester: Sam Esparza

Unit No: 58

Interval: 3790.00 ft (KB) To 3870.00 ft (KB) (TVD)

Total Depth: 3870.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2278.00 ft (KB)

2277.00 ft (CF)

KB to GR/CF: 1.00 ft

Serial #: 8672 Outside

Press @ Run Depth: 30.63 psig @ 3791.00 ft (KB)

Start Date: 2012.08.08

End Date: 2012.08.08

Start Time: 12:36:05

End Time: 18:32:29

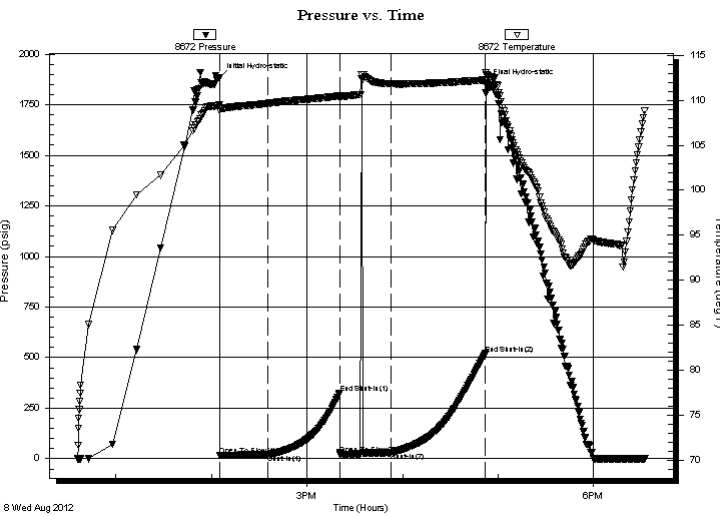
Capacity: 8000.00 psig

Last Calib.: 2012.08.08

Time On Btm: 2012.08.08 @ 14:05:00

Time Off Btm: 2012.08.08 @ 16:52:30

TEST COMMENT: IF: Weak surface blow.
 IS: No return.
 FF: Weak surface blow after flushing tool.
 FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1883.86	109.50	Initial Hydro-static
1	15.47	108.86	Open To Flow (1)
31	20.60	109.65	Shut-In(1)
76	325.50	110.47	End Shut-In(1)
76	23.51	110.40	Open To Flow (2)
108	30.63	111.83	Shut-In(2)
167	519.94	112.26	End Shut-In(2)
168	1856.61	112.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	OCM 5o 95m	0.07

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Phillips Exploration
1601 sagebrush
Wichita, KS 67230
ATTN: Jim Phillips

7-11s-23w Trego Co.
Flax #1-7
Job Ticket: 47039 **DST#: 2**
Test Start: 2012.08.08 @ 12:36:00

Mud and Cushion Information

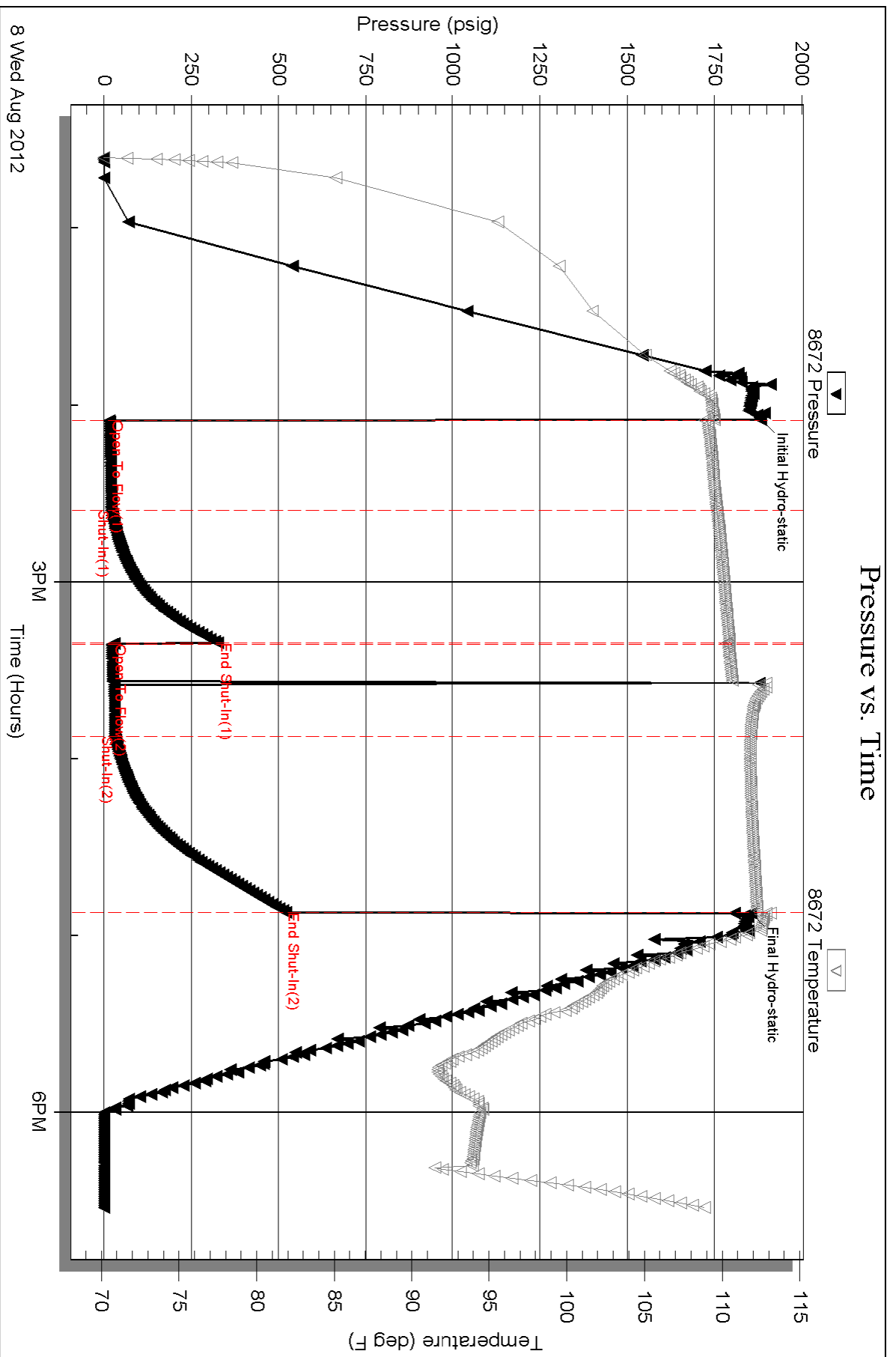
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 54.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.80 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 1300.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	OCM 5o 95m	0.074

Total Length: 15.00 ft Total Volume: 0.074 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Phillips Exploration
1601 sagebrush
Wichita, KS 67230
ATTN: Jim Phillips

7-11s-23w Trego Co.

Flax #1-7

Job Ticket: 47038

DST#: 1

Test Start: 2012.08.07 @ 12:55:00

GENERAL INFORMATION:

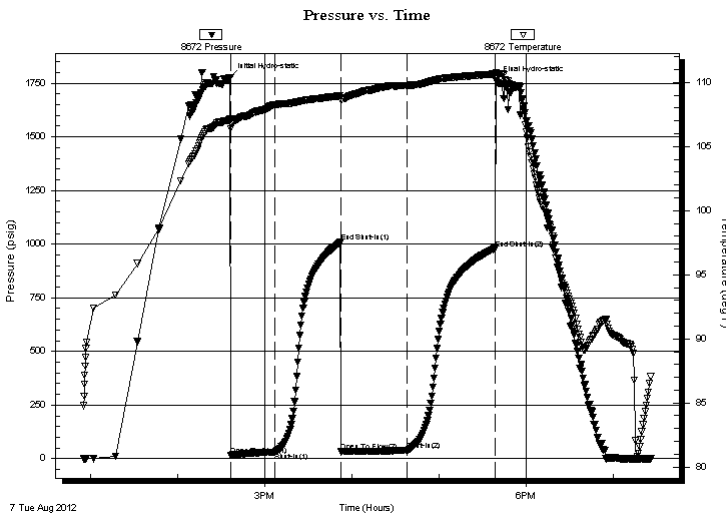
Formation: **"B"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 14:36:15
 Time Test Ended: 19:26:00
 Interval: **3650.00 ft (KB) To 3700.00 ft (KB) (TVD)**
 Total Depth: 3700.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition:
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Sam Esparza
 Unit No: 58
 Reference Elevations: 2278.00 ft (KB)
 2277.00 ft (CF)
 KB to GR/CF: 1.00 ft

Serial #: 8672 Outside

Press @ Run Depth: 38.85 psig @ 3651.00 ft (KB)
 Start Date: 2012.08.07 End Date: 2012.08.07
 Start Time: 12:55:05 End Time: 19:25:59
 Capacity: 8000.00 psig
 Last Calib.: 2012.08.07
 Time On Btm: 2012.08.07 @ 14:36:00
 Time Off Btm: 2012.08.07 @ 17:39:00

TEST COMMENT: IF: 1 1/4" Blow.
 IS: No return.
 FF: 1 1/4" Blow.
 FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1776.98	107.14	Initial Hydro-static
1	14.70	106.40	Open To Flow (1)
31	31.36	108.26	Shut-In(1)
76	1008.90	108.96	End Shut-In(1)
77	33.89	108.62	Open To Flow (2)
122	38.85	109.77	Shut-In(2)
183	979.48	110.66	End Shut-In(2)
183	1760.20	110.79	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
55.00	OCM 5o 95m	0.50

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Phillips Exploration
1601 sagebrush
Wichita, KS 67230
ATTN: Jim Phillips

7-11s-23w Trego Co.
Flax #1-7
Job Ticket: 47038 **DST#: 1**
Test Start: 2012.08.07 @ 12:55:00

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: 58.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.80 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 1100.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

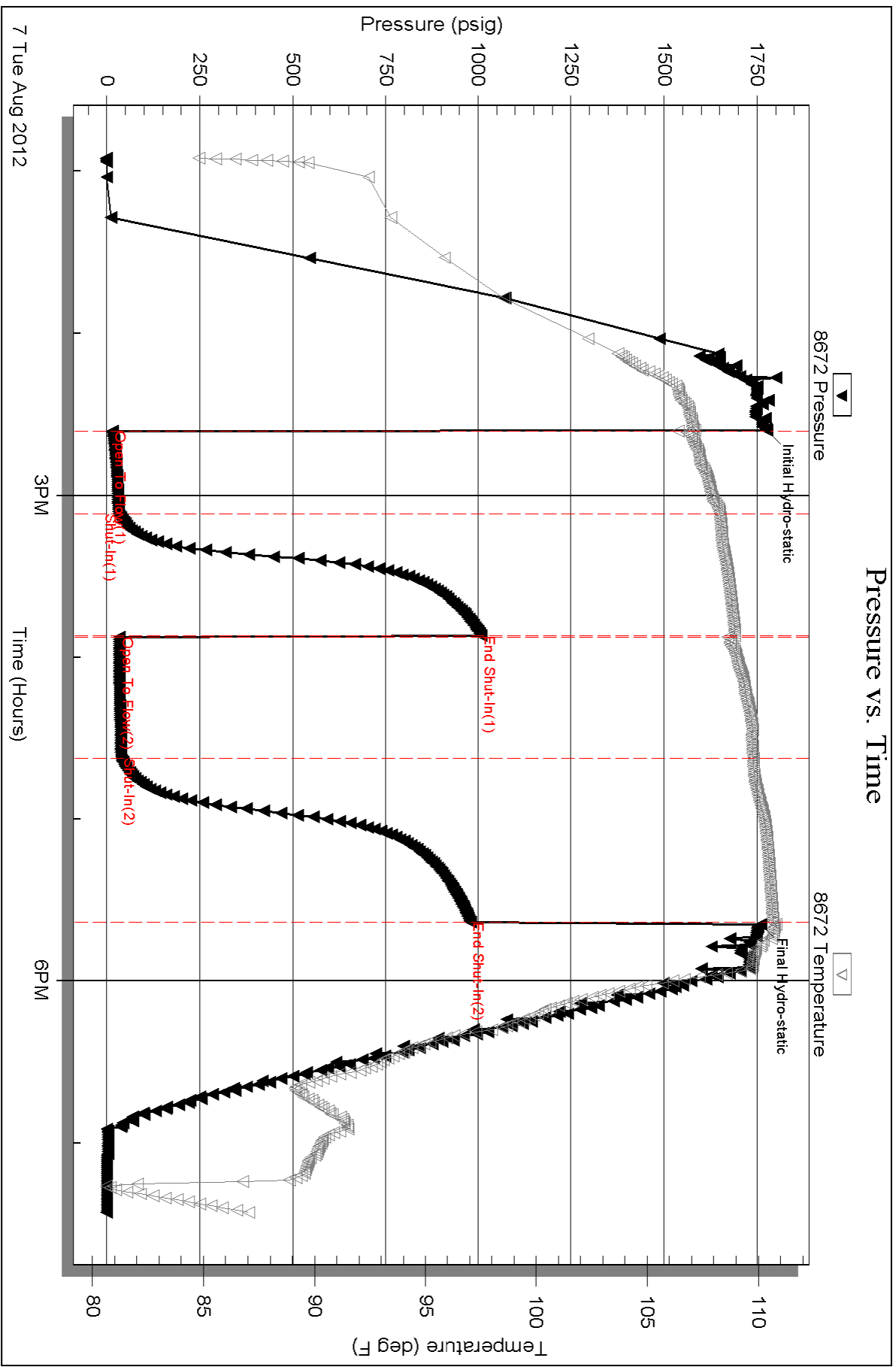
Length ft	Description	Volume bbl
55.00	OCM 5o 95m	0.498

Total Length: 55.00 ft Total Volume: 0.498 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:





Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner
February 06, 2013

Corporation Commission

Sam Brownback, Governor

PHILLIPS EXPLORATION COMPANY L.C.
1601 SAGEBRUSH
WICHITA, KS 67230-7010

RE: API Well No. 15-195-22799-00-00
FLAX 1-7
SESWNWSE, 7-11S-23W
TREGO County, Kansas

Dear Operator:

Upon review of the above referenced well, the following documentation appears to be incomplete pursuant to K.A.R. 82-3-107. The requested information below should be submitted to the KCC to my attention by February 22, 2013 for processing. Failure to submit the requested documentation may be punishable by an administrative penalty pursuant to the General Rules and Regulations for the State of Kansas.

- | | |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> We do not accept fax copies. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | |
| <input type="checkbox"/> Other: | |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,


DEANNA GARRISON

Production Department

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 715

Date	8-9-12	Sec.	7	Twp.	11	Range	23	County	Nezho	State	KS	On Location		Finish	2:00 pm
Lease	Flax	Well No.	1-7		Location		Wickery 6N 2W 15 West into								

Contractor	Owner	
Type Job	plug 306	To Quality Oilwell Cementing, Inc.
Hole Size	T.D. 3950	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Csg.	Depth	Charge To
Tbg. Size	Depth	Phillips Exploration
Tool	Depth	Street
Cement Left in Csg.	Shoe Joint	City
Meas Line	Displace	State
		The above was done to satisfaction and supervision of owner agent or contractor.
		Cement Amount Ordered
		220 00 / 40 49 gel 1/4 flow

EQUIPMENT			
Pumptrk	16	No.	Cementor / Helper
			Maht
Bulktrk	13	No.	Driver
			Travis
Bulktrk		No.	Driver
			Lonnie

Common	132
Poz. Mix	88
Gel.	8

JOB SERVICES & REMARKS

Remarks:

Rat Hole 30

Mouse Hole 15

Centralizers

Baskets

D/V or Port Collar

Calcium

Hulls

Salt

Flowseal 50

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

Sand

Handling

Mileage

1st @	1870	25	SKS
2nd @	930	100	SKS
3rd @	265	40	SKS
4th @	40	10	SKS

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

wood plug

FLOAT EQUIPMENT

1 8' plug

Pumptrk Charge

Mileage 49

plug

X Signature *Ag [Signature]*

Tax

Discount

Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 5352

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-3-12	7	11	23	Trigg	Kansas		8:00 AM
Lease <i>Flax</i>	Well No. <i>1-7</i>		Location <i>Wakeaway LN 2W 15</i>				
Contractor <i>Marlin Drilling Rig 16</i>				Owner			
Type Job <i>Surface</i>				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.			
Hole Size <i>12 1/4</i>	T.D. <i>218</i>		Charge To <i>Phillips Exploration</i>				
Csg. <i>8 3/8</i>	Depth <i>218</i>		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg. <i>10-15'</i>	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <i>13361</i>		Cement Amount Ordered <i>150 Common</i>				
EQUIPMENT				<i>Soll Rebel</i>			
Pumptrk <i>9</i>	No.	Cement Helper <i>Steve</i>	Common <i>150</i>				
Bulktrk <i>8</i>	No.	Driver <i>Brett</i>	Poz. Mix				
Bulktrk	No.	Driver <i>Cody</i>	Gel. <i>3</i>				
JOB SERVICES & REMARKS				Calcium <i>5</i>			
Remarks:	Hulls						
Rat Hole	Salt						
Mouse Hole	Flowseal						
Centralizers	Kol-Seal						
Baskets	Mud CLR 48						
D/V or Port Collar	CFL-117 or CD110 CAF 38						
<i>Cement did Circulate</i>				Sand			
				Handling <i>158</i>			
				Mileage			
FLOAT EQUIPMENT							
Guide Shoe							
Centralizer							
Baskets							
AFU Inserts							
Float Shoe							
Latch Down							
<i>SURGE</i>							
<i>Thanks to</i>				Pumptrk Charge <i>Surface</i>			
				Mileage <i>49</i>			
<i>Ag. [Signature]</i>							Tax
							Discount
							Total Charge