



KANSAS CORPORATION COMMISSION 1120002
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: _____



1120002

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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ALLIED OIL & GAS SERVICES, LLC 059152

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Heart Road K1

DATE <u>11-15-12</u>	SEC. <u>28</u>	TWP. <u>21</u>	RANGE <u>13</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>9:00 AM</u>	JOB START <u>2:50 PM</u>	JOB FINISH <u>3:50 PM</u>	
LEASE <u>Morrison</u>	WELL # <u>A-2</u>	LOCATION <u>28126-19, 3 North, 1/2 West</u>			COUNTY <u>Stafford</u>	STATE <u>K1</u>		
OLD OR NEW (Circle one) <u>NEW</u>				South into				1.02 7.3

CONTRACTOR Morrison #106 OWNER Same

TYPE OF JOB Production

HOLE SIZE 7 7/8" T.D. 3831'

CASING SIZE 5 1/2 New 14" DEPTH 3814'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1100 # MINIMUM 800 #

MEAS. LINE _____ SHOE JOINT 42.15'

CEMENT LEFT IN CSG. 42.15'

PERFS. _____

DISPLACEMENT 92.03 bbls

EQUIPMENT _____

PUMP TRUCK CEMENTER Tom Neuman

399 HELPER Trent Hall

BULK TRUCK _____

344-170 DRIVER Joel Morrison

BULK TRUCK _____

_____ DRIVER _____

CEMENT	AMOUNT ORDERED	PRICE	TOTAL
5# Kolorok 3/8 FL 160 with Defoamer	150 lb ASC	270.40	
50 lbs 6 3/4 4 1/2 ASP	500 gal ASF		
COMMON	30 @ 17.90		537.00
POZMIX	20 @ 9.35		187.00
GEL	2 @ 23.40		46.80
CHLORIDE	@		
ASC	150 @ 20.90		3135.00
Gilsonite	750 @ .98		735.00
F1160	42 @ 18.90		793.80
DF	21 @ 9.80		205.80
500 Gallon ASF	@ 1.27		635.00
HANDLING	242.96 @ 2.48		614.24
MILEAGE	10.69 x 12 x 2.60		333.52
			TOTAL <u>7,223.86</u>

REMARKS:

Run 3814' of 5 1/2" csg. Holed up and broke circulation. Circulated for 45 min. Pumped 500 gal ASF. Plugged bottom 120 ft. Muddied 1/20 csg. Holed back to casing. Mixed 150 lb ASC. 5# Kolorok 27 gal 30 gal FL-160 w/ Defoamer. Holed up. Released plug. Muddied with fresh H₂O. Landed plug at 1100 #. Released in float. Hold.

CHARGE TO: Neutsch oil

STREET _____

CITY _____ STATE _____ ZIP _____

128.28

SERVICE

DEPTH OF JOB	3814'		
PUMP TRUCK CHARGE		2.558	75
EXTRA FOOTAGE	@		
MILEAGE	HVM 12 @ 7.90		92.40
MANIFOLD	low 12 @ 4.40		52.80
Rotating Head	@ 1/c		
High Connection	@		
			TOTAL <u>2,703.95</u>

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.

PRINTED NAME X David Paul

SIGNATURE X [Signature]

PLUG & FLOAT EQUIPMENT

w 1.5 1/2" Float Shoe	@		408.83
w 1.5 1/2" Latex Plug	@ 324.09		324.09
w 1.5 1/2" Basket	@ 394.39		394.39
w 2.5 1/2" Centralizer	@ 57.33		401.31
w 20- Rotating Scraper	@ NC		NC
			TOTAL <u>1528.02</u>

SALES TAX (If Any) 569.64

TOTAL CHARGES 11,455.83

DISCOUNT 30% 3,436.74 IF PAID IN 30 DAYS

8,019.09



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Deutsch Oil Co.

28-21s-13w Stafford Ks.

8100 E.22nd St. N.
Wichita Ks.67226

Morrison A#2

Job Ticket: 49734

DST#: 1

ATTN: Eldon Schierling

Test Start: 2012.11.14 @ 01:54:23

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:37:53

Time Test Ended: 10:29:23

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 3645.00 ft (KB) To 3721.00 ft (KB) (TVD)

Reference Elevations: 1896.00 ft (KB)

Total Depth: 3721.00 ft (KB) (TVD)

1886.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 10.00 ft

Serial #: 8352 Inside

Press @ Run Depth: 98.07 psig @ 3646.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.11.14

End Date:

2012.11.14

Last Calib.:

2012.11.14

Start Time: 01:54:28

End Time:

10:29:23

Time On Btm:

2012.11.14 @ 04:35:53

Time Off Btm:

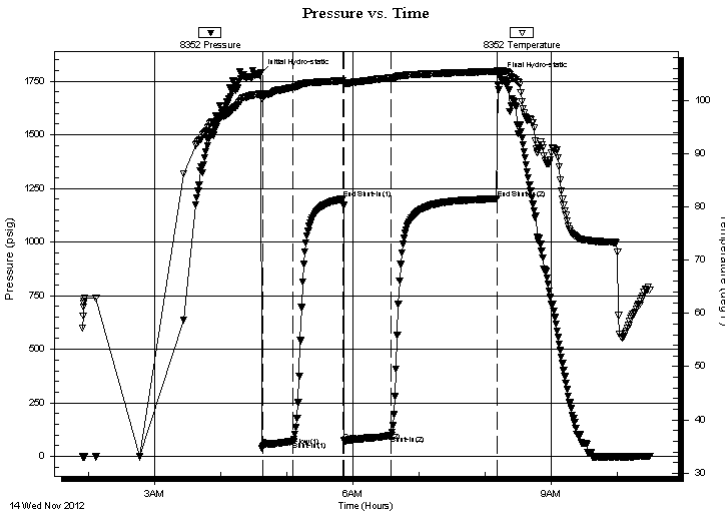
2012.11.14 @ 08:13:08

TEST COMMENT: IF: Fair to strong blow . B.O.B. in 24 mins. Comment: 18-20 ft. of hard fill on btm. Slid approx. 15 ft. for first 18 mins. of IFP.

ISI: No blow .

FF: Strong blow . B.O.B. in 21 mins.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1787.58	101.21	Initial Hydro-static
2	45.19	100.66	Open To Flow (1)
30	70.76	102.39	Shut-In(1)
75	1201.27	103.69	End Shut-In(1)
76	72.92	103.30	Open To Flow (2)
119	98.07	104.17	Shut-In(2)
215	1201.14	105.46	End Shut-In(2)
218	1770.12	105.54	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	425 ft. of GIP	0.00
45.00	CGO 20%g 80%o	0.63
80.00	GOCM 8%g 15%o 77%m	1.12
60.00	GOCM 35%g 27%o 38%m	0.84

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Deutsch Oil Co.

28-21s-13w Stafford Ks.

8100 E.22nd St. N.
Wichita Ks.67226

Morrison A#2

Job Ticket: 49734

DST#: 1

ATTN: Eldon Schierling

Test Start: 2012.11.14 @ 01:54:23

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

37.7 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

6900 ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6900.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
0.00	425 ft.of GIP	0.000
45.00	CGO 20%g 80%o	0.631
80.00	GOCM 8%g 15%o 77%m	1.122
60.00	GOCM 35%g 27%o 38%m	0.842

Total Length: 185.00 ft

Total Volume: 2.595 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

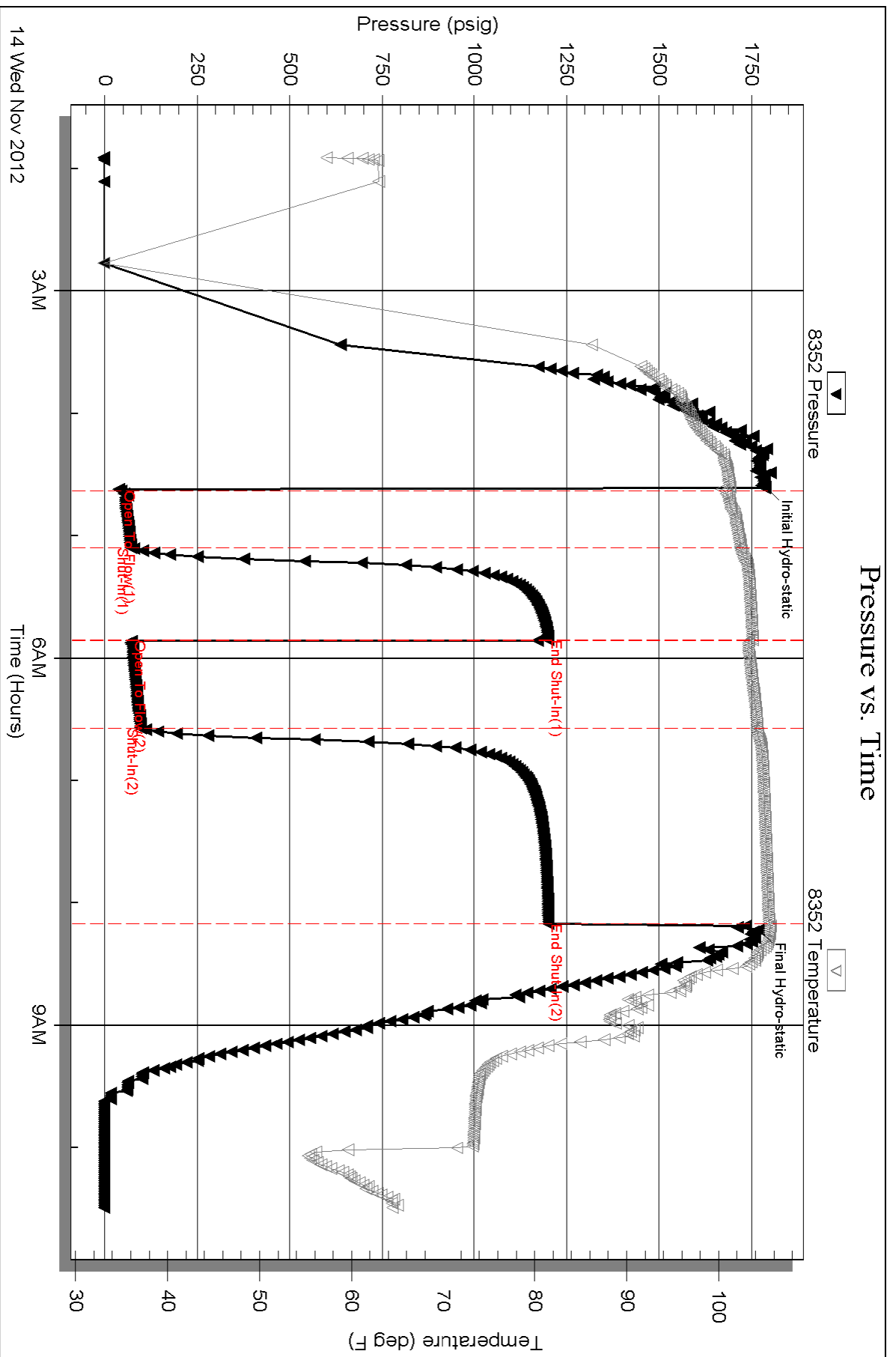
Serial #: 8352

Inside

Deutsch Oil Co.

Morrison A#2

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 49734

Printed: 2012.11.14 @ 13:03:17