



KANSAS CORPORATION COMMISSION 1120134
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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Form	ACO1 - Well Completion
Operator	West Bay Exploration Co.
Well Name	Miller Trust 1-12
Doc ID	1120134

All Electric Logs Run

Sonic
Comp ND
Micro
Dual INduction

Form	ACO1 - Well Completion
Operator	West Bay Exploration Co.
Well Name	Miller Trust 1-12
Doc ID	1120134

Tops

Name	Top	Datum
Stotler	3560	-824
Heebner Shale	4166	-1430
Lansing	4262	-1526
Stark Shale	4580	-1844
Marmaton	4745	-2009
Pawnee	4826	-2090
Fort Scott	4848	-2112
Cherokee Shale	4864	-2128
Lower Cherokee Sh	4896	-2160
St Genevieve	5024	-2288

Miller Trust #1-12

Formation Tops

FORMATION TOPS AND STRUCTURAL COMPARISON

FORMATION	SAMPLE TOPS		LOG TOPS		COMPARISON WELL	
	Depth	Datum	Depth	Datum	Pendleton Land & Expl. Miller #2 SW NE SW 12-27-29W	
Stotler	3566'	-830	3560'	-824	3570'	-828
Heebner Shale	4172'	-1436	4166'	-1430	4182'	-1440
Lansing	4270'	-1534	4262'	-1526	4283'	-1541
Stark Shale	4584'	-1848	4580'	-1844	4600'	-1858
Marmaton	4748'	-2012	4745'	-2009	4756'	-2014
Pawnee	4830'	-2094	4826'	-2090	4834'	-2092
Fort Scott	4852'	-2116	4848'	-2112	4860'	-2118
Cherokee Shale	4868'	-2132	4864'	-2128	4876'	-2134
Lower Cherokee Sh.	4900'	-2164	4896'	-2160	4907'	-2165
St. Genevieve	5029'	-2293	5024'	-2288	5028'	-2286
RTD	5198'	-2462				
LTD			5194'	-2458		

Miller Trust #1-12

Drill Stem Tests

DRILL STEM TESTS

DST No. 1 Iola
Interval: 4398'-4412'
Times: 5-60-75-180
Recovery: 290' water, chl. 65,000
FP: 22-31/35-159 SIP: 1285-1284
HP: 2180-2071 BHT: 120 deg. F

IFP: built to 3 inches
ISIP: no return blow
FFP: slowly bldg. to B.O.B. in 43 minutes
FSIP: no return blow

DRILL STEM TESTS

DST No. 2 St. Louis
Interval: 5050'-5077'
Times: 5-60-75-180
Recovery: 2' mud
FP: 15-18/21-21 SIP: 639-675
HP: 2510-2417 BHT: 120 deg. F

IFP: weak surface blow
ISIP: no return blow
FFP: no blow
FSIP: no return blow

DRILL STEM TESTS

DST No. 3 St. Louis
Interval: 5088'-5106'
Times: 5-60-75-180
Recovery: 5' mud with few oil spots
FP: 20-22/24-25 SIP: 1401-761
HP: 2542-2450 BHT: 121 deg. F

IFP: weak blow bldg. to 1/2 inch
ISIP: no return blow
FFP: no blow
FSIP: no return blow

ALLIED OIL & GAS SERVICES, LLC KB 052635

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS

DATE <u>12-04-12</u>	SEC <u>12</u>	TWP. <u>27S</u>	RANGE <u>29 W.</u>	CALLED OUT	ON LOCATION <u>12:30</u>	JOB START	JOB FINISH
Miller frost LEASE	WELL # <u>1-12</u>	LOCATION <u>N. E Montezuma KS.</u>			COUNTY <u>Gray</u>	STATE <u>KS.</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Val Rig #1
 TYPE OF JOB PTA.
 HOLE SIZE 7 7/8 T.D. 1830 feet
 CASING SIZE 8 7/8 94 # DEPTH 1788 feet
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 16.6 # DEPTH 1870 feet
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 478.1 feet
 PERFS: _____
 DISPLACEMENT 31.5 Bbls
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Ruben Chavez 1
 # 531/541 HELPER Cesar Pavia 2
 BULK TRUCK _____
 # 472/467 DRIVER Jaime Torres 3
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER West bay Petroleum, Exp.
 CEMENT AMOUNT ORDERED 170 sk 60/40 44 Gal.
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 ALC2A 170 @ 15.95 2,711.50
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 179 C. ft @ 2.48 443.92
 MILEAGE 393.565 Van Mi @ 2.60 1,023.29
 TOTAL 4,178.71

REMARKS:

Pump 10 Bbls H2O ahead, then mix + pump 50 sk at 1830' and 32 H2O Behind, displace it with 19.8 Bbls Mud Rig. Mix + pump 50 sk at 810' displace 8.5 Bbls H2O. Mix + pump 20 sk at 60' then Mix + pump 30 sk for Mosaic Hole and 30 sk for But hole.
Thank you.

SERVICE

DEPTH OF JOB 1830 feet
 PUMP TRUCK CHARGE 1,250.00
 EXTRA FOOTAGE @ _____
 MILEAGE heavy 50 Mi @ 7.70 385.00
 MANIFOLD @ _____
 light Vehicle 50 Mi @ 4.90 220.00
 _____ @ _____

TOTAL 1,855.00

CHARGE TO: West Bay Petroleum, Exp
 STREET _____
 CITY _____ STATE _____ ZIP _____

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) 449.51
 TOTAL CHARGES 6,033.71
 DISCOUNT 1,800.00 IF PAID IN 30 DAYS

PRINTED NAME Walter Russell
 SIGNATURE [Signature]

NET = 4,223.59