



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1113781
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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



1113781

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Rice, George J. dba Rice Production Company
Well Name	Rexroat B-1
Doc ID	1113781

Tops

Name	Top	Datum
Topeka	2691	-808
Plattsmouth	2915	-1032
Heebner	2970	-1087
Toronto	2990	-1107
Brown Lime	3059	-1176
Lansing	3070	-1187
Stark	3253	-1370
Pre-Chambrian Quartz	3291	-1408

ALLIED OIL & GAS SERVICES, LLC 056595

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <u>12-13-12</u>	SEC. <u>35</u>	TWP. <u>16</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00am</u>	JOB FINISH <u>8:30pm</u>
LEASE <u>Recreat</u>	WELL # <u>R-1</u>	LOCATION <u>Susank KS 2S 2 1/2 E Ninto</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Fossil Drilling

TYPE OF JOB surface

HOLE SIZE 12 1/4 T.D. 360

CASING SIZE 8 7/8 23 1/2 DEPTH 358

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 15

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 2 1 3/4 bbl.

OWNER

CEMENT

AMOUNT ORDERED 200 com 3% cc 2% gel

COMMON	<u>200</u>	@	<u>17.40</u>	<u>3580.00</u>
POZMIX		@		
GEL	<u>4</u>	@	<u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>7</u>	@	<u>64.00</u>	<u>448.00</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y

417 HELPER Kevin R 3

BULK TRUCK

481 DRIVER Jonathan D 3

BULK TRUCK

DRIVER

HANDLING	<u>216.60</u>	@	<u>2.43</u>	<u>537.16</u>
MILEAGE	<u>256.88</u>	@	<u>2.60</u>	<u>667.89</u>
				TOTAL <u>5326.65</u>

REMARKS:

ran 8 7/8 new 8 7/8 23 1/2 csg receive circulation
mix 200 com 3% cc 2% gel displac 2 1 3/4
of fresh water: shut in

cement did circulate to surface

CHARGE TO: Rice Production

STREET _____

CITY _____ STATE _____ ZIP _____

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 Chay Euzank

SIGNATURE Chay Euzank

SERVICE

DEPTH OF JOB	<u>360</u>		
PUMP TRUCK CHARGE	<u>1512.25</u>		
EXTRA FOOTAGE	@		
MILEAGE	<u>2.6</u>	@	<u>7.70</u> <u>200.20</u>
MANIFOLD	@		
<u>2.6-LUG</u>	@	<u>4.40</u>	<u>114.40</u>

TOTAL 1826.85

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

SALES TAX (if Any)	<u>300.87</u>		
TOTAL CHARGES	<u>7153.50</u>		
DISCOUNT	<u>1931.45</u>		

before net 5222.05

IF PAID IN 30 DAYS 12-17

RECEIVED
JAN 25 2013
KCC WICHITA

ALLIED OIL & GAS SERVICES, LLC 059649

Federal Tax I.D.# 20-5976804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>12-18-12</u>	SEC <u>36</u>	TWP <u>16s</u>	RANGE <u>13w</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30 PM</u>	JOB FINISH <u>7:30 PM</u>
LEASE <u>Re-cross</u>	WELL # <u>B-1</u>	LOCATION <u>Hoisignoon, KS northern</u>			COUNTY <u>Barton</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		SASSAK Dr to 170, 2 1/2 e, Altona			2.02 7.3		

CONTRACTOR <u>Fossil #3</u>	OWNER <u>Rice Production</u>
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 1/2</u>	T.D. <u>3315'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>3315'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>14'</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>78 1/2 bbls of fresh water</u>	

CEMENT	
AMOUNT ORDERED <u>1805.00 class h dsc</u>	
<u>5# Gilsontec 1.3% FL10 d. h. #</u>	
<u>DeCosmer</u>	<u>Assoc.</u>

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>Class h 1805</u>	@ <u>20.90</u>	<u>3,762.00</u>
<u>Gilsontec 900 lbs</u>	@ <u>0.98</u>	<u>882.00</u>
<u>DeCosmer 78 1/2 bbls</u>	@ <u>4.50</u>	<u>3,525.00</u>
<u>Mud flush 12 bbls</u>	@ <u>58.70</u>	<u>704.40</u>
<u>FL 10 100 lb</u>	@ <u>16.25</u>	<u>1,625.00</u>
<u>DeCosmer 25 lb</u>	@ <u>9.80</u>	<u>245.00</u>

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Denn F</u> 1
# <u>360-302</u>	HELPER <u>Jason T</u> 1
BULK TRUCK	
# <u>421-252</u>	DRIVER <u>Brenden B</u> 3
BULK TRUCK	
#	DRIVER <u>Bob Smith (Russell)</u> 1

HANDLING <u>232.41 wlt</u>	@ <u>2.40</u>	<u>576.38</u>
MILEAGE <u>265,135 7/17</u>	@ <u>2.60</u>	<u>689.35</u>
		TOTAL <u>7,771.63</u>

REMARKS:

Pipe on bottom & break circulation, Pump 3 bbls water, 50 gals mud clean, 3 bbls water mix 30s. for per hole, mix 150s. of cement, shut down, wash pump & lines. Release plus. 20 gals displacement, lift pressure at 50 bbls, slow run to 310m ga. 70 bbls dump plus at 78 1/2 bbls 700-1200 psi, lost dia hole

SERVICE

DEPTH OF JOB <u>3315</u>	
PUMP TRUCK CHARGE	<u>2,558.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>26</u>	@ <u>7.70</u> <u>200.20</u>
MANIFOLD <u>Hess rens.</u>	@
<u>Light water 26</u>	@ <u>4.40</u> <u>114.40</u>
TOTAL <u>2873.35</u>	

CHARGE TO: Rice Production Company
STREET 1219 Rendon Rd
CITY Hoisignoon STATE KS ZIP 67554

PLUG & FLOAT EQUIPMENT

<u>3 1/2</u>	
1- Rubber plug	@ <u>85.41</u>
1- Guide shoe	@ <u>250.80</u>
1- B Fu Insert	@ <u>334.62</u>
2- Centersizers	@ <u>57.33</u> <u>114.66</u>
TOTAL <u>815.49</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.

SALES TAX (If Any) <u>534.46</u>	
TOTAL CHARGES <u>11,460.47</u>	
DISCOUNT <u>22% 2521.30</u>	IF PAID IN 30 DAYS

PRINTED NAME _____
SIGNATURE [Signature]

Net. # 8939, 17

RECEIVED
JAN 25 2013

KCC WICHITA

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

February 18, 2013

George Rice
Rice, George J. dba Rice Production Company
1219 RANDOM RD
HOISINGTON, KS 67544-1545

Re: ACO1
API 15-009-25798-00-00
Rexroat B-1
SW/4 Sec.35-16S-13W
Barton 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,
George Rice