



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1115138
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
-----------------------------------	-----------------	---

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: _____



1115138

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name Mid-Continent Energy Operating Co.
Well Operator Mid-Continent Energy Operating Co.
Contact Grant Canaday
Site Contact Larry Nicholson
Field Wildcat
Well Type Vertical
Prepared By Jake Fahrenbruch

Well Name Shriver Elevator #1-27
Unique Well ID DST #1, KC 200' zone, 4277'-4303'
Surface Location Sec 27-19s-27w-Lane Co.-KS
Test Unit #5
Pool Wildcat
Job Number F052
Qualified By Larry Nicholson

Test Information

Test Type Conventional Bottom Hole
Formation KC, 200' zone
Start Test Date 2012/11/17
Final Test Date 2012/11/17

Test Purpose Initial Test
Gauge Name 0062
Start Test Time 04:16:00
Final Test Time 14:41:00

Test Results

Recovered: 75' MCW 80% wtr, 20% mud 1.07 bbl
300' Water 100% wtr 4.26 bbl
----- No GIP
----- Total fluid recovered: 375' 5.33 bbl
----- Tool Sample: SOSW <1% oil, >99% mud
----- Chlorides: 56,000 ppm
----- RW: .12 ohm @ 70 deg F
----- PH: 10.0



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

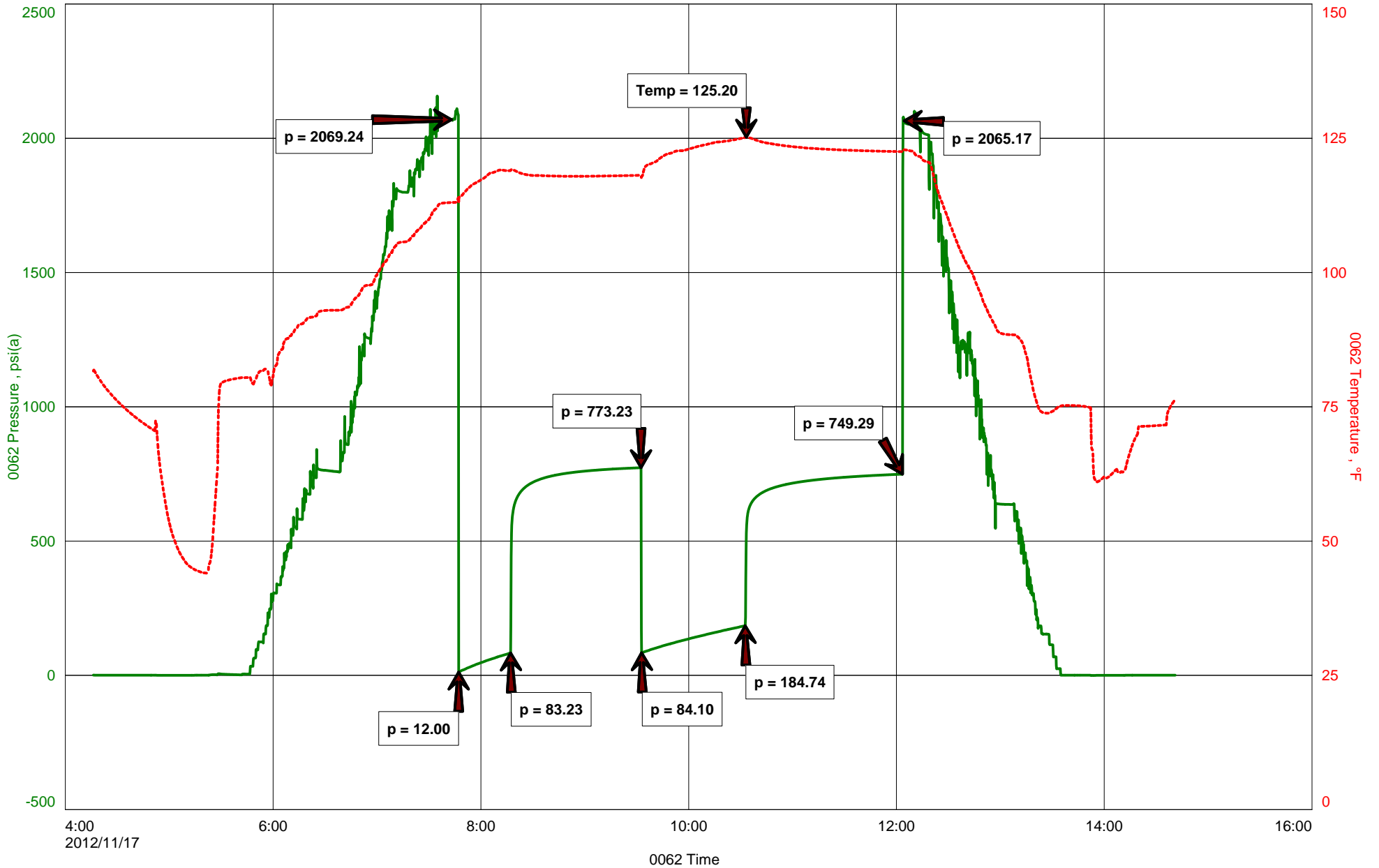
Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Shriver Elevator #1-27





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	Mid-Continent Energy Operating Co.	Well Name	Shriver Elevator #1-27
Well Operator	Mid-Continent Energy Operating Co.	Unique Well ID	DST #2, KC 220' zone, 4319'-4354'
Contact	Grant Canaday	Surface Location	Sec 27-19s-27w-Lane Co.-KS
Site Contact	Larry Nicholson	Test Unit	#5
Field	Wildcat	Pool	Wildcat
Well Type	Vertical	Job Number	F053
Prepared By	Jake Fahrenbruch	Qualified By	Larry Nicholson

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	KC 220' zone	Gauge Name	0062
Start Test Date	2012/11/18	Start Test Time	02:40:00
Final Test Date	2012/11/18	Final Test Time	11:56:00

Test Results

Recovered:	30'	Clean Oil	100% oil	.43 bbl
	20'	HOCM	30% oil, 70% mud	.28 bbl
	50'	SWMCO	82% oil, 6% wtr, 12% mud	.71 bbl
	-----	480' GIP		
	-----	Total Fluid Recovered: 100'		1.42 bbl
	-----	Tool Sample: SWCO	10% wtr, 90% oil	
	-----	Gravity: 32 (corrected)		



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. **2 1/4** in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. **2 7/8** in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. **3 1/2** in.
Jars: Make **STERLING** Serial Number _____ Test Tool Length _____ ft. Tool Size **3 1/2-IF** in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size **4 1/2-FH** in.
Main Hole Size **7 7/8** Tool Joint Size **4 1/2** in. Surface Choke Size **1** in. Bottom Choke Size **5/8** in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

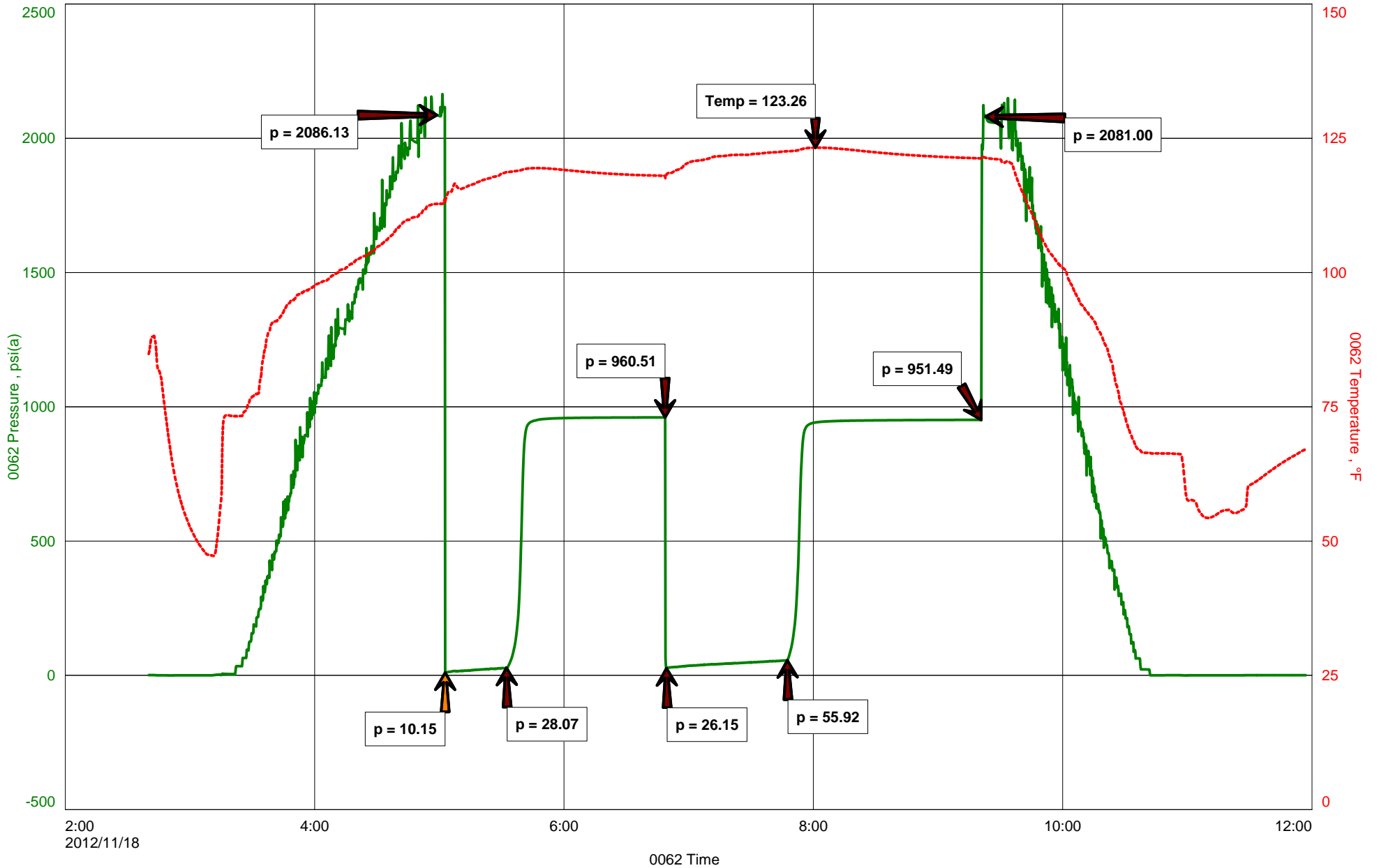
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Mid-Continent Energy Operating Co.
DST #2, KC 220' zone, 4319'-4354'
Start Test Date: 2012/11/18
Final Test Date: 2012/11/18

Shriver Elevator #1-27
Formation: KC 220' zone
Pool: Wildcat
Job Number: F053

Shriver Elevator #1-27





Diamond Testing General Report

**JAKE
FAHRENBRUCH - TESTER
Cell: (620) 282-8977**

P.O. Box 157
Hoisington KS 67544
Office: (800) 542-7313

General Information

Company Name	Mid-Continent Energy Operating Co.	Well Name	Shriver Elevator #1-27
Well Operator	Mid-Continent Energy Operating Co.	Unique Well ID	DST #3, Pleasanton, 4355'-4390'
Contact	Grant Canaday	Surface Location	Sec 27-19s-27w-Lane Co.-KS
Site Contact	Larry Nicholson	Test Unit	#5
Field	Wildcat	Pool	Wildcat
Well Type	Vertical	Job Number	F054
Prepared By	Jake Fahrenbruch	Qualified By	Larry Nicholson

Test Information

Test Type	Conventional Bottom Hole	Test Purpose	Initial Test
Formation	Pleasanton, 4355'-4390'	Gauge Name	0062
Start Test Date	2012/11/19	Start Test Time	01:11:00
Final Test Date	2012/11/19	Final Test Time	10:41:00

Test Results

Recovered: 10' SOSM 1% oil, 99% mud
 ----- No GIP
 ----- Tool Sample: SOCM 5% oil, 95% mud



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

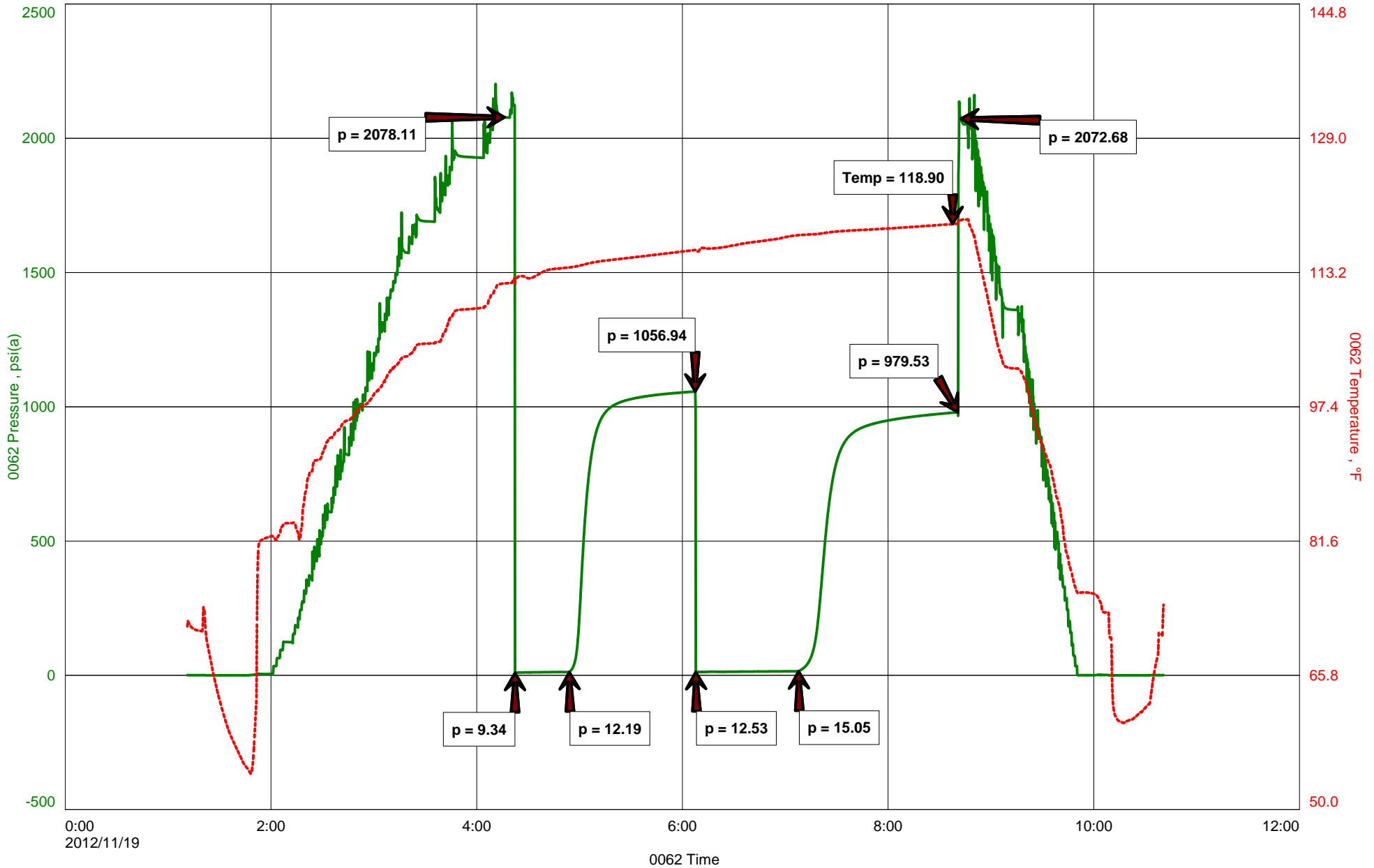
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Mid-Continent Energy Operating Co.
DST #3, Pleasanton, 4355'-4390'
Start Test Date: 2012/11/19
Final Test Date: 2012/11/19

Shriver Elevator #1-27
Formation: Pleasanton, 4355'-4390'
Pool: Wildcat
Job Number: F054

Shriver Elevator #1-27



ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

RECEIVED

DEC 24 2012

MCEOCO

INVOICE

Invoice Number: 133569

Invoice Date: Nov 11, 2012

Page: 1

Bill To:
Mid-Continent Energy Operating Co
100 W 5th Street
Suite 450
Tulsa, OK 74103-4254



*Per Johann
talking to Allied
take credit because
they originally sent
to wrong people!*

Customer ID	Well Name# or Customer P.O.	Payment Terms
Mid-Cont	ShriverElevator#1-27	Net 30 Days
Job Location	Camp Location	Service Date
KS1-01	Great Bend	Nov 11, 2012
		Due Date
		12/11/12

Quantity	Item	Description	Unit Price	Amount
200.00	MAT	Class A Common	17.90	3,580.00
3.00	MAT	Gel	23.40	70.20
7.00	MAT	Chloride	64.00	448.00
215.00	SER	Cubic Feet	2.48	533.20
324.39	SER	Ton Mileage	2.60	843.41
1.00	SER	Surface	1,512.25	1,512.25
33.00	SER	Pump Truck Mileage	7.70	254.10
33.00	SER	Light Vehicle Mileage	4.40	145.20
1.00	CEMENTER	Charles Elkins		
1.00	EQUIP OPER	Joshua Isaac		
1.00	OPER ASSIST	Alan Genereux		

12/12

CO. # AFE
LSE # 150041
ACCT # 1562-30
APPROVED ✓
RCP **ACP** **LOE**

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1,846.59

ONLY IF PAID ON OR BEFORE
Dec 5, 2012

Subtotal	7,386.36
Sales Tax	258.19
Total Invoice Amount	7,644.55
Payment/Credit Applied	
TOTAL	7,644.55

1846.59

5797.96

ALLIED OIL & GAS SERVICES, LLC 059105

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>11-11-12</u>	SEC. <u>27</u>	TWP. <u>19S</u>	RANGE <u>27W</u>	CALLED OUT	ON LOCATION <u>3:40 AM</u>	JOB START	JOB FINISH
LEASE <u>Shrine Elevator</u>	WELL# <u>1-27</u>	LOCATION <u>9/4 to Turkey red rd (west of Acacia) Turn South 7 miles to 80rd. Turn East 1 mile</u>		COUNTY <u>Lane</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)				South into location			

CONTRACTOR Val 2 OY [REDACTED]

TYPE OF JOB Surface Casing

HOLE SIZE 12 1/4" T.D. 312 ft

CASING SIZE 8 5/8" 2 1/4" DEPTH 295.3 ft

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 20 ft.

CEMENT LEFT IN CSG. 20 ft, 1.272 bbls, 5.3 sy

PERFS.

DISPLACEMENT 18.25 bbl Fresh Water

CEMENT AMOUNT ORDERED 200 sy 11" + 3/10 Ccol
+ 2% GCS

COMMON	<u>200</u>	@ <u>17.90</u>	<u>3580.00</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>7</u>	@ <u>64.00</u>	<u>448.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>215</u>	@ <u>2.48</u>	<u>533.20</u>
MILEAGE	<u>9.83 x 33 x</u>	<u>2.66</u>	<u>843.91</u>
			TOTAL <u>5,474.81</u>

EQUIPMENT

PUMP TRUCK CEMENTER Charles Ekins 1

#398 HELPER Josh Isaac 2

BULK TRUCK DRIVER Alan Gencrey 3

#344/170

BULK TRUCK DRIVER

REMARKS:

Pump 5 bbls Fresh Water

Pump 48 bbls (200sy) Cement

Displace with 18.25 bbls Fresh Water

Leave 1.272 bbls, 5.3sy Cement in Casing

Circulate 10 bbls, 47 sy Cement to surface

CHARGE TO: Mid Continent Energy Oper

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE		<u>1512.25</u>	
EXTRA FOOTAGE		@	
MILEAGE	<u>Hum 33</u>	@ <u>7.70</u>	<u>254.10</u>
MANIFOLD		@	
	<u>Hum 33</u>	@ <u>4.46</u>	<u>145.20</u>
		@	
			TOTAL <u>1911.55</u>

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

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 Jack Nelghos

SIGNATURE Clark Nelghos

SALES TAX (If Any)	<u>258.18</u>
TOTAL CHARGES	<u>7,386.36</u>
DISCOUNT	<u>25% 1,846.59</u>
	TOTAL <u>5,539.77</u>

IF PAID IN 30 DAYS



Services, Inc.

CHARGE TO: MED-CONTINENT ENERGY OPERATIONS CO.
 ADDRESS
 CITY, STATE, ZIP CODE

(Handwritten signature)

TICKET No 24056

PAGE 1 OF 1

1. SERVICE LOCATIONS: NESS CITY, KS. WELLS/PROJECT NO. 1-27 LEASE SHARBER ENERGY Lease COUNTY/PARISH KS. STATE KS. CITY DIETZTON, KS. DATE 01/16/13 OWNER

2. TICKET TYPE: SALES CONTRACTOR CHEYENNE WELL SERV., #28 RIG NAME/NO. ACIDIZING FORMATION SHIPPED VIA TRUCK DELIVERED TO 75. RD 80, 1/2 E., S. EAST ORDER NO. 75-195-274

3. WELL TYPE DEWELL WELL CATEGORY ACIDIZING FORMATION JOB PURPOSE ACIDIZING FORMATION WELL PERMIT NO.

4. REFERRAL LOCATION DEWELL INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
500		1			MILEAGE 107	1	0	40	M	6.00	240.00
501		1			ACID Pump CHARLES	1	0			650.00	650.00
303		1			MCA ACID	250	gal	15	0%	2.35	587.50
235		1			TAHER-1	1	gal			35.00	35.00
249		1			STR-1	1	gal			40.00	40.00
221		1			TAHERD KCL	2	gal			25.00	50.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X CSA Andrew DATE SIGNED 01/16/13 TIME SIGNED 0957 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO

WE UNDERSTOOD AND MET YOUR NEEDS? YES NO

OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1602 50

TOTAL 1602.50

SWIFT OPERATOR DUSTY D. FUNK APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 8/16/13 PAGE NO.

CUSTOMER MED CONTINENT ENERGY WELL NO. 1-27 LEASE ACIDIZE FORMATION TICKET NO. 24056

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0757							ON LOCATION CHEYENNE SWAB TEST
								TAC 3500' PERFS. 4325'-27' 4332-35'
								F.L.D.H. 837' Spot 4340' 4.5 Bbl 2 3/8 x 4 1/2 TREAT 4244'
								CS. 91' 1.4469 Bbl TB. 4244' 16,42428
								TOTAL 17.87118 Bbl
0835	3-0	6	✓			VAC		SPOT ACID
0852	5	6.25	✓			D		Pump FLUSH (KCL)
0854	5-0	16	✓			VAC		SHUT DOWN & LET LOAD
0855	0	19	✓			D		LOADED
	0	20	✓			VAC		1 Bbl @ 6min
	0	21	✓			VAC		1 Bbl @ 8min
0913	18-0	21	✓			250		STAGE
	18	22	✓			256		FEEDING
	125	22.25	✓			360		"
	140	22.50	✓			400		"
	140	23	✓			460		"
	140	24	✓			480		"
0923	0	24	✓			425		ISIP
						VAC		2 MIN 35 sec
								Rtn DOWN
								TICKETS
0950								Job Completed
								THANK YOU DUSTY & RUSSELL



P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



Invoice

DATE	INVOICE #
12/17/2012	23572

BILL TO
 Mid Continent Energy Operating Company
 100 W 5th Street, Suite 450
 Tulsa, OK 74103

RECEIVED
 DEC 20 2012
MCEOCO

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-27	Shiver Elevator	Lane	Cheyenne Well Se...	Oil	Development	Cement Port Collar	Blaine

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way On 12/14/2012	40	Miles	6.00	240.00
577D	Pump Charge On 12/14/2012	1	Job	1,000.00	1,000.00
575D	Mileage - 1 Way On 12/17/2012	40	Miles	6.00	240.00
576D-D	Pump Charge - Port Collar On 12/17/2012	1	Job	1,250.00	1,250.00
330	Swift Multi-Density Standard (MIDCON II)	210	Sacks	16.50	3,465.00T
276	Flocele	50	Lb(s)	2.00	100.00T
290	D-Air	2	Gallon(s)	35.00	70.00T
104	Port Collar Tool Rental	1	Each	250.00	250.00T
581D	Service Charge Cement	325	Sacks	2.00	650.00
583D	Drayage	646.82	Ton Miles	1.00	646.82
	Subtotal				7,911.82
	Sales Tax Lane County			6.30%	244.76

Thank You For Your Business & Best Wishes For A Wonderful Holiday Season!!	Total	\$8,156.58
--	--------------	-------------------



CHARGE TO: M/D Continent Energy
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET No 23572

PAGE 1 OF 1

1. SERVICE LOCATIONS: Northville, MS WEL/PROJECT NO.: 1-27 LEASE: Shree Elevator COUNTY/PARISH: Lave STATE: MS CITY: Alhambra DATE: 17 OWNER: M/Dec 12

2. TICKET TYPE: SERVICE SALES CONTRACTOR: Cheyenne RIG NAME/NO.: _____ SHIPPED VIA: _____ DELIVERED TO: _____ ORDER NO.: _____

3. WELL TYPE: 5-1 WELL CATEGORY: Development JOB PURPOSE: concrete post collar WELL PERMIT NO.: _____ WELL LOCATION: 27-19-27

4. REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					TRK 114		40	in			6.00	240.00
577					Pump Charge		1	us			1000.00	1000.00
575					TRK 114		40	in			6.00	240.00
577	576D				Pump Charge		1	pa			1850.00	1850.00
330					5WD cement		210	sk			16.50	3465.00
276					Fluocel		50	lb			2.00	100.00
581	190				D-AIR		2	gal			35.00	70.00
581					service charge		325				2.00	650.00
583					Dryage		32311	lb			1.00	646.82
104					Port Collar Tool Rental		1	ea			250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 1/10/00 TIME SIGNED: 1:00 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				7911
WE UNDERSTOOD AND MET YOUR NEEDS?				82
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				
TOTAL				8156.58

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: Rebel APPROVAL: _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **14 Dec 12** PAGE NO. **1**

CUSTOMER **MIDCON Contract Co.** WELL NO. **1-27** LEASE **Shine Elevator** JOB TYPE **cement port collar** TICKET NO. **23572**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								325 sks SMD w/ 1/4" floccle 4 1/2" x 2 3/8" Portcollar - 2235'
	1100							on loc TRK 1H
	1125					1000	1000	test to 1000 psi holding - unable to open port collar -
	1100							- search for port collar - call for wireline, truck - Rack up - plan on cementing MON Dec 17.
Dec 17	0830							on loc TRK
	1100							wireline truck finds PC. - 2192'
	1210					1000	1000	find port collar - wait on water
	1214	3	2			400		test to 1000 psi - hold - open port collar inj rate 3 bpm @ 400 psi
	1218	3				400		mix SMD cement @ 11.2 ppm
	1228	3	29			150		fluid to surface
	1300	3	14			450		- cement to surface -
		3	8			450		{ 210 sk mixed } { 20 sk to pit }
	1310							Dispose 8 bbl H ₂ O RUN 5 joints
	1325		20					Reverse hole clean - 2 cement plugs -
								crash truck
								Rack up
	1400							Job complete Thanks Flint, Shane, TJ & DAVE



Services, Inc.

CHARGE TO: MID DISTRICT
ADDRESS
CITY, STATE, ZIP CODE

TICKET No 23706

PAGE 1 OF 2

SERVICE LOCATION 1. NESS CITY, KS	WELL/PROJECT NO. 1-27	LEASE SKEWER ELEVATOR	COUNTY/PARISH LANE	STATE KS	CITY ALAMOGA, KS	DATE 2/16/12	OWNER
	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR VAL DRILLING RIG #2	RIG NAME NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 4 1/2 HOURS STRIKING				WELL LOCATION LOS 1/2 E, S 5 T10
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.		
75					MILEAGE # 115	40	mi		6.00	240.00
578					PUMP CHARGE	1	KB		1500.00	1500.00
402					NEUTRALIZERS	12	EA		65.00	780.00
403					CEMENT BASKETS	2	EA		250.00	500.00
404					PORT COLLAR	1	EA	2035 FT.	2400.00	2400.00
406					LATCH DOWN PLUG & BARGE	1	EA		225.00	225.00
407					ROBERT FRONT SHADE w/AUTO FILL	1	EA		300.00	300.00
419					ROTATING HEAD RENTAL	1	58		200.00	200.00
281					MUD FLUSH	500	gal		1.25	625.00
281					MUD KIL	2	hr		25.00	50.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 21 Nov 12 TIME SIGNED: 9:00 A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 1	6820.74
PAGE TOTAL 2	5107.74
sub total	11928.48
LATE TAX 3%	583.79
TOTAL	12,511.53

SWIFT OPERATOR: [Signature]
APPROVAL: [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

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

March 07, 2013

G. M. Canaday
Mid-Continent Energy Operating Co.
100 W 5TH ST STE 450
TULSA, OK 74103-4254

Re: ACO1
API 15-101-22413-00-00
Shriver Elevator 1-27
NE/4 Sec.27-19S-27W
Lane 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,
G. M. Canaday