



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1118097
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: _____



1118097

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)*

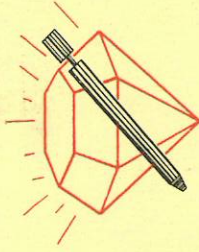
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: bbailey/451

On Location: 21:47
 TIME ON: 22:45 12-27
 TIME OFF: 07:27 12-28

Company Iuka-Carmi Development LLC Lease & Well No. B. Bailey #1-29
 Contractor Murdoch Dig Ry #101 Charge to Iuka-Carmi Development LLC
 Elevation 1839' KB Formation Shyne Effective Pay _____ Ft. Ticket No. FO11
 Date Dec 28, 2012 Sec. 29 Twp. 27 S Range _____ W County Pratt State KANSAS
 Test Approved By (Signature) P. Wilson Diamond Representative JAKE FAHRENBRUCH

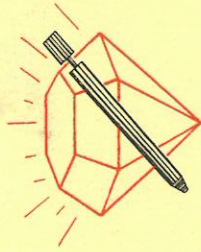
Formation Test No. 1 Interval Tested from 3958 ft. to 3984 ft. Total Depth 3984 ft.
 Packer Depth 3953 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 3958 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) _____ ft. Recorder Number 0062 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) _____ ft. Recorder Number 1033 Cap. 5150 P.S.I.
 Below Saddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Mud Type Chemical Viscosity 48 ft. I.D. _____ 2 1/4 in.
 Weight 9.2 Water Loss 9.0 cc. Weight Pipe Length _____ ft. I.D. _____ 2 7/8 in.
 Chlorides _____ P.P.M. Drill Pipe Length 3925 ft. I.D. _____ 3 1/2 in.
 Jars: Make STERLING Serial Number #15 Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
 Did Well Flow? No Reversed Out No Anchor Length 26 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Weak surface blow, increased to 1 1/2" in 30 min. Blow died.
 2nd Open: Weak blow, increased to 1/2" in 20 min. Blow died.

Recovered 30 ft. of Dry Mud 100% mud
 Recovered _____ ft. of NO GIP
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Price Job _____
 Other Charges 555
 Insurance _____
 Total _____

Remarks: Test Sample: 50.5M < 1% oil, > 99% mud
 Time Set Packer(s) 2:20 A.M. Time Started Off Bottom 5:05 P.M. Maximum Temperature 118°F
 Initial Hydrostatic Pressure (A) 1883 P.S.I.
 Initial Flow Period 2:20-3:05 Minutes (B) 10 P.S.I. to (C) 18 P.S.I.
 Initial Closed In Period 3:05-3:50 Minutes (D) 1110 P.S.I.
 Final Flow Period 3:50-4:20 Minutes (E) 23 P.S.I. to (F) 27 P.S.I.
 Final Closed In Period 4:20-5:05 Minutes (G) 1047 P.S.I.
 Final Hydrostatic Pressure (H) 1871 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 the 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.



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: 6 bailey 1st 12

TIME ON: 22:37
 TIME OFF: 07:21 12-29

Company Iuko-Carmi Drickpoint LLC Lease & Well No. B. Bailey 41-29
 Contractor Alvaresca Dig Big 4101 Charge to Iuko-Carmi Drickpoint LLC
 Elevation 1839' RB Formation Ft. Scott Effective Pay FOZZ
 Date 2022-29 Twp. 27 S Range 12 W County Butt State KANSAS
 Test Approved By David P. Wilentz Diamond Representative JAKE FAHRENBRUCH

Formation Test No. 2 Interval Tested from 4106 ft. to 4144 ft. Total Depth 4144 ft.
 Packer Depth 4101 ft. Size 6 3/4 in. Packer depth --- ft. Size 6 3/4 in.
 Packer Depth 4106 ft. Size 6 3/4 in. Packer depth --- ft. Size 6 3/4 in.
 Depth of Selective Zone Set ---
 Top Recorder Depth (Inside) 4085 ft. Recorder Number 2062 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 4141 ft. Recorder Number 11033 Cap. 5150 P.S.I.
 Below Straddle Recorder Depth --- ft. Recorder Number --- Cap. --- P.S.I.
 Mud Type Chemical Viscosity 49 ft. I.D. --- in. I.D. 2 1/4 in.
 Weight 9.3 Water Loss 10.0 cc. Weight Pipe Length --- ft. I.D. --- in. I.D. 2 7/8 in.
 Chlorides --- P.P.M. Drill Pipe Length 4073 ft. I.D. --- in. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number 25 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? No Reversed Out 16 Anchor Length 38 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: 4" blow, increased sporadically to 10 1/2" No blowback
 2nd Open: 5" blow immediately increased to 6" No blowback

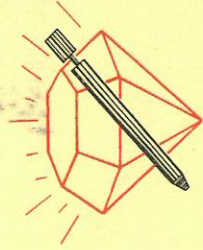
Recovered 15 ft. of Red Mud
 Recovered --- ft. of 180' GTP
 Recovered --- ft. of ---
 Recovered --- ft. of ---
 Recovered --- ft. of ---
 Recovered --- ft. of ---
 Recovered --- ft. of ---

Remarks: Tool Sample: Red Mud w/ slight trace of oil.
 Price Job
 Other Charges JTS
 Insurance
 Total

Time Set Packer(s) 1:17 A.M. P.M. Time Started Off Bottom 4:32 A.M. P.M. Maximum Temperature 122 °F

Initial Hydrostatic Pressure..... (A) 1968 P.S.I.
 Initial Flow Period..... 1:17-2:02 Minutes 45 (B) 12 P.S.I. to (C) 15 P.S.I.
 Initial Closed In Period..... 2:02-2:47 Minutes 45 (D) 130 P.S.I.
 Final Flow Period..... 2:47-3:32 Minutes 45 (E) 12 P.S.I. to (F) 17 P.S.I.
 Final Closed In Period..... 3:32-4:32 Minutes 60 (G) 152 P.S.I.
 Final Hydrostatic Pressure..... (H) 1964 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 services or 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.



DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: h.bailey/dtd5

en Lashley 11:32 12-29
 TIME ON: 18:00
 TIME OFF: 02:24 12-30

Company Tuko-Coroni Performent LLC Lease & Well No. B. Bailey #1-29
 Contractor Nimrod Drilling Co #401 Charge to Tuko-Coroni Performent LLC
 Elevation 1839' KB Formation Miss. Stage Effective Pay F073 Ft. Ticket No. KANSAS
 Date 12/29/22 Sec. 29 Twp. 27 S Range 12 W County Platt State KANSAS
 Test Approved By Quinn P. Whelan Diamond Representative JAKE FAHRENBRUCH

Formation Test No. 3 Interval Tested from 4162 ft. to 4233 ft. Total Depth 4233 ft.
 Packer Depth 4157 ft. Size 6 3/4 in. Packer depth --- ft. Size 6 3/4 in.
 Packer Depth 4162 ft. Size 6 3/4 in. Packer depth --- ft. Size 6 3/4 in.
 Depth of Selective Zone Set ---
 Top Recorder Depth (Inside) 4141 ft. Recorder Number 0062 Cap. 5000 P.S.I.
 Bottom Recorder Depth (Outside) 4230 ft. Recorder Number 11033 Cap. 5150 P.S.I.
 Below Straddle Recorder Depth --- ft. Recorder Number --- Cap. --- P.S.I.
 Mud Type Chemical Viscosity 58 ft. I.D. --- 2 1/4 in.
 Weight 9.31 Water Loss 11.0 cc. Weight Pipe Length --- ft. I.D. --- 2 7/8 in.
 Chlorides --- Drill Pipe Length 4129 ft. I.D. --- 3 1/2 in.
 Jars: Make STERLING Serial Number 415 P.P.M. Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? No Reversed Out No Anchor Length 71 ft. Size --- 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Fair flow, increasing to 1 1/2". No blow back.
 2nd Open: Weak blow, increasing to 6 1/2". No blow back.

Recovered 50 ft. of And not water, water and mud 10% wt, 90% mud
 Recovered 60 ft. of Muddy water 50% wt, 50% mud
 Recovered --- ft. of 300' Gas To Pipe
 Recovered --- ft. of ---
 Recovered --- ft. of ---
 Recovered --- ft. of ---
 Recovered --- ft. of ---

Remarks: Total Recovered Fluid: 110'
Tool Sample: 300' w/c, 5% mud
Chlorides: 3400 ppm 11 lbs. 35-2 @ 40°F // 11:8.0

Time Set Packer(s) 8:09 A.M. Time Started Off Bottom 11:24 P.M. Maximum Temperature 119°F
 Initial Hydrostatic Pressure..... (A) 1992 P.S.I.
 Initial Flow Period..... 8:09 - 8:54 Minutes 45 P.S.I. to (C) 39 P.S.I.
 Initial Closed In Period..... 8:54 - 9:39 Minutes 45 P.S.I.
 Final Flow Period..... 9:39 - 10:24 Minutes 45 P.S.I. to (F) 62 P.S.I.
 Final Closed In Period..... 10:24 - 11:24 Minutes 60 P.S.I.
 Final Hydrostatic Pressure..... (H) 1990 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 this test. A statement of actual damages, 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.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Pratt Well Serv</i>	Lease No.	Date
Lease <i>B Bailey Pratt</i>	Well # <i>1-29</i>	County <i>Pratt</i>
Field Order # <i>1163</i>	Station <i>Acw PPI</i>	State <i>Ks</i>
Type Job <i>Acw PPI</i>	Formation <i>Miss</i>	Legal Description <i>275124</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP	
<i>3 1/2</i>	<i>2 3/8</i>				<i>Sourgasol 15%</i>				
Depth	Depth	From	To	Pre Pad		Max		5 Min.	
Volume	Volume	From	To	Pad		Min		10 Min.	
Max Press	Max Press	From	To	Frac		Avg		15 Min.	
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load	

Customer Representative		Station Manager		Treater	
<i>gerald</i>	<i>gerald</i>	<i>Martin</i>	<i>MCF</i>		
Service Units	<i>19837</i>	<i>19890</i>	<i>75770</i>	<i>19894</i>	
Driver Names	<i>slim</i>	<i>Ryan</i>			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1341</i>		<i>1025</i>		<i>1.4</i>	<i>11</i>
<i>1342</i>		<i>1050</i>		<i>1.4</i>	<i>12</i>
<i>1343</i>		<i>1000</i>		<i>1.4</i>	<i>13</i>
<i>1344</i>		<i>1000</i>		<i>1.4</i>	<i>14</i>
<i>1346</i>		<i>1150</i>		<i>1.4</i>	<i>15</i>
<i>1347</i>		<i>1100</i>		<i>1.4</i>	<i>16</i>
<i>1348</i>		<i>950</i>		<i>1.4</i>	<i>17</i>
<i>1349</i>		<i>1050</i>		<i>1.4</i>	<i>18</i>
<i>1350</i>		<i>1050</i>		<i>1.4</i>	<i>19</i>
<i>1350</i>		<i>1200</i>		<i>1.4</i>	<i>20</i>
<i>1352</i>		<i>1000</i>		<i>1.4</i>	<i>21</i>
<i>1354</i>		<i>2500</i>			<i>Block</i>
<i>1354</i>		<i>1550</i>		<i>1.4</i>	<i>22</i>
<i>1356</i>		<i>1050</i>		<i>1.4</i>	<i>23</i>
<i>1357</i>		<i>850</i>		<i>1.4</i>	<i>24</i>
<i>1358</i>		<i>850</i>		<i>1.4</i>	<i>25</i>
<i>1359</i>		<i>1200</i>		<i>1.4</i>	<i>26</i>
<i>1400</i>		<i>850</i>		<i>1.4</i>	<i>27</i>
<i>1401</i>		<i>1100</i>		<i>1.4</i>	<i>28</i>
<i>1402</i>		<i>850</i>		<i>1.4</i>	<i>29</i>
<i>1404</i>		<i>800</i>		<i>1.4</i>	<i>30</i>

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 20, 2013

Kenneth C. Gates
Iuka-Carmi Development LLC
PO BOX 847
PRATT, KS 67124-0847

Re: ACO1
API 15-151-22402-00-00
B. Bailey 1-29
NE/4 Sec.29-27S-12W
Pratt 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,
Kenneth C. Gates