



KANSAS CORPORATION COMMISSION 1121076  
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: \_\_\_\_\_



1121076

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  <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">Name</td> <td style="width:15%; border: none;">Top</td> <td style="width:15%; border: none;">Datum</td> </tr> </table>	Name	Top	Datum
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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <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
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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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 04, 2013

Timothy Dixon  
Dixon Energy, Inc.  
8100 E 22ND N BLDG 300, Ste 200  
WICHITA, KS 67226

Re: ACO1  
API 15-095-22264-00-00  
Rolf Land 4  
SW/4 Sec.18-30S-10W  
Kingman 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,  
Timothy Dixon

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



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Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 05, 2013

Timothy Dixon  
Dixon Energy, Inc.  
8100 E 22ND N BLDG 300, Ste 200  
WICHITA, KS 67226

Re: ACO-1  
API 15-095-22264-00-00  
Rolf Land 4  
SW/4 Sec.18-30S-10W  
Kingman County, Kansas

Dear Timothy Dixon:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/24/2012 and the ACO-1 was received on March 04, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

Customer <b>DIXON ENERGY INC.</b>	Lease No. <b>ROLF LAND</b>	Date <b>9-24-12</b>
Lease <b>ROLF LAND</b>	Well # <b>4</b>	
Field Order # <b>6572</b>	Station <b>PRATT, KS</b>	Casing <b>8 7/8</b>
		Depth <b>238</b>
Type Job <b>CNW - SURFACE</b>	Formation	Legal Description <b>18-30-10</b>
		County <b>KENNEBREW</b>
		State <b>Ks</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>8 7/8</b>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <b>238</b>	Depth	From	To	Pre-Pad				5 Min.
Volume	Volume	From	To	Bad		Min		10 Min.
Max Press	Max Press	From	To	Frac				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 <b>BRANDY</b>	Station Manager <b>SCOTT</b>	Treater <b>CARDNEY</b>
Service Units <b>19907</b>	<b>19889-19843</b>	<b>19826-19860</b>
Driver Names <b>KG</b>	<b>MC SURE</b>	<b>TEW</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>11:30</b>					<b>ON LOCATION</b>
					<b>RUN 20' 8 7/8 C.S. 6 PS.</b>
					<b>SET AT 238' WITH LAND JT.</b>
					<b>BANK CONNECTION</b>
<b>1:00pm</b>	<b>200</b>		<b>48</b>	<b>6</b>	<b>MIX 225 SL 60/40 PZ</b>
					<b>3% CC, 1/4 H/K CELLFIBRE</b>
					<b>STOP - DROP WOOD PINE</b>
	<b>0</b>		<b>0</b>	<b>6</b>	<b>START DIST.</b>
<b>1:30pm</b>	<b>200</b>		<b>14</b>	<b>2</b>	<b>PLUG DOWN</b>
					<b>(DRE 4 lb) CEMENT TO SET</b>
					<b>RUN LINE DOWN ANN - 30'</b>
					<b>NO CEMENT</b>
<b>4:00pm</b>	<b>50</b>	<b>50</b>	<b>32</b>	<b>1 1/2</b>	<b>RUN 1" TBG TO 20' - PUMP</b>
					<b>150SK COMMON 2% CC - (COMMON EXCELLEN)</b>
					<b>JOB COMPLETE - KEVIN</b>

Customer <b>DIXON-ENERGY</b>	Lease No.	Date <b>10-04-12</b>
Lease <b>ROFLAND</b>	Well # <b>4</b>	
Field Order # <b>1253</b>	Station <b>PRATT KS</b>	Casing <b>5 1/2</b>
	Depth <b>7100'</b>	County <b>KEITHMAN</b>
Type Job <b>CNW 5 1/2 Lining string</b>	Formation	State <b>KS</b>
		Legal Description <b>18-30-10</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<b>5 1/2</b>				Pre Pad	Max		5 Min.	
Depth <b>7100</b>	Depth	From	To	Pad	Min		10 Min.	
Volume <b>113</b>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <b>2000</b>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <b>4741</b>	Packer Depth	From	To					

Customer Representative	Station Manager <b>DAVE SCOTT</b>	Treater <b>Robert [Signature]</b>
Service Units <b>37900</b>	<b>33708</b>	<b>20920</b>
Driver Names <b>Sullivan</b>	<b>Wright</b>	<b>Peterson</b>
	<b>19831</b>	<b>19862</b>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>11:50</b>					on loc. safety meeting
					Run 114 JTS 5 1/2 155 csg.
<b>4:30</b>					CASING and BOTTOMHOLE
<b>4:45</b>					Hook Rig to circ
<b>6:30</b>	<b>200</b>		<b>5</b>	<b>4</b>	8t SPACER
			<b>12</b>		8t MUD Flush
			<b>5</b>		SPACER
			<b>12</b>	<b>5</b>	MIX 50 SK SCANTAPER cont
			<b>36</b>		MIX 150 SK AA-2 cont
					cont mixed. Shut down with line, pump
					Release Plug
				<b>6</b>	8t Dis-P
	<b>350</b>		<b>80</b>		Lift Psi
	<b>500</b>			<b>4</b>	Slow Rate
<b>7:00</b>	<b>1600</b>		<b>113</b>		Plug down
			<b>7</b>	<b>2</b>	Plug R.H w/ 30 sk wiper poz cont
			<b>5</b>		Plug R.H w/ 30 sk "
					150B Complete
					Thank you

Rolf Land #4  
Sec. 18-30S-10W  
API: 15-095-22,264

DST #1      4630-40: 30-60-30-60. 1st OP Strg. blow OB in 41/2 min. 2nd OP Strg. blow immed.  
Rec. 2605' GIP, 25' SO&GCM (1%O, 3% G, 96% M). IHP 2306#, IFP 9-12#, FFP 9-13#,  
ISIP 1094#. FSIP 1052#, FHP 2284#. Temp 131°.

DST #2      4640-50: 30-60-30-60. 1st OP Wk. blow died in 15min. 2nd OP Wk. blow died in 16min. Rec. 7'  
SG&OCM (3%G, 4% O, 93% M). IHP 2271#, IFP 12-16#, FFP 10-14#, ISIP 39#. FSIP 40#,  
FHP 2223#. Temp 124°.