



KANSAS CORPORATION COMMISSION 1123980
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
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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
_____ 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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Texas Coastal Operating Company LLC
Well Name	Schlegel 2
Doc ID	1123980

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	NO PLUG	MCA acidMusal ESA-64,INH.1 ESA 68,CLA-STA ES-52	4476-4480,4488-4492
4	PLUG @4464	MCA ACID,MUSAL ESA-64,INH.1 ESA28,CLA-STA-1 ESA-52	4430-4432,4440-4444
4	PLUG @ 4420	MCA ACID,INH.1-ESA 28,MUSAL ESA-64,CLA-STA-1ESA-52	4370-4374
4	PLUG@4150	MCA ACID,INH.1-ESA-28,STR-1(PEN88),CLA-STA-1 ESA-52	4064-4070
2	PLUG@3200	60/40 POZ MIX CEMENT	3150-3150.5
4	NO PLUG	60/40 POZ MIX CEMENT	2770-2771
4	NO PLUG		2292-2294

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 12, 2013

Gary Gordon
Texas Coastal Operating Company LLC
222 W. Las COLINAS BLVD
STE 1650
IRVING, TX 75039

Re: ACO1
API 15-165-21980-00-00
Schlegel 2
NE/4 Sec.17-19S-20W
Rush 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,
Gary Gordon



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



Invoice

DATE	INVOICE #
6/26/2012	23130

BILL TO
Texas Coastal Energy 222 West Las Colinas Boulevard Suite 1650 Irving, TX 75039

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2	Schlagel	Rush	Val Energy #3	Oil	Development	Cement Surface ...	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				25	Miles	6.00	150.00
576D-D	Pump Charge - Deep Surface (> 500 Ft.)				1	Job	1,250.00	1,250.00
325	Standard Cement				300	Sacks	13.50	4,050.00T
278	Calcium Chloride				8	Sack(s)	40.00	320.00T
279	Bentonite Gel				6	Sack(s)	25.00	150.00T
221	Liquid KCL (Clayfix)				1	Gallon(s)	25.00	25.00T
410-8	8 5/8" Top Plug				1	Each	100.00	100.00T
409-8	8 5/8" Turbolizer				3	Each	100.00	300.00T
290	D-Air				2	Gallon(s)	35.00	70.00T
581D	Service Charge Cement				300	Sacks	2.00	600.00
583D	Drayage				366	Ton Miles	1.00	366.00
	Subtotal							7,381.00
	Sales Tax Rush County						6.30%	315.95
Pd 7/28/2012 14 1225								

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
FAX (620) 463-2104

GREAT BEND, KS (620) 793-3366
FAX (620) 793-3536

POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
(316) 524-1027 FAX

Invoice

Page: 1

INVOICE NUMBER:
C38130-IN

BILL TO:

TEXAS COASTAL ENERGY
222 WEST LAS COLINAS BLVD
SUITE 150
IRVING, TX 75039

LEASE: SCHLEGEL 2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/27/2012	C38130		12/21/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	100.00
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
300.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	2,775.00
300.00	EA	BULK CHARGE		0.00	1.25	375.00
660.00	MI	BULK TRUCK - TON MILES		0.00	1.10	726.00

COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
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**TEXAS COASTAL ENERGY
222 WEST LAS COLINAS BLVD
SUITE 150
IRVING, TX 75039**

LEASE: SCHLEGEL 2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/27/2012	C38130		12/21/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
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300.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	2,775.00
300.00	EA	BULK CHARGE		0.00	1.25	375.00
660.00	MI	BULK TRUCK - TON MILES		0.00	1.10	726.00

COPELAND

Acid & Cement

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BURRTON, KS ♦ GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C38201-IN

BILL TO:

TEXAS COASTAL ENERGY
222 WEST LAS COLINAS BLVD
SUITE 150
IRVING, TX 75039

LEASE: SCHLEGEL 2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/24/2013	C38201		01/16/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	100.00
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
300.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	2,775.00
300.00	EA	BULK CHARGE		0.00	1.25	375.00
660.00	MI	BULK TRUCK - TON MILES		0.00	1.10	726.00

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Sam Brownback, Governor

March 13, 2013

Gary Gordon
Texas Coastal Operating Company LLC
222 W. Las COLINAS BLVD
STE 1650
IRVING, TX 75039

Re: ACO-1
API 15-165-21980-00-00
Schlegel 2
NE/4 Sec.17-19S-20W
Rush County, Kansas

Dear Gary Gordon:

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 6/26/2012 and the ACO-1 was received on March 12, 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