

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1121062

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 #			API No. 15								
Name:			Spot Description:								
Address 1:			SecTwpS. R								
Address 2:			Feet from North / South Line of Section								
City:	State: Z	ip:+	Feet from East / West Line of Section								
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:						
Phone: ()			□ NE □ NW	V □SE □SW							
CONTRACTOR: License #			GPS Location: Lat:	, Long:							
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)						
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84							
Purchaser:			County:								
Designate Type of Completion:			Lease Name:	W	ell #:						
	e-Entry	Workover	Field Name:								
	_		Producing Formation:								
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:							
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:						
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet						
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No						
If Workover/Re-entry: Old Well I			If yes, show depth set:								
Operator:			If Alternate II completion, c	cement circulated from:							
Well Name:			feet depth to:	w/	sx cmt.						
Original Comp. Date:											
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan							
Plug Back	Conv. to G		(Data must be collected from to								
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls						
Dual Completion			Dewatering method used:_								
SWD			Location of fluid disposal if	hauled offsite:							
ENHR	Permit #:										
GSW	Permit #:		Operator Name:								
			Lease Name:								
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West						
Recompletion Date		Recompletion Date	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 Approved by: Date:											

Page Two



Operator Name:			Lease Name:			Well #:					
Sec Twp	S. R	East West	County:								
open and closed, flow	ring and shut-in pressu	ormations penetrated. Dres, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott						
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log				
Drill Stem Tests Taker (Attach Additional S		Yes No			on (Top), Depth an		Sample				
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Nam	9		Тор	Datum				
Cores Taken Electric Log Run		Yes No									
List All E. Logs Run:											
		CASING Report all strings set-c	RECORD Ne conductor, surface, inte		ion, 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				
	5	ADDITIONAL	CEMENTING / SQU	EEZE RECORD							
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives							
Protect Casing Plug Back TD											
Plug Off Zone											
					¬		1				
	ulic fracturing treatment or otal base fluid of the hydra	n this well? aulic fracturing treatment ex	ceed 350,000 gallons	Yes ? Yes		p questions 2 an p question 3)	d 3)				
		submitted to the chemical of	_	Yes		out Page Three	of the ACO-1)				
Shots Per Foot		N RECORD - Bridge Plug		Acid, Fra	cture, Shot, Cement	Squeeze Record	i				
Shots Fel Foot	Specify Fo	ootage of Each Interval Perf	orated	(Aı	mount and Kind of Ma	terial Used)	Depth				
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No						
Date of First. Resumed	Production, SWD or ENH	R. Producing Meth	nod:								
		Flowing		Gas Lift C	Other (Explain)						
Estimated Production Per 24 Hours	Oil BI	bls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity				
DISPOSITIO	ON OF GAS:	N.	METHOD OF COMPLE	TION:		PRODUCTIO	N INTERVAL:				
Vented Sold		Open Hole	Perf. Dually	Comp. Cor	nmingled						
(If vented, Sul	bmit ACO-18.)	Other (Specify)	(Submit A	(Sub	mit ACO-4)						

Form	ACO1 - Well Completion
Operator	Dixon Energy, Inc.
Well Name	Thomas 1
Doc ID	1121062

All Electric Logs Run

Compensated Density
Sonic
Dual Induction
Micro

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

March 04, 2013

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

Re: ACO1 API 15-007-23959-00-00 Thomas 1 SE/4 Sec.17-32S-12W Barber 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



TREATMENT REPORT

enjergy se	rvic											
Customer Energy	Inco	Le L D o (a l' e	ase No.		•		Date	1			7 /	
Lease Thomas			ell#							, : [الحد ا
Field Order # Station	10 :	Tansas		Gasing"	Depth	4.9 B 5 F	County		Sar ba	or	State	N 545
Type Job . N. W L	,			grade a	Formation	1, 1, 2, 11			741 65	orintion) W	n Jaj
° PIPE DATA	,	ORATING	PATA	N + ESTABLE	JSED		TI	REATM	ENT RI			
Gasing Size 5 Tubing Siz				ARTO 60/40	Paz	F	RATE	PRESS		ISIP		· · · · · · · · · · · · · · · · · · ·
Pepth 45 Fe Pepth	From	75 5BC	لممن		SFLA 3	^{Max} 3%	Fric	tion R	e dur	5 Min-	586	as Blok.
Volume, Volume	From		085		sh.Gils	NAME :				10 Min.		
Max Press	From \	5.3 Ltb./			5al.15h.	, ^A \ ⁹ , 36	CLLE	- T./	Sh.	15 Min.		
Well Connection, Annulus V	ol. From	То				HHP Used) (2)	/ /	Annulus F	ressur	Ө
Plug Depth Packer De		То		Flush 117.2	Bbl. Fre	Gas Volum	e _{er}		de -	Total Loa	d	
Customer Representative -	TJD	ixon	Station	Manager Day	id Sco	 	Freate	irenc	e R.	Mes	sich	r ·
Service Units 37 216	19,903	19,905	19,95	9 21,010		1						
Driver Names Me 55 i ch	Ma	Hal		ovna					,			
Time A. N . Pressure	Tubing Pressure	Bbls. Pumj		Rate		•		Service l	Log			· · · · · · · · · · · · · · · · · · ·
2:00			C	ementera	nd Float	Egvip	Ment	onle	ocat i	on.	-	
4:00				Truckson		1 1						
5:40 Val Dri	llinasta	art toru	I	FillFloo	_			. '		•	un Ba	affle
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0:00	3,000				Shutinu	ell. Ples	SU(e	Test o	Open	well	•	
10:01 300	·			6	Start F	resh w	ater	Pre-	Flus	h		
		5		6 Start Mud Flush							٠.	- '
		17		6	Start	- resh u	val er	Space	er.			
		37		5 Start Mixing 25 sactis 60140 Pozce						MCA	¥	
10:11 300		43		5 Start Mixing 175 Sactes AA 2 cement							ent.	
-0-		<u>85</u>			Stoppumping Shutin well. Wash pumpand							ndlines
		 			Releas	eLatch	Down	Plug.	Open	well	·	
10:24 160				6.5	Start	Fresh	vater	Disi	duces	nent.		
		81	\perp	5	Start +			nt. '	· .			
10:44 700		117.2			Plundo	own.						· · ·
1,500		<u> </u>		, 	Pressu	'evp.		. 1				
					Release					jeld.		
- 0		7-5		3	Plug Rat						<u>.</u>	
				·	Wash			clt.				· · · · · ·
11:30			سليب	والمناور وا	JobCo	omplete	2			/00-01		
10244 NE Hiw	/ay 61 • I	P.O. Box	8613 •	Pratt, KS	37124-86°	13 • (620) 672	-1201	Fax	(620)	672-	5383



TREATMENT REPORT

Customer			100			ease No							1 5-4-						
Lease	DIXON		Nex	94			'•						Date						
	1400					Vell #							18-13-12						
Field Order	,							c	asing	8	Dept	2dj	Count	BAR	REX		S	tate	
Type Job	NW d	0.5/	Sa.	utac	0	Formation						County BARRER State Legal Description Legal Description							
PIPE DATA PERFORATIN						NG DATA FLUID USED)	TREATMENT RESUME								
Casing-Size				_	Acid						RATE PRES			SS	ISIP				
Depth 224	From		То	То			Pre Pad			Max				5 Min.					
Volume 3	From		-To	To Pad						Min				10 Min.					
Max Press	Max Pre		From		То	To Frac				_		Avg		15 Min.					
Well Connecti			From		То					HHP Us			sed			Annulus Pressure			
Plug Depth		·	From		То	Flush						Gas Volu				Total Load			
Customer Re	presentative	•				Statio	n Mar	nager	DAG	VE S	Scott	1	Trea	ter //	bont	fille			
Service Units	-	_	903	199	05	1990	00	21	010						ر ا				
Driver Names	Scilling) _	NRY	61		500	199												
Time	Casing Pressure		ubing (essure	Bbls	. Pum	ped		Rate						Servi	e Log				
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