



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1124036
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: _____



1124036

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 12, 2013

Kent Deutsch
Deutsch, Kent A. dba Deutsch Oil Company
8100 E 22ND ST N
WICHITA, KS 67226

Re: ACO1
API 15-083-21865-00-00
Stallings 2-31
SW/4 Sec.31-23S-23W
Hodgeman 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,
Kent Deutsch

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. # 20-8661476

060077

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

SERVICE POINT
colley

DATE <i>11-20-12</i>	SEC <i>31</i>	TWP <i>23</i>	RANGE <i>23</i>	CALLED OUT	ON LOCATION	JOB START <i>1:30 AM</i>	JOB FINISH <i>2:00 AM</i>	
LEASE <i>Stallings</i>	WELL # <i>2-31</i>	LOCATION <i>Jetmore 65 1/2 E</i>			COUNTY <i>Wagoner</i>	STATE <i>KS</i>		
OLD OR (NEW) Circle one				<i>34N Winto</i>				

CONTRACTOR <i>Maerrick 1061</i>	OWNER <i>same</i>	<i>1.01</i>	<i>7.45</i>
TYPE OF JOB <i>surface</i>			
HOLE SIZE <i>12 1/4</i>	TD <i>284</i>	CEMENT	
CASING SIZE <i>8 3/8</i>	DEPTH <i>228.95</i>	AMOUNT ORDERED <i>170 sks con 98cc</i>	
TUBING SIZE	DEPTH	<i>280 gal</i>	
DRILL PIPE	DEPTH		
TOOL	DEPTH		
PRBS. MAX	MINIMUM	COMMON <i>170 sks @ 17.90 3043.00</i>	
MEAS. LINE	SHOE JOINT	POZMIX @	
CEMENT LEFT IN CSG. <i>15'</i>		GEL <i>3 sks @ 23.40 70.20</i>	
PERFS.		CHLORIDE <i>6 sks @ 64.00 384.00</i>	
DISPLACEMENT <i>Ka 82 306</i>		ASC @	
EQUIPMENT		@	
PUMP TRUCK CEMENTER <i>Andrew Forshud</i>		@	
# <i>224</i> HELPER <i>Mike Powell</i>		@	
BULK TRUCK		@	
# <i>396</i> DRIVER <i>Chris Helms</i>		@	
BULK TRUCK		@	
#		@	
REMARKS		HANDLING <i>183.82 cu/ft @ 2.48 455.87</i>	
		MILEAGE <i>360 70/mile 8.25 262.50</i>	
		<i>293.3</i> TOTAL <i>4715.65</i>	

Cement did circulate

Thank you

CHARGE TO: *Deutsch oil company*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB	<i>228.95</i>
PUMP TRUCK CHARGE	<i>1572.25</i>
EXTRA FOOTAGE	@
MILEAGE <i>35 miles</i>	@ <i>2.20 269.50</i>
MANIFOLD <i>head</i>	@ <i>225.00</i>
Light vehicle	@ <i>4.40 154.00</i>
	@
TOTAL 1902.25 <i>2210.25</i>	

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 *Carl E. Farmer*

SIGNATURE *Carl E. Farmer*

PLUG & FLOAT EQUIPMENT	
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	
SALES TAX (if any) <i>260.54</i>	
TOTAL CHARGES <i>6926.40</i>	
DISCOUNT <i>1662.33</i>	IF PAID IN 30 DAYS
<i>5264.07</i>	
<i>2470</i>	

ALLIED OIL & GAS SERVICES, LLC 059645

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lake, KS

Stallings

DATE <u>11-25-12</u>	SEC. <u>31</u>	TWP. <u>23S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30pm</u>	JOB FINISH <u>1:30pm</u>
LEASE <u>Stallings</u>	WELL# <u>2-31</u>	LOCATION <u>Jeamon, ks 5 south</u>		COUNTY <u>Hodgeman</u>	STATE <u>ks</u>		
OLD OR <u>NEW</u> (Circle one)		<u>1/2 east, north 1200</u>				<u>1-02</u>	<u>11.45</u>

CONTRACTOR Maverick #106
 TYPE OF JOB Production
 HOLE SIZE 7 1/8 T.D. 4820'
 CASING SIZE 5 1/2 15.5# DEPTH 4823'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 21'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 115 bbls 2% kcal wcm

OWNER Deutch Oil Co.

CEMENT
 AMOUNT ORDERED 50s, 60, 40, 40, 60
150s, 195s, 2 ASC 25# 100s
5% FL160 500 GAL ASP 12 GAL CLAPNET

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Derin F</u>	<u>1</u>
# <u>548-545</u>	HELPER <u>Jake H.</u>	<u>3</u>
BULK TRUCK		<u>3</u>
# <u>356-2</u>	DRIVER <u>Benson B., Jason T.</u>	<u>1</u>
BULK TRUCK		
# _____	DRIVER _____	

COMMON	<u>30</u>	@ <u>17.90</u>	<u>537.00</u>
POZMIX	<u>20</u>	@ <u>9.35</u>	<u>187.00</u>
GEL	<u>2</u>	@ <u>23.40</u>	<u>46.80</u>
CHLORIDE		@	
ASC	<u>150</u>	@ <u>20.90</u>	<u>3135.00</u>
<u>Kalscal</u>	<u>750</u>	@ <u>.98</u>	<u>735.00</u>
<u>FL-160</u>	<u>70#</u>	@ <u>18.90</u>	<u>1323.00</u>
<u>ASP</u>	<u>500 GAL</u>	@ <u>1.39</u>	<u>695.00</u>
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>248</u>	@ <u>2.48</u>	<u>615.04</u>
MILEAGE	<u>10.63/40</u>	@ <u>2.60</u>	<u>1105.98</u>

REMARKS:

Pipe on bottom & break circulation, mix 50s for 2 hrs, 2 more hrs, mix 150s of cement, shut down, wash pump lines. Release pipe, start displacement, lift pressure 2-5 bbls, slow rate to 3 bbls 9-104 bbls, bump plus 115 bbls 700-1400 ps, flow 2 hrs

TOTAL 8379.72

SERVICE

DEPTH OF JOB	<u>4827'</u>	
PUMP TRUCK CHARGE	<u>2765.75</u>	
EXTRA FOOTAGE	@	
MILEAGE	<u>40</u>	@ <u>308.00</u>
MANIFOLD <u>Hestrents</u>	@	<u>275.00</u>
<u>LV 40</u>	@ <u>4.40</u>	<u>176.00</u>
	@	

CHARGE TO: Deutch Oil Co
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 3524.75

PLUG & FLOAT EQUIPMENT

5 1/2

<u>1- PFL Floq Shee</u>	@	<u>408.33</u>
<u>1- Latch Down plus hose</u>	@	<u>324.09</u>
<u>1- Port collar</u>	@	<u>3,042.00</u>
<u>2- Baskers</u>	@	<u>394.29</u>
<u>8- Centralizers</u>	@	<u>57.33</u>
<u>13 Rotating Scratchers</u>		<u>118.00</u>
		<u>1534.00</u>
		TOT. <u>6555.64</u>

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.

SALES TAX (If Any) 984.47
 TOTAL CHARGES 18,460.11
 DISCOUNT 25% 4615.02 IF PAID IN 30 DAYS
 (NET) 13,845.09

PRINTED NAME X David Parry
 SIGNATURE X David Parry
 Thank you!!!



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Deutsch Oil Co
8100 E 22nd St N
Wichita, KS 67226
ATTN: Kent Deutsch

31-23S-23W Hodgeman
Stallings 2-31
Job Ticket: 49636 **DST#: 1**
Test Start: 2012.11.28 @ 00:22:52

GENERAL INFORMATION:

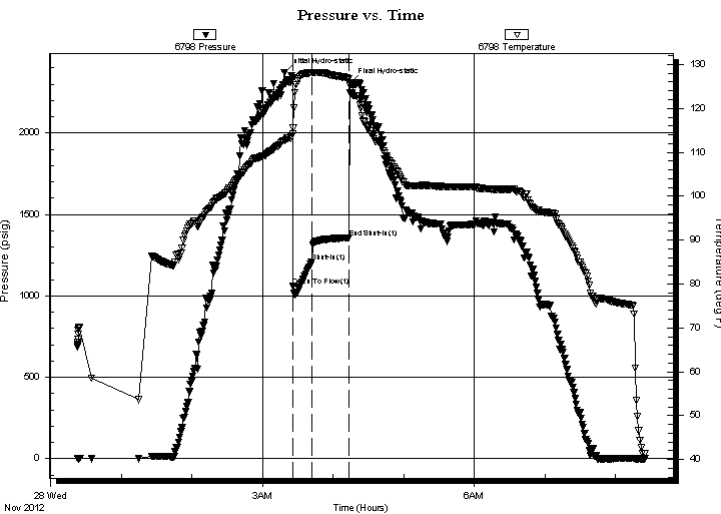
Formation: **Cherokee Sand**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 03:26:07
Time Test Ended: 08:25:22
Interval: **4719.00 ft (KB) To 4742.00 ft (KB) (TVD)**
Total Depth: 4742.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Leal Cason
Unit No: 45
Reference Elevations: 2464.00 ft (KB)
2454.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 6798

Inside

Press @ Run Depth: 1209.37 psig @ 4720.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.11.28 End Date: 2012.11.28 Last Calib.: 2012.11.28
Start Time: 00:22:53 End Time: 08:25:22 Time On Btm: 2012.11.28 @ 03:18:37
Time Off Btm: 2012.11.28 @ 04:15:22

TEST COMMENT: IF: Strong Blow , BOB in 30 seconds
IS: 1 inch Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2372.18	112.68	Initial Hydro-static
8	1060.98	115.50	Open To Flow (1)
24	1209.37	128.10	Shut-In(1)
55	1357.76	126.84	End Shut-In(1)
57	2311.60	123.47	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	680 Feet GIP	0.00
3028.00	Gassy Oil %G 95%O	42.47

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Deutsch Oil Co

31-23S-23W Hodgeman

8100 E 22nd St N
Wichita, KS 67226

Stallings 2-31

Job Ticket: 49636

DST#: 1

ATTN: Kent Deutsch

Test Start: 2012.11.28 @ 00:22:52

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

38.4 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5300.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	680 Feet GIP	0.000
3028.00	Gassy Oil %%G 95%O	42.475

Total Length: 3028.00 ft Total Volume: 42.475 bbl

Num Fluid Samples: 0

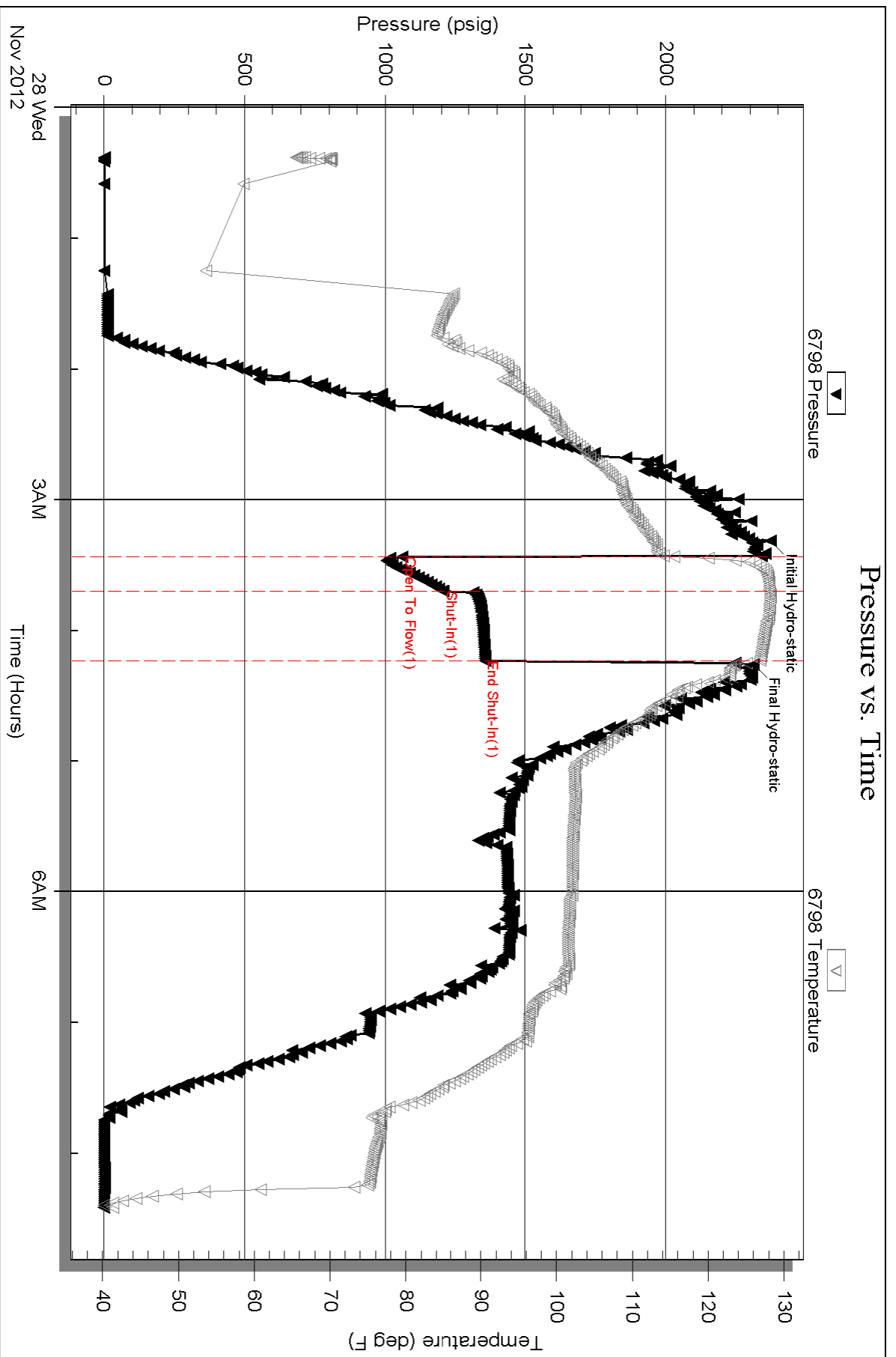
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity w as 36.2 @ 38 degrees





Services, Inc.

CHARGE TO: DEUTSCA OIL
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No. 23776
 PAGE 1 OF 1

SERVICE LOCATIONS:
 1. Ness City, KS
 2. Well/PROJECT NO. STALLWBS 2-31 LEASE
 COUNTY/PARISH HODGEMAN STATE KY CITY SEMORE, KS DATE 17 DEC 12 OWNER
 TICKET TYPE CONTRACTOR CHEYRUE WELL SERU RIG NAME NO. SHIPPED DELIVERED TO ORDER NO.
 SERVICE
 SALES
 WELL TYPE OIL WELL CATEGORY DEVELOPMENT JOB PURPOSE CEMENT PORT COLLAR WELL PERMIT NO. WELL LOCATION S3, RE, N F210
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
5775					MILEAGE # 115	40	MIL			6.00	240.00
576D					PUMP CHARGE	1	CHG			1850.00	1850.00
105					PORT COLLAR OPENING TOOL	1	CHG			350.00	350.00
276					FLODCE	3	515			2.00	7.00
29D					D-AIR	1	1/2 gal			35.00	35.00
33D					SWIFT MULTI DENSITY	1	40 gal			16.00	231.00
581					CEMENT SERVICE CHARGE	1	80 SX			2.00	360.00
583					DRAINAGE	1	7855 LB.	35	3/10 TM	1.00	357.10

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.

SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO WORK OR DELIVERY OF GOODS: [Signature]
 TIME SIGNED: Dec 12 12:15 PM
 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 PREPARED 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: 4989.60
 TAX: 207.30
 TOTAL: 5196.90

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

Thank You!

SWIFT Services, Inc.

OIL WELL NO. LEASE: STALLINGS 2-31 JOB TYPE: CEMENT PORT COLLAR TICKET NO. 23776

TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
			T	C	TUBING	CASING	
0855							ON LOCATION
0940							TALLY TUBING IN
							PORT COLLAR @ 1620
1100				✓		1000	TEST - HELD
1103							OPEN PORT COLLAR
1106	4 1/2	77 1/2	✓			400	MIX 140Sx SMD
	3	8 1/2	✓			200	DISPLACE CEMENT
							CIRCULATE 20Sx TO PIT
1126				✓		1000	CLOSE PORT COLLAR - TEST - HELD
1133							RW HITS.
1139	4 1/2	21		✓		300	REVERSE CEMENT OUT OF TUBING
1145							WASH TRUCK
1215							JOB COMPLETE
							THANKS #115
							JASON JEFF JEREMY