



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1131193  
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: \_\_\_\_\_



1131193

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Circle Star Operating Corp
Well Name	LYND FAMILY TRUST 36-1
Doc ID	1131193

All Electric Logs Run

DUAL INDUCTION LOG
COMPENSATED DENSITY NEUTRON LOG
MICRO RESISTIVITY LOG
CEMENT BOND LOG

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

April 02, 2013

Jayme Wollison  
Circle Star Operating Corp  
7065 CONFEDERATE PK RD  
SUITE 102  
FORT WORTH, TX 76108

Re: ACO1  
API 15-195-22834-00-00  
LYND FAMILY TRUST 36-1  
NW/4 Sec.36-11S-22W  
Trego 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,  
Jayme Wollison



15142  
151-116.

# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 133894  
Invoice Date: Dec 5, 2012  
Page: 1

Voice: (817) 546-7282  
Fax: (817) 246-3361

**PAID**  
12/28/12  
12

**RECEIVED**  
12/20/12  
COTY



**Bill To:**

Circle Star Operating Corp  
7065 Confederate Pk Rd  
Suite 102  
Fort Worth, TX 76108

Customer ID	Well Name# or Customer P.O.	Payment Terms	
CircSt	Lyrd Family Tr #36-1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Dec 5, 2012	1/4/13

Quantity	Item	Description	Unit Price	Amount
170.00	MAT	Class A Common	17.90	3,043.00
6.00	MAT	Chloride	64.00	384.00
178.50	SER	Cubic Feet	2.48	442.68
411.00	SER	Ton Mileage	2.60	1,068.60
1.00	SER	Surface	1,512.25	1,512.25
50.00	SER	Pump Truck Mileage	7.70	385.00
1.00	SER	Manifold Head Rental	275.00	275.00
50.00	SER	Light Vehicle Mileage	4.40	220.00
1.00	CEMENTER	Andrew Forslund		
1.00	OPER ASSIST	Paul Beaver		
1.00	OPER ASSIST	Brandon Wilkinson		

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

**\$1686.02**

ONLY IF PAID ON OR BEFORE  
**Dec 30, 2012**

Subtotal	7,330.53
Sales Tax	233.04
Total Invoice Amount	7,563.57
Payment/Credit Applied	
<b>TOTAL</b>	<b>7,563.57</b>

# ALLIED OIL & GAS SERVICES, LLC 060083

Federal Tax I.D. # 20-8651476

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

SERVICE POINT:

oakley

DATE <u>12-5-12</u>	SEC <u>30</u>	TWP. <u>11</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00pm</u>	JOB FINISH <u>8:30pm</u>
LYND Family LEASE <u>Trust</u>	WELL # <u>36-1</u>	LOCATION <u>Ogallah SN 1 E</u>			COUNTY <u>Trego</u>	STATE <u>K-S</u>	
OLD OR NEW (Circle one)		<u>SIATO</u>					

CONTRACTOR <u>Murfin 8</u>	OWNER <u>same</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> T.D. <u>218'</u>	CEMENT AMOUNT ORDERED <u>170 sks com</u>
CASING SIZE <u>8 5/8</u> DEPTH <u>218'</u>	<u>3% ac</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>170 sks @ 12,903.00</u>
MEAS. LINE SHOE JOINT	POZ MIX @
CEMENT LEFT IN CSG. <u>15'</u>	GEL @
PERFS.	CHLORIDE <u>6.5 sks @ 64.00 384.00</u>
DISPLACEMENT <u>12.93 BBL</u>	ASC @

**EQUIPMENT**

PUMP TRUCK # <u>431</u>	CEMENTER <u>Andrew</u>	<u>1</u>
	HELPER <u>Paul</u>	<u>3</u>
BULK TRUCK # <u>342</u>	DRIVER <u>Brandon</u>	<u>3</u>
BULK TRUCK #	DRIVER	

HANDLING <u>178.5 cu ft @ 2.48</u>	<u>442.68</u>
MILEAGE <u>21.0 mile/hr @ 8.22</u>	<u>1068.16</u>
TOTAL <u>4938.28</u>	

REMARKS:

Cement did circulate

Thank you

CHARGE TO: Circle star oper

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB <u>218</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE @	
MILEAGE <u>50 miles @ 7.70</u>	<u>385.00</u>
MANIFOLD <u>head</u> @	<u>225.00</u>
<u>Light vehicle</u> @ <u>4.40</u>	<u>220.00</u>

TOTAL 2392.25

**PLUG & FLOAT EQUIPMENT**

_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____

TOTAL \_\_\_\_\_

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 Jayne Wolkow

SIGNATURE Jayne Wolkow

SALES TAX (if Any) 233.03

TOTAL CHARGES 7,330.53

DISCOUNT 1686.02 IF PAID IN 30 DAYS

5644.51

2370



PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

15142  
151-116

# INVOICE

Invoice Number: 134032  
Invoice Date: Dec 11, 2012  
Page: 1

**Bill To:**

Circle Star Operating Corp  
7065 Confederate Pk Rd  
Suite 102  
Fort Worth, TX 76108

**PAID**  
12/28/12  
RT

**RECEIVED**  
12/21/12  
RT



Customer ID	Well Name# or Customer P.O.	Payment Terms	
CircSt	Lynd Fam Tr #36-1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Oakley	Dec 11, 2012	1/10/13

Quantity	Item	Description	Unit Price	Amount
4.00	MAT	Gel	23.40	93.60
200.00	MAT	ASC	20.90	4,180.00
1,000.00	MAT	Gilsonite	0.98	980.00
20.00	MAT	Salt	26.35	527.00
12.00	MAT	Super Flush	58.70	704.40
255.58	SER	Cubic Feet	2.48	633.83
557.50	SER	Ton Mileage	2.60	1,449.50
1.00	SER	Production Casing	2,765.75	2,765.75
50.00	SER	Pump Truck Mileage	7.70	385.00
1.00	SER	Manifold Head Rental	275.00	275.00
50.00	SER	Light Vehicle Mileage	4.40	220.00
1.00	EQP	5.5 AFU Guide Shoe	408.33	408.33
1.00	EQP	5.5 Latch Down Plug Assembly	324.09	324.09
2.00	EQP	5.5 Basket	394.29	788.58
8.00	EQP	5.5 Centralizer	57.33	458.64
1.00	EQP	5.5 Port Collar	3,042.00	3,042.00
1.00	CEMENTER	Andrew Forslund		
1.00	EQUIP OPER	Dane Retzloff		
1.00	OPER ASSIST	Kevin Ryan		

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 3791.85

ONLY IF PAID ON OR BEFORE  
Jan 5, 2013

Subtotal	17,235.72
Sales Tax	782.45
Total Invoice Amount	18,018.17
Payment/Credit Applied	
<b>TOTAL</b>	<b>18,018.17</b>

# ALLIED OIL & GAS SERVICES, LLC 060087

Federal Tax I.D. # 20-8661476

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

SERVICE POINT:

Oakley

DATE <u>12-11-12</u>	SEC <u>36</u>	TWP. <u>11</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30 AM</u>	JOB FINISH <u>8:00 AM</u>
LYND FAMILY	WELL # <u>36-1</u>	LOCATION <u>Ogallah 5N 7E</u>			COUNTY <u>TREASO</u>	STATE <u>KS</u>	
BASE <u>Trust</u>	OLD OR NEW (Circle one) <u>NEW</u>			<u>Sinto</u>		<u>1-0-2</u> <u>6-1-8</u>	

CONTRACTOR Martin & Production

TYPE OF JOB Production

HOLE SIZE 2 7/8 TD. 4100'

casing SIZE 5 1/2 DEPTH 4100.54'

UBING SIZE DEPTH

DRILL PIPE DEPTH

COLL port collar DEPTH 1980'

RES. MAX MINIMUM

MEAS. LINE SHOE JOINT 43.29

EMENT LEFT IN CSG. 43.09

ERFS.

ISPLACEMENT 96.56 BBL

OWNER same

CEMENT AMOUNT ORDERED 200 sks ASC

5" Gilsonite 108 salt 205 sks

12.806 super flush

COMMON @

POZMIX @

GEL 4 sks @ 23.40 93.60

CHLORIDE @

ASC 200 sks @ 20.90 4180.00

EQUIPMENT

UMP TRUCK CEMENTER Andrew Johnson

429-281 HELPER Dane Kelsch

ULK TRUCK 342 DRIVER 3 Kevin Ryan

ULK TRUCK DRIVER

Gilsonite 2000# @ .98 980.00

salt 20 sks @ 26.35 527.00

super flush 12.806 @ 58.20 704.40

HANDLING 255.58 @ 2.98 638.83

MILEAGE 21.0 to 11.5 to 7.0 1449.50

TOTAL 8568.33

REMARKS:

Temp 12.806 super flush plug  
re-use hole 20 sks Rat hole 20 sks  
run 150 sks ASC down 5 1/2 casing  
2 1/2 pump and line clean  
Displace plug 1900' lift  
land plug 1300' float held

Thank you

SERVICE

DEPTH OF JOB 4100.54'

PUMP TRUCK CHARGE 2765.25

EXTRA FOOTAGE @

MILEAGE 50 miles @ 7.20 385.00

MANIFOLD head @ 225.00

Light vehicle @ 4.40 220.00

TOTAL 3645.25

CHARGE TO: Circle star oper

TREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

5 1/2

1 API Guide shoe @ 408.33

1 Latch down Plug Assy @ 334.09

2 Baskets @ 394.29 788.58

8 Centralizer @ 57.33 458.64

1 Port collar @ 304.200

TOTAL 5021.64

I, Jayne Wellson, of Allied Oil & Gas Services, LLC, do hereby request 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) 782.45

TOTAL CHARGES 17,235.72

DISCOUNT 3791.85 IF PAID IN 30 DAYS

13443.87

PRINTED NAME Jayne Wellson

SIGNATURE Jayne Wellson

2290





15142  
151-116

# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 134052

Voice: (817) 546-7282  
Fax: (817) 246-3361

Invoice Date: Dec 14, 2012

**PAID**  
12/28/12  
19

Page: 1



**Bill To:**  
Circle Star Operating Corp  
7065 Confederate Pk Rd  
Suite 102  
Fort Worth, TX 76108

Customer ID	Well Name# or Customer P.O.	Payment Terms	
CircSt	Lyrd FAm Tr #36-1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-04	Great Bend	Dec 14, 2012	1/13/13

Quantity	Item	Description	Unit Price	Amount
174.00	MAT	Class A Common	17.90	3,114.60
116.00	MAT	Pozmix	9.35	1,084.60
20.00	MAT	Gel	23.40	468.00
73.00	MAT	Flo Seal	2.97	216.81
328.00	SER	Cubic Feet	2.48	813.40
742.50	SER	Ton Mileage	2.60	1,930.50
1.00	SER	Port Collar	2,213.75	2,213.75
55.00	SER	Pump Truck Mileage	7.70	423.50
55.00	SER	Light Vehicle Mileage	4.40	242.00
1.00	SER	Port Collar Opening Tool -- No Charge		
1.00	CEMENTER	Tim Dickson		
1.00	EQUIP OPER	Trint Hall		
1.00	CEMENTER	Patrick Helgerson		

**RECEIVED**  
12/27/12  
Jul 11

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 2101.14

ONLY IF PAID ON OR BEFORE  
Jan 8, 2013

Subtotal	10,507.16
Sales Tax	332.11
Total Invoice Amount	10,839.27
Payment/Credit Applied	
<b>TOTAL</b>	<b>10,839.27</b>

