



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1133942  
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: \_\_\_\_\_



1133942

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: <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

<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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PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 134585  
Invoice Date: Jan 26, 2013  
Page: 1

**Bill To:**

Kahan & Associates Inc.  
P O Box 700780  
Tulsa, OK 74170

Now Includes:



Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Kahan	Fred Oeser #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Great Bend	Jan 26, 2013	2/25/13

Quantity	Item	Description	Unit Price	Amount
159.00	MAT	Class A Common	17.90	2,846.10
106.00	MAT	Pozmix	9.35	991.10
4.00	MAT	Gel	23.40	93.60
8.00	MAT	Chloride	64.00	512.00
283.00	SER	Cubic Feet	2.48	701.84
119.00	SER	Ton Mileage	2.60	309.40
1.00	SER	Surface	1,512.25	1,512.25
10.00	SER	Pump Truck Mileage	7.70	77.00
10.00	SER	Light Vehicle Mileage	4.40	44.00
1.00	CEMENTER	Charles Elkins		
1.00	EQUIP OPER	Trint Hall		
1.00	OPER ASSIST	Kevin Weighous		

RECEIVED

FEB - 5 2013

KAHAN & ASSOCIATES

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

\$ 2125.82

ONLY IF PAID ON OR BEFORE  
Feb 20, 2013

Subtotal	7,087.29
Sales Tax	324.32
Total Invoice Amount	7,411.61
Payment/Credit Applied	
<b>TOTAL</b>	<b>7,411.61</b>

Approved  
2-15-13  
per

# ALLIED OIL & GAS SERVICES, LLC 059279

Federal Tax I.D.# 20-5975304

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

SERVICE POINT:  
Great Bend, KS

DATE <u>1-26-13</u>	SEC. <u>17</u>	TWP. <u>16S</u>	RANGE <u>11W</u>	CALLED OUT <u>3:45 AM</u>	ON LOCATION <u>5:00 AM</u>	JOB START <u>8:00 AM</u>	JOB FINISH <u>8:35 AM</u>
LEASE <u>Fred Dezer</u>	WELL # <u>7</u>	LOCATION <u>Susank East 11<sup>th</sup> to 11<sup>th</sup> rd. N 2<sup>nd</sup> to 2<sup>nd</sup> rd. South into location</u>			COUNTY <u>Barton</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)			<u>(32<sup>ra</sup>)</u>				

CONTRACTOR Royal 2 OWNER Kahan & Associates, Inc.

TYPE OF JOB Surface Casing

HOLE SIZE 12 1/4" T.D. 431 ft

CASING SIZE 8 3/8" 23<sup>rd</sup> DEPTH 421.84 ft

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT 20 ft

CEMENT LEFT IN CSG. 20 ft, 1.222 bbl, 5.35%

PERFS. \_\_\_\_\_

DISPLACEMENT 26661 Fresh Water

CEMENT AMOUNT ORDERED 265<sup>ss</sup> 60/40 + 3% Cacl + 2% Gel

COMMON	<u>159</u>	@ <u>17.90</u>	<u>2,846.10</u>
POZMIX	<u>106</u>	@ <u>9.35</u>	<u>991.10</u>
GEL	<u>4</u>	@ <u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>8</u>	@ <u>64.00</u>	<u>512.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>283</u>	@ <u>2.48</u>	<u>701.84</u>
MILEAGE	<u>119 Ton mile</u>	<u>2.60</u>	<u>309.40</u>

EQUIPMENT

PUMP TRUCK CEMENTER Charles Etkins 1

# 398 HELPER Talyst Hall 2

BULK TRUCK

# 609-112 DRIVER Kevin Weljous 3

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Pump 5 bbls Fresh Water

Pump 58.5 bbls Cement (265<sup>ss</sup>)

Displace with 26 bbls Fresh Water

Leave 20 ft, 1.222 bbl, 5.35% Cement in Casing

Circulate 1 bbl, 50<sup>ss</sup> Cement to Surface

TOTAL 5,454.04

119-

SERVICE

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE 1512.35

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE 119 @ 7.70 770.00

MANIFOLD @ \_\_\_\_\_

119 @ 4.40 440.00

TOTAL 1,633.35

CHARGE TO: Kahan and Associates, Inc

STREET \_\_\_\_\_

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

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.


SALES TAX (If Any) 324.32

TOTAL CHARGES 7,087.29

DISCOUNT 2,125.84 IF PAID IN 30 DAYS

4,961.45

PRINTED NAME Carroll R. Underk

SIGNATURE 

RECEIVED  
FEB - 5 2013  
Kahan & Associates



PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 134671  
Invoice Date: Jan 31, 2013  
Page: 1

Vendor No. <b>AL12887</b>	Due Date
	1/31/13
	Class

400034 399 #7

**Bill To:**

Kahan & Associates Inc.  
P O Box 700780  
Tulsa, OK 74170

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Kahan	59256	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Great Bend	Jan 31, 2013	3/2/13

Quantity	Item	Description	Unit Price	Amount
		Fred Oeser #7		
27.00	MAT	Class A Common	17.90	483.30
18.00	MAT	Pozmix	9.35	168.30
1.00	MAT	Gel	23.40	23.40
150.00	MAT	ASC	20.90	3,135.00
750.00	MAT	Gilsonite	0.98	735.00
45.00	MAT	FL-160	18.90	850.50
21.00	MAT	Defoamer	9.80	205.80
12.00	MAT	Flo Seal	2.97	35.64
500.00	MAT	DV-1100	1.27	635.00
247.06	SER	Cubic Feet	2.48	612.70
106.55	SER	Ton Mileage	2.60	277.04
1.00	SER	Production Casing	2,443.75	2,443.75
10.00	SER	Pump Truck Mileage	7.70	77.00
10.00	SER	Light Vehicle Mileage	4.40	44.00
1.00	EQP	5.5 Triplex Shoe	1,172.80	1,172.80
1.00	EQP	5.5 Latch Down Plug	324.09	324.09
1.00	EQP	5.5 Basket	394.29	394.29
5.00	EQP	5.5 Centralizer	58.33	291.65
1.00	CEMENTER	Tim Dickson		
1.00	CEMENTER	Wayne Davis		

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

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

\$ 3,571.26

ONLY IF PAID ON OR BEFORE  
Feb 25, 2013

Approved  
2-8-13  
WU

RECEIVED

FFR - 8 2013

KAHAN & ASSOCIATES



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 134671

Invoice Date: Jan 31, 2013

Page: 2

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

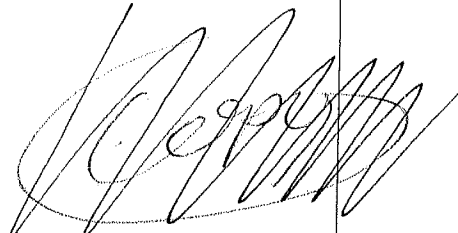
**Bill To:**

Kahan & Associates Inc.  
P O Box 700780  
Tulsa, OK 74170

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Kahan	59256	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Great Bend	Jan 31, 2013	3/2/13

Quantity	Item	Description	Unit Price	Amount
1.00	EQUIP OPER	Kevin Eddy		
1.00	EQUIP OPER	Joel Monahan		
				

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

\$ 3,571.26

ONLY IF PAID ON OR BEFORE  
Feb 25, 2013

Subtotal	11,909.26
Sales Tax	617.20
Total Invoice Amount	12,526.46
Payment/Credit Applied	
<b>TOTAL</b>	<b>12,526.46</b>



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 17, 2013

David M. Wilson  
Kahan and Associates, Inc  
PO BOX 700780  
TULSA, OK 74170-0780

Re: ACO1  
API 15-009-25801-00-00  
Fred Oeser 7  
NW/4 Sec.17-16S-11W  
Barton 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,  
David M. Wilson