



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1136717  
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: \_\_\_\_\_



1136717

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](mailto: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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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

April 25, 2013

Anthony Farrar  
Indian Oil Co., Inc.  
PO BOX 209  
2507 SE US 160 HWY  
MEDICINE LODGE, KS 67104-0209

Re: ACO1  
API 15-007-23981-00-00  
Helen Mae 2  
SE/4 Sec.10-35S-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,  
Anthony Farrar

# ALLIED OIL & GAS SERVICES, LLC 059719

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999  
SOUTH LAKE, TEXAS 76092

SERVICE POINT:  
Medicine Lodge KS

DATE	SEC.	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
01/21/13	10	355	12W				306 PM
LEASE <i>Helen Mae</i>	WELL # <i>2</i>	LOCATION <i>H.H.M. KS, 2 West, 41.5x4, West into</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>		

CONTRACTOR *V&I #5* OWNER *Indian Oil Co.*  
TYPE OF JOB *Production*  
HOLE SIZE *7 7/8* T.D. *5080*  
CASING SIZE *5 1/2* DEPTH *5067*  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX *1500* MINIMUM  
MEAS. LINE SHOE JOINT *21*  
CEMENT LEFT IN CSG. *21*  
PERFS.  
DISPLACEMENT  
EQUIPMENT

PUMP TRUCK CEMENTER *Jason Thomsch*  
# *548/545* HELPER *Jake Heard*  
BULK TRUCK DRIVER *Justin Bower*  
# *421/252*  
BULK TRUCK DRIVER  
REMARKS:

DEPTH OF JOB	PUMP TRUCK CHARGE	EXTRA FOOTAGE	MILEAGE	MANIFOLD	LV	TOTAL
<i>5067</i>						<i>3099.25</i>

  

DEPTH OF JOB	PUMP TRUCK CHARGE	EXTRA FOOTAGE	MILEAGE	MANIFOLD	LV	TOTAL
<i>5067</i>						<i>3099.25</i>

CHARGE TO: *Indian Oil*

DEPTH OF JOB	PUMP TRUCK CHARGE	EXTRA FOOTAGE	MILEAGE	MANIFOLD	LV	TOTAL
<i>5067</i>						<i>3099.25</i>

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

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 \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

SALES TAX (if Any) \_\_\_\_\_  
TOTAL CHARGES \_\_\_\_\_  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

DEPTH OF JOB *5067*  
PUMP TRUCK CHARGE  
EXTRA FOOTAGE  
MILEAGE  
MANIFOLD *+ Hand*  
LV  
TOTAL

PLUG & FLOAT EQUIPMENT  
*5%*  
*Reg Guide Shoe* 1 @ *280.80* *280.80*  
*AFB insert* 1 @ *334.62* *334.62*  
*eccentralizers* 7 @ *57.73* *401.31*  
*Rubber Plug* 1 @ *85.41* *85.41*  
TOTAL

# ALLIED OIL & GAS SERVICES, LLC 059686

Federal Tax ID # 20-5975804

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

SERVICE POINT:  
Mexican Lakes

DATE	1-25-2013	SEC	10	TWP	355	RANGE	12W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE	1792	WELL #	2	LOCATION	Harmon, 13	2555	1/2 sec	1/2 sec	1/2 sec	7:30 PM	7:30 PM
OLD OR NEW	(Circle one)			West, 1hr						Boyer	KS

OWNER: Inaion Oil

CONTRACTOR: 19145  
 TYPE OF JOB: 50' csg  
 HOLE SIZE: 12 1/4 TD: 755'  
 CASING SIZE: 8 5/8 DEPTH: 747'  
 TUBING SIZE: DEPTH: DEPTH:  
 DRILL PIPE: DEPTH: DEPTH:  
 TOOL: DEPTH: DEPTH:  
 DEPTH MAX: MINIMUM  
 MEAS LINE: SHOE JOINT: 38'  
 CEMENT LEFT IN CSG:  
 PERFS:  
 DISPLACEMENT: 46 bbls of Fresh water  
 EQUIPMENT

PUMP TRUCK: CEMENTER: Darin F.  
 #546-545 HELPER: Ronald / Darin F.  
 BULK TRUCK: DRIVER: Jason  
 BULK TRUCK DRIVER: PHO 9  
 # DRIVER:

REMARKS:

Dr on bottom & break circulation. Pump 3 bbls  
 150 lbs cement, shut down. Release plug  
 150 lbs cement, shut down. Release plug  
 35 bbls, pump plus 2 1/2 hrs. 9800-800 psi.  
 Plug set. Cement in hole. Circulate. Top of  
 hole 1005' at 3% cc  
 1005' at 3% cc

CHARGE TO: Inaion Oil

STREET \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CEMENT  
 AMOUNT ORDERED: 250 5x 16.5' 35.16%  
 Got 180 cc 1/4 # 19051, 250cc class B  
 3% cc + 2% 6/1, 10050 Class B + 3% cc

COMMON	A	350	5x	@	17.90	6265.00
POZ MIX				@		
GEL		5	5x	@	13.40	117.00
CHLORIDE		21		@	24.60	1314.00
ASC				@		
DLI		250	5x	@	16.50	4125.00
Fiscal				@	2.97	185.62

HANDLING	443	OUT	@	2.48	1644.25
MILEAGE	2206	125	@	2.60	1888.90
TOTAL	15452.77				15452.77

SERVICE

DEPTH OF JOB	747'				
PUMP TRUCK CHARGE	2058.50				
EXTRA FOOTAGE		@			
MILEAGE	25	@	7.70		192.50
MANIFOLD (per rental)		@	4.40		275.00
AV	25	@			110.00

TOTAL 2636.00

PLUG & FLOAT EQUIPMENT

8 5/8					
Roller Plug		@			131.04
1-DFU Inset		@			342.81
2-Basecs		@	594.36		1188.72

TOTAL 1662.57

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: Shandy Sand  
 SIGNATURE: [Signature]  
Thank you!!!