



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1136727  
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: \_\_\_\_\_



1136727

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	Indian Oil Co., Inc.
Well Name	Blackstock 1
Doc ID	1136727

Tops

Name	Top	Datum
HUSHPUCKNEY SH	4560	-3154
B/KC	4610	-3204
PAWNEE	4713	-3307
CHER SD	4762	-3356
MISS	4816	-3410
KDHK	5067	-3651
MISE	5166	-3760
VIOL	5172	-3766

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 15-007-23991-00-00  
Blackstock 1  
NW/4 Sec.12-35S-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 059804

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

*Medicine Lake KS*

DATE	SEC.	TWP.	RANGE	LOCATION	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
03-13-13	12	35S	1200	281 # Clairmont Rd, W, 6/1.70				
LEASE	Black Stall	WELL # 1					COUNTY Barber	STATE KS
OLD OR NEW	(Circle one)							

CONTRACTOR *Vol # 5*  
 TYPE OF JOB *Production Casing*  
 HOLE SIZE *7 7/8* T.D.  
 CASING SIZE *5 1/2* DEPTH *5234*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX *1500#* MINIMUM -  
 MEAS. LINE SHOE JOINT *21*  
 CEMENT LEFT IN CSG. *21*  
 PERFS.  
 DISPLACEMENT *126 Bbls 2% KCL Water*

OWNER *Indian Oil*  
 CEMENT AMOUNT ORDERED *500x60: 40: 40: 40: 40: 40*  
*1000x A-ASC + 5# Kalsol + 2% FL-160 + De*  
*Former & 123615 ASE # 12 gals Chlorine*  
*2% Gas Block*  
 COMMON *Class A* 30 @ 17.90 537.00  
 POZMIX 20 @ 4.35 87.00  
 GEL 25 @ 23.40 585.00  
 CHLORIDE @ @ 20.90 2090.00  
 ASC *1000x class A* @ @ 20.90 2090.00  
*Kalsol* 500# @ 98 49000  
*FL-160* 19# @ 18.40 349.60  
*Gas Block* 19# @ 18.00 342.00  
*Deformer* 14# @ 9.00 126.00  
*KCL* 125 @ 34.40 4298.00  
*ASF* 123615 @ 58.70 7249.90  
 HANDLING *101.3 #* @ 2.48 251.22  
 MILEAGE *7.94 hrs x 25 x 2.60* @ @ 509.60  
 TOTAL *6265.52*

PUMP TRUCK CEMENTER *D. Felis*  
 # *360-265* HELPER *R Gilley*  
 BULK TRUCK DRIVER *S Bowen*  
 BULK TRUCK DRIVER

DEPTH OF JOB *5234*  
 PUMP TRUCK CHARGE *3099.55*  
 EXTRA FOOTAGE @ @  
 MILEAGE *25* @ *7.70* 192.50  
 MANIFOLD *Hand rental* @ @ 275.00  
*Cyls + chloride* 25 @ 4.40 110.00  
 TOTAL *3676.75*

REMARKS:  
*See Job Log.*  
*Float + Dil Nst + H.L.D. - Skirt in w/ 900# PSI.*

SERVICE

CHARGE TO: *Indian Oil Co.*  
 STREET  
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

<i>1-6" Side Shoe</i>	@	<i>280.80</i>
<i>1-AFU insert</i>	@	<i>334.62</i>
<i>1-TRP</i>	@	<i>85.41</i>
<i>8-rental: ceas</i>	@	<i>57.33</i>
	@	
TOTAL		<i>1159.42</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 *Anthony Brown*  
 SIGNATURE *[Signature]*

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES *2775.43* IF PAID IN 30 DAYS  
 DISCOUNT \_\_\_\_\_  
*Net 832631*

# ALLIED OIL & GAS SERVICES, LLC 059753

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>3-7-2013</u>	SEC <u>12</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00am</u>	JOB FINISH <u>9:00pm</u>
LEASE <u>Stock</u>	WELL # <u>1</u>	LOCATION <u>Krowg Jet west to circuitment</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>Rd, 1/4 n, elinto</u>					

CONTRACTOR <u>V91 #5</u>	OWNER <u>Indian Oil</u>
TYPE OF JOB <u>Surface</u>	CEMENT
HOLE SIZE <u>12 1/4</u>	T.D. <u>770'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>763'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40'</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>46 1/2 bbls of freshwater</u>	

EQUIPMENT

PUMP TRUCK CEMENTER Dann F  
# 360-265 HELPER Ron G

BULK TRUCK  
# \_\_\_\_\_ DRIVER Justin B.

BULK TRUCK  
# \_\_\_\_\_ DRIVER \_\_\_\_\_

AMOUNT ORDERED <u>225 sk 65' 35' 6% Gel</u>	
<u>3% cc + 1/4 # fines, 226 sk Class A + 3% cc</u>	
<u>2% Gel</u>	
COMMON <u>A 225 sk @ 17.90</u>	<u>4027.50</u>
POZMIX @ _____	
GEL <u>4 sk @ 23.40</u>	<u>93.60</u>
CHLORIDE <u>15 sk @ 64.00</u>	<u>960.00</u>
ASC @ _____	
ALW <u>225 sk @ 16.50</u>	<u>3712.50</u>
FloSeal <u>56-25 @ 2.97</u>	<u>167.06</u>
HANDLING <u>502.17 @ 2.48</u>	<u>1245.38</u>
MILEAGE <u>21.79 / 25 / 2.60</u>	<u>1416.95</u>
TOTAL	<u>11,622.99</u>

REMARKS:  
Cement dit Circuite

SERVICE

DEPTH OF JOB <u>763</u>	
PUMP TRUCK CHARGE <u>2058.50</u>	
EXTRA FOOTAGE @ _____	
MILEAGE <u>25 @ 7.70</u>	<u>192.50</u>
MANIFOLD <u>Head @ 275.00</u>	
<u>LV 25 @ 4.40</u>	<u>110.00</u>
TOTAL	<u>2636.00</u>

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>	
<u>1-Rubber Plug @ 131.04</u>	
<u>1-Fiber Glass B72AC @ 131.04</u>	
<u>2-Baskets @ 594.36</u>	<u>1188.72</u>
TOTAL	<u>1450.80</u>

CHARGE TO: Indian Oil

STREET \_\_\_\_\_

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 x Randy Smith

SIGNATURE x Randy Smith

Thank You!!!