



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1138435
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: _____



1138435

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

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> _____	PRODUCTION INTERVAL: _____ _____
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Elite Drilling, LLC.

3105 Bent Creek Drive
 Woodward, OK 73801
 Phone: 580-571-5602
 Fax: 580-256-1868



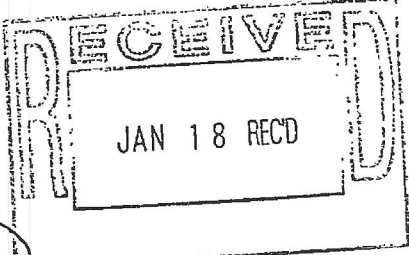
INVOICE

Bill To

Tug Hill Operating, LLC.
 550 Bailey Avenue
 Suite 510
 Fort Worth, TX 76107

Date	Invoice #
1/14/2013	5531

Ordered By	Terms	Due Date	Lease	Legals & County Info
	Net 30	2/13/2013	Matthews 1-8H	S8-T33S-R10W
Description				Amount
Drilled mousehole and conductor hole on the Matthews 1-8H- Patterson Rig #172 Materials Drilled 100' of 32" Conductor Hole Furnished 100' of 20" Conductor Pipe Drilled 75' of 16" mouse hole Furnished 75' of 16" pipe Dirt Removal Furnished Welder & Materials Furnished Water Truck Furnished 15 yds of grout Furnished mud truck Safety ring to fence off holes				10,000.00 13,000.00
AFE- Tangibles--Conductor pipe--840.05 Sales Tax				0.00
THANK YOU FOR YOUR BUSINESS!!!			Total	\$23,000.00



Jerry Child 1-15-13
 AFE # 12-0188

ALLIED OIL & GAS SERVICES, LLC 059714

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>01/27/13</u>	SEC. <u>33w</u>	TWP. <u>10w</u>	RANGE <u>8</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Matthews</u>	WELL # <u>1 (SW)</u>	LOCATION <u>Sharon KS, south at West end of town, South to Jd Rd, 7/4 West, South into</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)				1:01		<u>A. Hill</u>	

CONTRACTOR Patterson #172
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 935
 CASING SIZE 9 5/8 DEPTH 923
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1400 MINIMUM
 MEAS. LINE SHOE JOINT 42
 CEMENT LEFT IN CSG. 42
 PERFS.
 DISPLACEMENT 68 1/2 Bbls Fresh H₂O

OWNER Tyghill
 CEMENT
 AMOUNT ORDERED 200ss Class A + 3%cc + 2% SAs + 2% Gypsect + 3# Floreal, 150ss Class A + 3%cc

EQUIPMENT
 PUMP TRUCK CEMENTER Jason Thinesch 1
 # 548/545 HELPER Jake Heard 3
 BULK TRUCK
 # 561/553 DRIVER Justin Hower 2
 BULK TRUCK
 # DRIVER

COMMON <u>Class A</u>	<u>350ss @ 17.90</u>	<u>6265.00</u>
POZMIX	@	
GEL	@	
CHLORIDE	<u>10ss @ 6.4</u>	<u>640</u>
ASC	@	
Gypseal	<u>4ss @ 37.60</u>	<u>150.48</u>
SAs	<u>376lbs @ 3.38</u>	<u>1240.80</u>
Floreal	<u>50lls @ 2.97</u>	<u>148.50</u>
	@	
	@	
	@	
	@	
HANDLING <u>378</u>	@ <u>2.48</u>	<u>937.44</u>
MILEAGE <u>605 + 1/2 mi x 2.60</u>		<u>1574.30</u>
TOTAL		<u>10,956.44</u>

REMARKS:
Did cure cement

Well Name Matthews 6 SWD
 AFE No. 12-0187
 ACCNT No. 830,18
 Name John Johnson
 Signature [Signature]
 CHARGE TO: Tyghill
 STREET _____
 CITY _____ STATE _____ ZIP _____

605 + 1/2

SERVICE

DEPTH OF JOB <u>923</u>		
PUMP TRUCK CHARGE	<u>2058.50</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>35mi</u>	@ <u>7.70</u> <u>269.50</u>	
MANIFOLD	@ <u>2.75</u> <u>2.75</u>	
	@ <u>4.40</u> <u>154</u>	
	@	
TOTAL		<u>2757</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.

PLUG & FLOAT EQUIPMENT

<u>NA</u>	@	
	@	
	@	
	@	
	@	
TOTAL		

PRINTED NAME _____
 SIGNATURE _____

SALES TAX (If Any) - 0 -
 TOTAL CHARGES 12713.44
 DISCOUNT 4799.70 IF PAID IN 30 DAYS
Net 8913.74

ALLIED CEMENTING CO., LLC. 038116

Federal Tax I.D.# 20-5975804

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE: <i>1-27-13</i>	SEC: <i>33</i>	TWP: <i>13S</i>	RANGE: <i>8W</i>	CALLED OUT: <i>6:30</i>	ON LOCATION: <i>9:15</i>	JOB START: <i>11:00</i>	JOB FINISH: <i>3:00</i>
LEASE: <i>Mathews</i>		WELL #: <i>1 (CWD)</i>	LOCATION: <i>Sharon Kato Bluestein Rd</i>		COUNTY: <i>Barber</i>	STATE: <i>KS</i>	
OLD OR NEW: <i>(NEW)</i>		S to S of Rd, S into					

CONTRACTOR: *Patterson*
 TYPE OF JOB: *Plug Back*
 HOLE SIZE: *8 3/4* T.D. *5050*
 CASINO SIZE: _____ DEPTH _____
 TUBING SIZE: _____ DEPTH _____
 DRILL PIPE: *4"* DEPTH *5046*
 TOOL: _____ DEPTH _____
 PRES. MAX: _____ MINIMUM _____
 MEAS. LINE: _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER: *Tug Hill*

CEMENT: *250*
 AMOUNT ORDERED: *250 x Class H + 1.25%*
CD-31 + 5% salt + 1/4 Defoamer
*90% class H + 7.5% CD-31 + 2.0% + 4%**
Floscal + 1/4 Defoamer
 COMMON: *Class H 250 @ 21.20 = 5298.00*
 POZMIX: _____ @ _____
 GEL: _____ @ _____
 CHLORIDE: _____ @ _____
 ASC: _____ @ _____
CD-31 357 @ 10.30 = 3677.10
Salt 8 @ 26.35 = 210.80
Defoamer 84 @ 9.90 = 831.20
Floscal 22 @ 2.97 = 65.34

EQUIPMENT

PUMP TRUCK CEMENTER: *Ron Gilley 1*
 # *558-553* HELPER: *Scott Triddy 2*
 BULK TRUCK
 # *561-553* DRIVER: *Jason Otto 3*
 BULK TRUCK
 # _____ DRIVER: *James Bowen 3*

HANDLING: *355.51 @ 2.48 = 881.66*
 MILEAGE: *35 x 116.57 / 2.60 = 1507.87*
 TOTAL: *14323.97*

REMARKS:
See Cement Log

CHARGE TO: *Tug Hill*
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE: *1st 2099.25*
 EXTRA FOOTAGE: *2nd 765.75*
 MILEAGE: *95 @ 7.70 = 731.50*
 MANIFOLD: _____ @ _____
Light Veh. 35 @ 4.40 = 154.00

To Allied Cementing Co., 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.

TOTAL *6288.50*

PRINTED NAME: _____
 SIGNATURE: _____

PLUG & FLOAT EQUIPMENT

None

TOTAL _____
 SALES TAX (If Any): *10% 1508.36*
 TOTAL CHARGES: *20,662.47*
 DISCOUNT: *35% 7231.87* IF PAID IN 30 DAYS

Net \$ *13,430.60*

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

May 08, 2013

Winnie Scott
Tug Hill Operating, LLC
550 BAILEY AVE, STE 510
FT. WORTH, TX 76107

Re: ACO1
API 15-007-23979-00-00
Mathews 1-8H
SE/4 Sec.08-33S-10W
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,
Winnie Scott