



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1142321
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: _____



1142321

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: 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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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

May 28, 2013

Heather Haynes
O'Brien Resources, LLC
PO BOX 6149
SHREVEPORT, LA 71136

Re: ACO1
API 15-063-22108-00-00
Prather Farms 22 1
SE/4 Sec.22-14S-30W
Gove 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,
Heather Haynes

ALLIED OIL & GAS SERVICES, LLC 060258

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dakley, KS

DATE <i>5-15-13</i>	SEC. <i>22</i>	TWP. <i>14</i>	RANGE <i>30</i>	CALLED OUT	ON LOCATION <i>4:00 pm</i>	JOB START <i>6:00 pm</i>	JOB FINISH <i>7:00 pm</i>
PROTHER FARMS LEASE <i>22</i>				WELL # <i>1</i>		LOCATION <i>Gove 105, 8Y2W, Ninto</i>	
COUNTY <i>Gove</i>				STATE <i>Ks</i>			

CONTRACTOR *Maverick 106*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *289'*

CASING SIZE *8 3/8* DEPTH *258.77*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *15,85661*

EQUIPMENT

OWNER *same*

CEMENT AMOUNT ORDERED *1605Ks com 3%CC 2%gel*

COMMON *1605Ks @ 17.90 2864.00*

POZMIX @

GEL *38K @ 23.90 742.00*

CHLORIDE *65K @ 64.00 384.00*

ASC @

HANDLING *173.01 FT3 @ 2.48 429.06*

MILEAGE *2.9 hrs x 40 x 2.60 821.40*

TOTAL *4568.86*

PUMP TRUCK CEMENTER *LeRene & Wente*

423/251 HELPER *Paul Bauer*

BULK TRUCK DRIVER *Brandon Wilkinson*

347

BULK TRUCK DRIVER

REMARKS:

Mix 1605Ks cement

Displace with water

Cement did circulate

Thank you

CHARGE TO: *O'Brien Resources*

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

SIGNATURE *[Signature]*

SERVICE

DEPTH OF JOB *258.77*

PUMP TRUCK CHARGE *1512.25*

EXTRA FOOTAGE @

MILEAGE *MFTU 40 @ 7.70 308.00*

MANIFOLD *swedge @ 275.00*

MILU 40 @ 4.40 176.00

TOTAL *2771.25*

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES *6,840.11*

DISCOUNT *1,710.00* IF PAID IN 30 DAYS

5,130.08 Net



CONSOLIDATED
Oil Well Services, LLC

259134

TICKET NUMBER 39986
LOCATION Onkwa KS
FOREMAN milos S
Fuzzy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-24-13	5950	Prother Farms 22-1	22	145	30 W	Gove	
CUSTOMER O'Brien Resources LLC		Gove 105-8W N.W.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				463	Corey D		
CITY		STATE		ZIP CODE			
				693	Jack J		
				397	Mike P		
				529	Tim W	Dawson	Production

JOB TYPE 2-stage HOLE SIZE 77/8 HOLE DEPTH 4650' CASING SIZE & WEIGHT 4 1/2 - 10.5
CASING DEPTH 4651' DRILL PIPE _____ TUBING _____ OTHER DU @ 2163'
SLURRY WEIGHT 14.7-11.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 21
DISPLACEMENT 73.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Maverick #106 float equip - scratcher - 1-10
4 each cement 2-4-5-6-7-9-11-11.5-12.57 - Basket #5 - #58 - DU Top of #58
Risup and circulate 2 hrs. Pump 500 gal water, 500 gal mud flush, 200 gal KCl water
mix 275 sks OWC w/5# Koseal, wash pump and lines. Drop plus and displace 400 gal water
35 1/2 BBL mud. 800' lift, 1200' land. float held. Drop DU Bomb unit 10 min open Tool @ 900'
circ. 3 hrs. Pump 500 gal mud flush mix 305 sks KH, 207 sks MH. Mix 540 sks
60/40 8% gel 1/4# floeal down 4 1/2 cas. wash pump and lines. Drop plus and
displace 32 BBL water 600' lift close DU Tool @ 1300'. Cement did
circulate approx 15 BBL to pit.

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	45	MILEAGE	5.25	236.25
5407A	38.3 tow	Tow mileage Delivery	1.75	306.35
1126	275 sks	OWC	23.20	6517.50
1110A	1375 #	Kol-seal	.56	770.00
1131	590 sks	60/40 pos	15.86	9357.40
1118B	4059 #	Bentonite	.27	1095.93
1107	148 #	Floeal	2.97	439.56
1144G	1000	mud flush	1.00	1000.00
1142A	2	KCl	41.10	82.20
4156	1	4 1/2 RTU - float shoe	301.50	301.50
4129	9	4 1/2 - Centralizers	48.50	436.50
4103	2	4 1/2 - Baskets - (W)	275.00	550.00
4276	1	4 1/2 - DU Tool (W)	4200.00	4200.00
4453	1	4 1/2 - Latchdown Assy	290.00	290.00
4314	40	4 1/2 - near scratchers	75.00	3120.00
		subtotal		34581.9
		less 109,345.82		3458.82
		subtotal =	31,129.37	
		SALES TAX		2040.25
		ESTIMATED TOTAL		33169.62

completed

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.