



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1145337
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: _____



1145337

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

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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ALLIED OIL & GAS SERVICES, LLC 060295

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Oakley

DATE <u>5/15/13</u>	SEC. <u>28</u>	TWP. <u>9</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00 Am</u>	JOB FINISH <u>9:30 Am</u>
LEASE <u>Sauer A</u>	WELL # <u>5</u>	LOCATION <u>St. Peter 3N-1/2 W -</u>			COUNTY <u>Graham</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)				<u>N+E into</u>			

CONTRACTOR <u>Integrity #7</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production 2 stage</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>4150'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>4138.09'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL DV	DEPTH <u>2122.73'</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40.08</u>
CEMENT LEFT IN CSG. <u>40.08</u>	
PERFS. <u>Bottom</u>	<u>Top</u>
DISPLACEMENT <u>97.84</u>	<u>59.52</u>

CEMENT
AMOUNT ORDERED 110 SKs 10% Salt 2% Gel
5" Gilsomite

CEMENT	POZMIX	①	
GEL	①		
CHLORIDE	①		
ASC	<u>110 SKs</u>	②	<u>\$26.90</u>
Salt	<u>12 SKs</u>	②	<u>\$26.35</u>
Gilsomite	<u>550 #</u>	②	<u>\$.98</u>
Flo Seal	<u>131 #</u>	②	<u>\$2.22</u>
		②	
		②	
		②	
Superflush	<u>2066l</u>	②	<u>\$58.20</u>
		②	
HANDLING	<u>\$734.78</u>	CFX	<u>\$2.42</u>
MILEAGE	<u>30.59 x 53 x</u>	<u>\$2.60</u>	<u>\$435.30</u>
TOTAL			<u>\$18331.10</u>

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Darren Racette</u>
# <u>120</u>	HELPER <u>Tyler Flipse</u>
BULK TRUCK	
# <u>600</u>	DRIVER <u>Chris Helpingstine</u>
BULK TRUCK	
# <u>566-595</u>	DRIVER <u>DJ Gray</u>

REMARKS:

Pump 10 water - mix 10 Superflush - Pump 10 water
mix 10 Superflush - Mix 110 SKs ASC Cement
Displace Plug Cnd @ 1030" Lift 500"
Open DV Tool 800" Circulate 30 min.
Plug Rathole 30 SKs Cement
mix 495 SKs Cement in casing Displace
with water and Plug 1500" Lift 600"
Float Hold Cement Did Circulate

Thank You.

SERVICE

DEPTH OF JOB	<u>4138.09</u>		
PUMP TRUCK CHARGE			<u>\$2765.73</u>
CEMENT <u>Top Stage</u>			<u>\$2406.35</u>
MILEAGE	<u>53</u>	②	<u>\$7.70</u>
MANIFOLD	<u>Head</u>	②	<u>\$275.00</u>
LV mileage		②	<u>\$4.40</u>
		②	
TOTAL			<u>\$6088.30</u>

CHARGE TO: TexKan Exploration LLC
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>5 1/2 Weatherd</u>			
1 DV Tool	①		<u>\$335.26</u>
20 Spiralizers	②	<u>\$147.70</u>	<u>\$2955.00</u>
40 Lock Rings	②	<u>\$48.14</u>	<u>\$1925.60</u>
2 Centralizers	②	<u>\$57.33</u>	<u>\$114.66</u>
1 AFW Float Shoe	①		<u>\$408.33</u>
1 Latch Down Plug Assy			<u>\$324.07</u>
TOTAL			<u>\$11062.92</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.

SALES TAX (if Any)	
TOTAL CHARGES	<u>35,482.34</u>
DISCOUNT	<u>7,451.29</u> IF PAID IN 30 DAYS

28,031.04 Net

PRINTED NAME _____
SIGNATURE Torn Berens

ALLIED OIL & GAS SERVICES, LLC 060289

Federal Tax I.D. # 20-8661476

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

SERVICE POINT:

Orkley
5-11-13

DATE <u>5/10/13</u>	SEC <u>28</u>	TWP <u>9</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30 PM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>Sauer A.</u>	WELL # <u>5</u>	LOCATION <u>St Peter 3N-1/4W Nint</u>			COUNTY <u>Graham</u>	STATE <u>Ks.</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Integrity #7 OWNER Same

TYPE OF JOB Surface
 HOLE SIZE 8 1/4 T.D. 260
 CASING SIZE 8 5/8 DEPTH 254.74
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT

CEMENT AMOUNT ORDERED 160 SKs Com 3%cc
2% Gel
 COMMON 160 SKs @ \$17.90 = \$2864.00
 POZMIX @
 GEL 3 SKs @ \$23.40 = \$70.20
 CHLORIDE 6 SKs @ \$64.00 = \$384.00
 ASC @

DISPLACEMENT 17.50
 EQUIPMENT
 PUMP TRUCK CEMENTER Darren Racette
 # 120 HELPER Tyler Flipse - Paul Beaver
 BULK TRUCK
 # 600 DRIVER Darrin Hoeb
 BULK TRUCK
 # DRIVER

REMARKS:
Mix 160 SKs Cement
Displace with water
Cement Did Circulate
Thank You.

HANDLING 173.02 CF x @ \$2.48 = \$429.08
 MILEAGE 7.90 x 53 x \$2.60 = \$1088.00
 TOTAL \$4835.90

CHARGE TO: TexKan Exploration LLC.
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB 254.74
 PUMP TRUCK CHARGE \$1512.25
 EXTRA FOOTAGE @
 MILEAGE 53 @ \$7.70 = \$408.10
 MANIFOLD @
LV mileage @ \$440 = \$233.20
 TOTAL \$2153.55

PLUG & FLOAT EQUIPMENT
 @
 @
 @
 @
 @
 TOTAL _____

SALES TAX (if Any) _____
 TOTAL CHARGES 6,989.45
 DISCOUNT 1,467.78 IF PAID IN 30 DAYS
\$5,521.66 Net.

PRINTED NAME Todd E. Mersch
 SIGNATURE Todd E Mersch

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.

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

June 04, 2013

Bill Robinson
TexKan Exploration LLC
307 NW 3RD ST
PO BOX H
PLAINVILLE, KS 67663

Re: ACO1
API 15-065-23930-00-00
Sauer A 5
SE/4 Sec.28-09S-25W
Graham 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,
Bill Robinson