



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1148704
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: _____



1148704

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Alton Oil LLC
Well Name	Justin 1
Doc ID	1148704

All Electric Logs Run

Compensated Density
Dual Induction
Micro
Bond
Gamma Neutron



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

ENTERED

TICKET NUMBER 38573
LOCATION 180
FOREMAN Larry Stearns

FIELD TICKET & TREATMENT REPORT

CEMENT AE15-035-24486-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-19-13	1128	Justin #1	28	30S	5E	Lawley
CUSTOMER <u>Altco DPI LLC</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 117</u>			DRIVER			
CITY <u>Wrayfield</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67156</u>			TRUCK #			
			DRIVER			

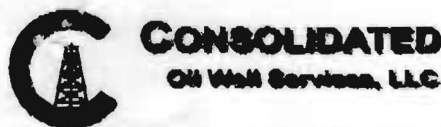
JOB TYPE Surfaced HOLE SIZE 12 1/4 HOLE DEPTH 217 CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 213 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 SLURRY VOL 284 WATER gal/sk _____ CEMENT LEFT in CASING 25
 DISPLACEMENT 13.31 DISPLACEMENT PSI 100 MIX PSI 0 RATE 566/s

REMARKS: Break Circulation - Mixed 120 sks A + 3% CaCl2 + 2% Gel
+ 1/2 lb Poly - Displaced 1 1/2 hrs water, - Circulation Cement
to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401.5	1	PUMP CHARGE	825.00	825.00
5406	29	MILEAGE	4.00	116.00
1104.5	120	sks A	14.95	1794.00
1102	320	lbs CaCl2	.74	236.80
1118.B	250	lbs Gel	.21	52.50
1107	50	lbs Poly	2.35	117.50
5407	1	Bulk Disposal	350.00	350.00
		<u>Subtotal</u>		<u>3491.80</u>
			SALES TAX	<u>149.60</u>
			ESTIMATED	
			TOTAL	<u>3641.40</u>

RAVIN 3737 256908
 AUTHORIZATION mw TITLE Tool Pusher DATE 2-19-13

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



ENTERED

TICKET NUMBER 38521
 LOCATION 180
 FOREMAN Larry Johnson

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24495-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-23-13	1128	Jupiter #1	28	305	5E	Cowley	
CUSTOMER Altus Oil LLC			TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS P.O. Box 117			539	LARRY			
CITY Winfield			603	Josh			
STATE KS			491	JEREMY A			
ZIP CODE 67156			692	TRACY			
JOB TYPE	PROD B	HOLE SIZE	7/8	HOLE DEPTH	3280	CASING SIZE & WEIGHT	5 1/2
CASING DEPTH	3270	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT	15.0	SLURRY VOL	24	WATER gal/sk	7.15	CEMENT LEFT in CASING	10 off 5ft
DISPLACEMENT	77.68	DISPLACEMENT PSI	650	MIX PSI	0	RATE	6.6 BBL/s

REMARKS: Rigger up to 5 1/2 casing - Pumped 10 bbls Freshwater Pad -
Mixed 110 sks A + 3% Gel + 2% CACL2 + 5 lbs KO-seal - Flushed
Pump & Lines - Displaced plug with 77.7 bbls to LANK Plug at 900 lbs
Released float - Halted

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	29	MILEAGE	4.00	116.00
5402	770	Footage	.22	169.40
11645	110	sks A	14.95	1644.50
1118B	350	lbs Gel	.21	73.50
1102	160	lbs CACL2	.74	118.40
1110A	550	lbs KO-seal	.46	253.00
5407	1	Bulk Debruly	350.00	350.00
5502 C	5	80 vac	90.00	450.00
1123	4	City Water	16.50	66.00
4159	1	5 1/2 API Float Shoe	344.00	344.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4104	1	5 1/2 Cement Basket	276.00	276.00
4136	6	5 1/2 Tubero Centralizers	72.00	432.00
		Subtotal		5576.80
		SALES TAX		235.38
		ESTIMATED TOTAL		5812.18

Authorization MW JWC TITLE Tool Pusher DATE 2-23-13
 256996

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

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 18, 2013

Michael A. Pressnall
Alton Oil LLC
PO BOX 117
WINFIELD, KS 67156-0117

Re: ACO1
API 15-035-24495-00-00
Justin 1
SW/4 Sec.28-30S-05E
Cowley 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,
Michael A. Pressnall