



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150464
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: _____

1150464

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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ALLIED OIL & GAS SERVICES, LLC 060456

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Geest Bend

DATE <u>6-22-13</u>	SEC. <u>4</u>	TWP. <u>20</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00 PM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>Elcom</u>	WELL # <u>43</u>	LOCATION <u>Panacea Park Geest</u>			COUNTY <u>Dawson</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>To HARD North To ZRD 2w</u>				

CONTRACTOR Royal
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1078
 CASING SIZE 8 1/2 DEPTH 1075
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 42.23
 PERFS.
 DISPLACEMENT 65.75 BBLs

OWNER Southwind Petroleum

CEMENT
 AMOUNT ORDERED 325 SX 65/35 + 6% Gel + 3% air + 4% floccul + 150 SX class A + 3% air + 2% gel

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Wayne Davis
 # 398 HELPER Josh
 BULK TRUCK
 # 344/170 DRIVER Ben Rowell
 BULK TRUCK
 # 341 DRIVER Charles

REMARKS:

Pipe on Bottom Break circulation with Rig mud Run 5 BBLs freshwater Ahead. mix 325 SX 65/35 + 6% Gel + 3% air + 4% floccul. mix 150 SX class A + 3% air + 2% gel Release plug Displace 65.75 BBLs freshwater haul plug at psi station

TOTAL _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

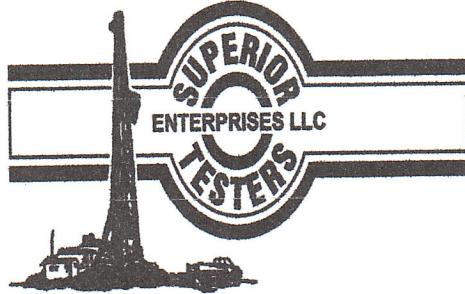
TOTAL _____

CHARGE TO: Southwind Petroleum
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Bottle plate @ _____
Basket @ _____
Rubber Plug @ _____
 _____ @ _____
 _____ @ _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment



DRILL STEM TEST REPORT

Prepared For: **Southwind Petroleum Corp.**

1400 West 14th Street
Wichita, Kansas 67203+2901

ATTN:

Eileen Hagerman #4-3

4/20S/16W/Pawnee

Start Date: 2013.06.26 @ 16:28:00

End Date: 2013.06.26 @ 22:11:30

Job Ticket #: 18136 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2013.06.26 @ 22:33:49

Southwind Petroleum Corp. 4/20S/16W/Pawnee Eileen Hagerman #4-3 DST # 1 Arbuckle 2013.06.26



DRILL STEM TEST REPORT

Prepared For: **Southwind Petroleum Corp.**

1400 West 14th Street
Wichita, Kansas 67203+2901

ATTN:

Eileen Hagerman #4-3

4/20S/16W/Pawnee

Start Date: 2013.06.26 @ 21:33:00

End Date: 2013.06.27 @ 03:04:30

Job Ticket #: 18137 DST #: 2

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2013.06.27 @ 03:27:02

Southwind Petroleum Corp.

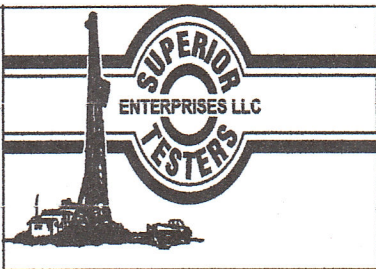
4/20S/16W/Pawnee

Eileen Hagerman #4-3

DST # 2

Arbuckle

2013.06.26



DRILL STEM TEST REPORT

Southwind Petroleum Corp.
 1400 West 14th Street
 Wichita, Kansas 67203+2901
 ATTN:

4/20S/16W/Pawnee
Eileen Hagerman #4-3
 Job Ticket: 18137 **DST#: 2**
 Test Start: 2013.06.26 @ 21:33:00

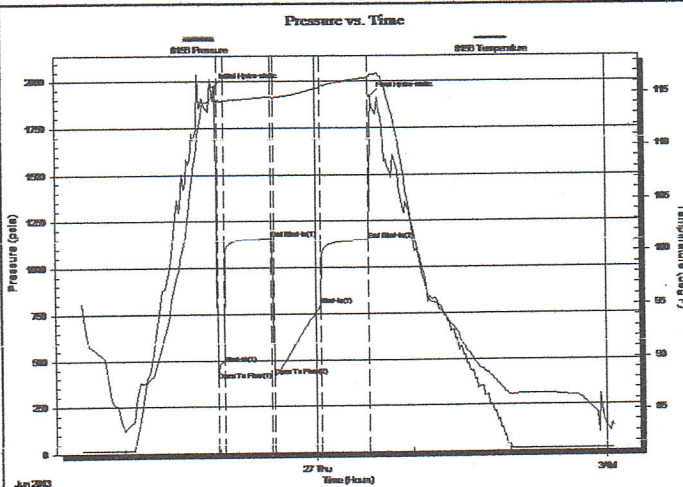
GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Straddle (Initial)
 Time Tool Opened: 22:58:30 Tester: Ken Swinney
 Time Test Ended: 03:04:30 Unit No: 3325 Great Bend/34
 Interval: **3745.00 ft (KB) To 3776.00 ft (KB) (TVD)** Reference Elevations: 2029.00 ft (KB)
 Total Depth: 3900.00 ft (KB) (TVD) 2022.00 ft (CF)
 Hole Diameter: 7.80 inches Hole Condition: Poor KB to GR/CF: 7.00 ft

Serial #: 8156

Press@RunDepth: 795.01 psia @ ft (KB) Capacity: 5000.00 psia
 Start Date: 2013.06.26 End Date: 2013.06.27 Last Calib.: 2013.06.27
 Start Time: 21:33:00 End Time: 03:04:30 Time On Btm: 2013.06.26 @ 22:57:00
 Time Off Btm: 2013.06.27 @ 00:34:00

TEST COMMENT: 1ST Open 5 Minutes/Strong Blow/Blow built to bottom of bucket in 1 minute 20 seconds
 1ST Shut In 30 Mintues/Blow back built to 3 inches
 2ND Open 30 Mintues/Strong Blow/Blow built to bottom of bucket in 1 minute 10 seconds
 2ND Shut In 30 Mintues/Blow back built to 1/2 inch



PRESSURE SUMMARY			
Time (Min.)	Pressure (psia)	Temp (deg F)	Annotation
0	1971.92	114.57	Initial Hydro-static
2	391.56	114.03	Open To Flow (1)
6	485.90	114.10	Shut-In(1)
35	1153.44	114.64	End Shut-In(1)
37	413.60	114.42	Open To Flow (2)
66	795.01	115.49	Shut-In(2)
96	1144.95	116.42	End Shut-In(2)
97	1920.17	116.69	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
0.00	1116 Feet of gas in pipe	0.00
310.00	Muddy Water with show of oil	4.35
0.00	Mud 45% Water 55%	0.00
1240.00	Slightly Oil cut Muddy Water	17.39
0.00	Oil 3% Mud 5% Water 92%	0.00
0.00	Recovery Chlorides 29000 ppm	0.00

Gas Rates			
	Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)

