



KANSAS CORPORATION COMMISSION 1151978  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1151978

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

|   |   |
|---|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|---|---|

| 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 |
| _____ Perforate<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|--|--|

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Griffin, Charles N.    |
| Well Name | Janice 4               |
| Doc ID    | 1151978                |

Tops

| Name          | Top  | Datum |
|---------------|------|-------|
| Elgin Sand    | 3421 | -1935 |
| Heebner       | 3507 | -2021 |
| Douglas       | 3567 | -2081 |
| Lansing       | 3689 | -2203 |
| Stark         | 4058 | -2572 |
| B/KC          | 4154 | -2668 |
| Mississippi   | 4230 | -2744 |
| Kinderhook    | 4386 | -2900 |
| Viola         | 4484 | -2998 |
| Simpson Shale | 4494 | -3108 |
| Simpson Sand  | 4620 | -3134 |



# ALLIED OIL & GAS SERVICES, LLC 059697

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

|                                |                 |   |                  |                      |                 |                         |                           |
|--------------------------------|-----------------|---|------------------|----------------------|-----------------|-------------------------|---------------------------|
| DATE <u>2-20-2013</u>          | SEC. <u>9</u>   | TWP. <u>32s</u>                           | RANGE <u>12W</u> | CALLED OUT           | ON LOCATION     | JOB START <u>9:00am</u> | JOB FINISH <u>12:00pm</u> |
| LEASE <u>Jamie</u>             | WELL # <u>4</u> | LOCATION <u>Medicine Lodge, KS 2 West</u> |                  | COUNTY <u>Barber</u> | STATE <u>KS</u> |                         |                           |
| OLD OR <u>NEW</u> (Circle one) |                 | North to tank battery, ebs into           |                  |                      |                 | <u>1-02</u>             | <u>11.3</u>               |

CONTRACTOR Maverick #106  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 4691'  
 CASING SIZE 5 1/2 DS 5# DEPTH 4465'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 21'  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 105% bbls 2% KCL water  
 EQUIPMENT \_\_\_\_\_

OWNER Charles N. Griffin  
 CEMENT  
 AMOUNT ORDERED 305x60, 40, 40, 661  
200sp c1955 A ASC + 6# coils  
3% FL160, 14 gals clepro, 2 1/2 gal base  
 COMMON c1955 A 185x @ 17.90 322.20  
 POZMIX 125x @ 9.35 112.20  
 GEL 18x @ 23.40 23.40  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC 200sp @ 20.90 4,180.00  
 Gilsonite 1,000 # @ 0.98 980.00  
 FL160 57# @ 18.90 1,077.30  
 ASF 12 bbls @ 58.70 704.40  
 c19pro 14 gals @ 34.40 481.60  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING 292.20 c/p @ 2.48 724.66  
 MILEAGE 37.80 x 3 @ 2.60 98.28  
 TOTAL 8,704.04

PUMP TRUCK # 471-555 CEMENTER Darin F. 1  
 HELPER Scott P. 2  
 BULK TRUCK # 356-296 DRIVER Brendon B. 3  
 BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:  
Pipe on bottom & break circulation, pump  
flush, plus Rat & mouse holes mix  
200sp Cement Wash Pump & lines  
Pump displacement, bump plus

SERVICE  
 DEPTH OF JOB 4465'  
 PUMP TRUCK CHARGE \_\_\_\_\_ 2765.75  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 3 @ 7.70 23.10  
 MANIFOLD Horizontal @ \_\_\_\_\_ 275.00  
 Light Vehicle 3 @ 4.40 13.20  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL 3,077.05

CHARGE TO: Charles N Griffin  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT  
5 1/2  
 1- AFU float shoe @ \_\_\_\_\_ 408.33  
 1- Latch Down Plus @ \_\_\_\_\_ 324.09  
 4- centralizers @ 57.33 229.32  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL 961.74

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) 645.52  
 TOTAL CHARGES 12,742.83  
 DISCOUNT 2890 3564.99 IF PAID IN 30 DAYS  
Net \$ 9,174.84

PRINTED NAME JR Griffin  
 SIGNATURE [Signature]