



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150288
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: _____



1150288

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CHARGE TO: **TEXAS COASTAL**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET N° **24234**

PAGE **1** OF

SERVICE LOCATION: **NESS CITY, KS.** WELL/PROJECT NO.: **SCHEGELBS** COUNTY/PARISH: **RUSH** STATE: **KS.** CITY: **ALEXANDER, KS** DATE: **15 MAR 13** OWNER:
 1. **NESS CITY, KS.** CONTRACTOR: **VALDRILING RIG #10** RIG NAME/NO.: **CEMENT 13^{3/8}** ORDER NO.:
 2. TICKET TYPE: SERVICE SALES WELL TYPE: **OIL** JOB PURPOSE: **DEVELOPMENT** DELIVERED TO:
 3. WELL LOCATION: **4S, W DUTO** WELL PERMIT NO.:
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575				MILEAGE	30	mi			6.00	180.00
576				Pump CHARGE	1	JOB			1000.00	1000.00
403				CEMENT BASKETS	2	EA			300.00	600.00
290				D-AIR	2 1/2	gal			35.00	87.50
278				CALCIUM CHLORIDE	7	SK			40.00	280.00
279				BENTONITE GEL	5	SK			25.00	125.00
325				STANDARD CEMENT	250	SK			13.50	3375.00
581				CEMENT SERVICE CHARGE	250	SK			2.00	500.00
583				DRAYAGE	24560.16	lb	368.40	TM	1.00	368.40

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?

AGREE UN-DECIDED DIS-AGREE

PAGE TOTAL: **6515**

PAGE TOTAL: **90**

RUSH TAX **6.3%** **281.45**

TOTAL: **6797.35**

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

LEGAL TERMS: Customer hereby acknowledges and agrees to terms and conditions on the reverse side hereof which include, are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.

BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO OF WORK OR DELIVERY OF GOODS

TIME SIGNED: **15 MAR 13** **06:15** A.M. P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL: **S. P. ...**

Thank You!



CHARGE TO TEXAS COASTAL
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET N° 24095

PAGE 1 OF 2

SERVICE LOCATIONS
 1. NESS CITY, KS
 2.
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO. #5
 CONTRACTOR VAL DRIG #6
 WELL TYPE OZL
 INVOICE INSTRUCTIONS
 LEASE SCHLEGEL
 COUNTY/PARISH RUSH
 RIG NAME/NO.
 JOB PURPOSE 5 1/2" LONGSTRING
 STATE KS
 SHIPPED VIA CR
 DATE 3-22-13
 ORDER NO. SAME
 WELL LOCATION ALEXANDER KS - 4 1/2 S, WIND

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1					30	ME	6.00	180.00
578		1		MILEAGE # 115			1	JOB	1500.00	1500.00
221		1		PUMP CHARGE			2	GAL	25.00	50.00
281		1		BEIGNER KEL			500	GAL	1.25	625.00
402		1		MUDFLUSH			12	EA	70.00	840.00
403		1		CONTRADERS			2	EA	250.00	500.00
406		1		CATCH BOARD PLUG - RAFFLE			1	EA	250.00	250.00
407		1		TASSER FLOOR SHOE w/ AUTO FILL			1	EA	350.00	350.00
419		1		ROTATING HEAD RENTAL			1	JOB	200.00	200.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

SIGNED: [Signature]
 TIME SIGNED: 1200
 A.M.
 P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL #1 4495.00
 #2 5602.28
 Subtotal 10,097.28
 TAX 474.71
 Rush 6.30
 TOTAL 10,571.99

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

APPROVAL

Thank You!



CHARGE TO
Texas Coastal ~~Field~~
ADDRESS
CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TICKET
N^o 23947

PAGE 1 OF 1

SERVICE LOCATIONS
1. Hays 16
2. Ness City
3.
4.
REFERRAL LOCATION

WELL/PROJECT NO. 5
TICKET TYPE
 SERVICE
 SALES
WELL TYPE Oil
WELL CATEGORY Develop
JOB PURPOSE 8 3/8 Deep Surface
INVOICE INSTRUCTIONS

COUNTY/PARISH Rush
RIG NAME/NO.
STATE KS
SHIPPED VIA CT
CITY
DELIVERED TO Location
WELL PERMIT NO.

DATE 3-16-13
ORDER NO.
WELL LOCATION Sec 17, Twp 19s, R 20w
OWNER

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			MILEAGE # 112		30	mi	6.00	180.00
5760		1			Pump Charge Deep Surface		1	ea	1250.00	1250.00
221		1			loguid Kcl		2	gal	25.00	50.00
281		1			Mud flush		500	gal	1.25	625.00
240		1			O Arr		4	gal	35.00	140.00
402		1			Centralizer		3	ea	75.00	225.00
412		1			Baffle Plate		1	ea	110.00	110.00
410		1			Top Plug		1	ea	100.00	100.00
276		2			Fluore		100	lbs	2.00	200.00
330		2			Swift Multi Density		400	SKs	16.50	6600.00
581		2			Service Charge Cement		400	SKs	2.00	800.00
583		2			Prayagl		599	10 TM	1.00	599.00
PAGE TOTAL										10879.10

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

TIME SIGNED 0615
A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
WE UNDERSTOOD AND MET YOUR NEEDS?
OUR SERVICE WAS PERFORMED WITHOUT DELAY?
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 10879.10
TOTAL 11,386.10
RUSH TAX 10.3%

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket. APPROVAL

Thank You

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

July 03, 2013

Gary Gordon
Texas Coastal Operating Company LLC
222 W. LAS COLINAS BLVD
STE 150
IRVING, TX 75039

Re: ACO1
API 15-165-22015-00-00
Schlegel 5
SE/4 Sec.17-19S-20W
Rush 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,
Gary Gordon