



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1151274  
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: \_\_\_\_\_



1151274

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 060301

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Oakley

DATE <u>5/23/13</u>	SEC. <u>28</u>	TWP. <u>9</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30 Pm</u>	JOB FINISH <u>9:00 Pm</u>
LEASE <u>Rohleder</u>	WELL # <u>4</u>	LOCATION <u>St. Peter 3N-20W-Ninto</u>			COUNTY <u>Graham</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Integrity #7  
 TYPE OF JOB Sus face  
 HOLE SIZE 12 1/4 T.D. 260  
 CASING SIZE 8 7/8 DEPTH 255  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 15'  
 PERFS.  
 DISPLACEMENT 15.28

**EQUIPMENT**

PUMP TRUCK CEMENTER Darren Racette  
 # 120 HELPER Tylar Flipse  
 BULK TRUCK  
 # 566-595 DRIVER Darrin Hoeb  
 BULK TRUCK  
 # DRIVER

**REMARKS:**

mix 160 SKs Cement  
Displace with water  
Cement Did Circulate

CHARGE TO: Tex Kan Exploration LLC.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

PRINTED NAME Todd E. Mersch  
 SIGNATURE Todd E. Mersch

OWNER Same  
**CEMENT**  
 AMOUNT ORDERED 160 SKs Com 3%CC  
2 1/2 Gal

COMMON	<u>160 SKs</u>	@ <u>17.70</u>	<u>\$ 2864.00</u>
POZMIX		@	
GEL	<u>3 SKs</u>	@ <u>23.00</u>	<u>\$ 70.00</u>
CHLORIDE	<u>6 SKs</u>	@ <u>64.00</u>	<u>\$ 384.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>173.02 CF x</u>	@ <u>2.42</u>	<u>\$ 420.28</u>
MILEAGE	<u>7.90 x 53 x</u>	@ <u>2.60</u>	<u>\$ 1088.80</u>
			TOTAL <u>\$ 4835.91</u>

**SERVICE**

DEPTH OF JOB	<u>255</u>		
PUMP TRUCK CHARGE			<u>\$ 1512.25</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>53</u>	@ <u>7.70</u>	<u>\$ 408.10</u>
MANIFOLD		@	
	<u>LV mileage</u>	@ <u>4.40</u>	<u>\$ 233.20</u>
		@	
			TOTAL <u>\$ 2153.55</u>

**PLUG & FLOAT EQUIPMENT**

	@	
	@	
	@	
	@	
	@	
TOTAL _____		

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# ALLIED OIL & GAS SERVICES, LLC 060784

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: DeWitt, TX

DATE <u>5/22/10</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>10:00</u>	JOB FINISH <u>11:00</u>
LEASE <u>Huber</u>	WELL # <u>4</u>	LOCATION <u>S7 Sec 11 N 2 1/2 W N10</u>			COUNTY <u>Grimes</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Huber  
 TYPE OF JOB Frack  
 HOLE SIZE 7 1/8 T.D. \_\_\_\_\_  
 CASING SIZE 5 1/2 DEPTH \_\_\_\_\_  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL 02700V DEPTH 2127.58  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER Same  
 CEMENT AMOUNT ORDERED 550 ALW 11 F60  
 COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
ALW \_\_\_\_\_ @ 15.25  
 \_\_\_\_\_ @ \_\_\_\_\_  
ALW Seal 1b @ 2.25  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING 557.2 CF @ 2.42 1356.28  
 MILEAGE 23.72 @ 143.00 3391.76  
 TOTAL \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER Alan  
 # 120 HELPER Tyler  
 BULK TRUCK DRIVER Kevin  
 # 600  
 BULK TRUCK DRIVER Darin  
 # 566

**REMARKS:**

PH, mix 5th down 542  
Pressure Ph in 151 (ALH)  
20' lift cement ph 50  
20' Tool Case off  
unit had cement off  
2200' up Frank  
PH, Tyler  
Darin

**SERVICE**

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_ 2.42  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_ 2.42  
Top Stage \_\_\_\_\_ @ \_\_\_\_\_ 2406.25  
 TOTAL 2406.25

**PLUG & FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

CHARGE TO: Huber  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

PRINTED NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# ALLIED OIL & GAS SERVICES, LLC 060783

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dallas, TX

DATE <u>6/27/13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Bottom</u>	WELL # <u>4</u>	LOCATION <u>St Peter N 22 Rd H</u>			COUNTY <u>Fisher</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>W 2 1/2 N 120</u>					

CONTRACTOR Integrity 7  
 TYPE OF JOB Production - Bottom Traps  
 HOLE SIZE 7 1/2 T.D.  
 CASING SIZE 11 1/2 DEPTH 4138 30  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH 2109.58  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 43.28  
 CEMENT LEFT IN CSG. 13.28  
 PERFS.

OWNER Fine  
 CEMENT  
 AMOUNT ORDERED 110 ASC 1070 S&D  
27 bags of Gipsomite  
12 GAL WFR II  
 COMMON @  
 POZMIX @  
 GEL @  
 CHLORIDE @  
 ASC 110 SK @ 20.20 2297  
Salt 12 SK @ 26.25 316  
Gipsomite 15 SK @ 33 533  
WFR II 20 GAL @ 58.20 1174  
 HANDLING @ 2.40 349.20  
 MILEAGE 200 miles @ 6.142 1228.40  
 TOTAL 5556

DISPLACEMENT W 2 1/2 N 120 M.D. 52 0 = 27  
 EQUIPMENT  
 PUMP TRUCK CEMENTER Ala  
 # 120 HELPER Tyler  
 BULK TRUCK DRIVER 600  
 # 600 DRIVER 600  
 BULK TRUCK DRIVER 566  
 # 566 DRIVER 566

**REMARKS:**

110 ASC 1070 S&D M.D. 52 0 = 27  
27 bags of Gipsomite  
12 GAL WFR II  
200 miles @ 6.142  
20 min.

**SERVICE**

DEPTH OF JOB 1138 30  
 PUMP TRUCK CHARGE 2765.20  
 EXTRA FOOTAGE @  
 MILEAGE 55 @ 7.20 396.00  
 MANIFOLD Head @ 23.00 230.00  
Welding 55 @ 4.40 242.00  
 TOTAL 3706 23

**PLUG & FLOAT EQUIPMENT**

API 1 408 33  
OV 1 @ 5335 26  
Special 200 20 @ 142 20 2840 00  
Rock Bars 40 @ 48 10 1920 00  
Latch Bars Assemble 1 @ 324 09  
Special 200 2 @ 57 20 114 40  
 TOTAL 11262 94

CHARGE TO: Fisher  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

PRINTED NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_  
**PAID IN 30 DAYS**

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 10, 2013

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

Re: ACO1  
API 15-065-23927-00-00  
Rohleder 4  
SW/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