

Confide	ntiality Requested:	d:
Yes	No	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1151274

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content:ppm Fluid volume:bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
Γοιιπίπ.	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date Recompletion Date	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 Approved by: Date:							

Page Two



Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow and flow rates if gas to Final Radioactivity Lo	ving and shut-in pressu to surface test, along w og, Final Logs run to ob	ormations penetrated. Dures, whether shut-in pre with final chart(s). Attach otain Geophysical Data a or newer AND an image t	essure reached stati extra sheet if more and Final Electric Lo	c level, hydrosta space is needed	tic pressures, bott d.	om hole tempe	erature, fluid recovery,
Drill Stem Tests Take		Yes No	L	og Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geo	ological Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
			RECORD Ne				
	Siza Hala	Report all strings set-o	1			# Cooks	Type and Parcent
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 / SQL	EEZE BECORD			
Purpose: Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks Used	EEEE NEGGNB	Type and P	ercent Additives	
Plug Off Zone							
Does the volume of the		n this well? aulic fracturing treatment ex submitted to the chemical o		? Yes	No (If No, ski	o questions 2 and properties of the properties o	
Shots Per Foot		N RECORD - Bridge Plugootage of Each Interval Peri			cture, Shot, Cement		Depth
	- Cpany			, ,			23,500
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENF	HR. Producing Meth		Gas Lift C	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil B	bbls. Gas	Mcf Wate	er Bl	bls. G	as-Oil Ratio	Gravity
Vented Sole	ON OF GAS: d Used on Lease shmit ACO-18.)	Open Hole Other (Specify)	METHOD OF COMPLE Perf. Dually (Submit A	Comp. Con	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:

ALLIED OIL & GAS SERVICES, LLC 060301

Federal Tax I.D. # 20-8651475

SERVICE POINT: REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092 SEC. 28 RANGE 25 CALLED OUT ON LOCATION JOB START JOB FINISH. <u>7.00</u> LOCATION St. Peter 3N-2W-Nints COUNTY Grahan WELL# STATE OLD OR NEW (Circle one) Integrity **CONTRACTOR** OWNER Same TYPE OF JOB Jus Face **HOLE SIZE** T.D. **CEMENT CASING SIZE** DEPTH AMOUNT ORDERED 160 5ks Com 3%CC **TUBING SIZE** DEPTH DRILL PIPE **DEPTH** TOOL **DEPTH** PRES. MAX **MINIMUM** COMMON_____160 SKs MEAS. LINE SHOE JOINT POZMIX CEMENT LEFT IN CSG. 3 5K5 GEL PERFS. CHLORIDE 6 5K5 DISPLACEMENT 15.28 ASC **EQUIPMENT** CEMENTER Darren Racette **PUMP TRUCK** @ HELPER Tyler Flipse # 120 @ **BULK TRUCK** @ DRIVER Daccin Hoeb #566-595 **BULK TRUCK** @ DRIVER HANDLING 173.02 CF x MILEAGE 7.70 × 53 × **REMARKS:** TOTAL 4835 . 160 SKS Coment is place with water SERVICE DEPTH OF JOB PUMP TRUCK CHARGE 15/2.25 EXTRA FOOTAGE_ MILEAGE 53 đ MANIFOLD_ LV mileage @ 41.42 CHARGETO: Tex Kan Exploration LLC. TOTAL #2153. Z STREET ___ _____ STATE ____ PLUG & FLOAT EQUIPMENT @ 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 TOTAL ___ contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side. SALES TAX (If Any) TOTAL CHARGES _____ PRINTED NAME TO A E. Mersch DISCOUNT ____ ____ IF PAID IN 30 DAYS SIGNATURE

ALLIED OIL & GAS SERVICES, LLC 060784 Federal Tax I.D. # 20-8651475

LEASE FAMOLY URLIN	SOUTE		9. TEXAS 76	092			SERV	ICE POINT:	
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ALLIED OIL & GAS SERVICES, LLC 060783 Federal Tax I.D. # 20-8651475

1.1.	SEC.	TWP.	RANGE	CALLED CO			Carlot 1
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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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

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