



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1152084  
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: \_\_\_\_\_



1152084

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Jeanne 1
Doc ID	1152084

Tops

Name	Top	Datum
HUSHUCKNEY SH	4621	-3147
B/KC	4668	-3194
PAWNEE	4761	-3287
CHRK SD	4825	-3351
MISS	4854	-3380
KDHK	5204	-3730
WOODFORD	5269	-3795
VIOLA	5306	-3832

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 18, 2013

Joscelyn Nittler  
Indian Oil Co., Inc.  
PO BOX 209  
2507 SE US 160 HWY  
MEDICINE LODGE, KS 67104-0209

Re: ACO1  
API 15-007-24009-00-00  
Jeanne 1  
NW/4 Sec.12-35S-13W  
Barber 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,  
Joscelyn Nittler

# ALLIED OIL & GAS SERVICES, LLC 059740

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge

DATE <u>4-10-13</u>	SEC. <u>12</u>	TWP. <u>35</u>	RANGE <u>13W</u>	LOCATED BY <u>5:30</u>	JOB START BY <u>6:40</u>	JOB FINISH <u>7:00</u>
LEASE <u>RCOME</u>	WELL # <u>1</u>	LOCATION <u>Hardman, KS.</u>	COUNTY <u>Barber</u>	STATE <u>Kansas</u>		
OLD OR <del>NEW</del> (Circle one)			<u>2 1/4 West Ninta</u>			

CONTRACTOR WAI # 5  
TYPE OF JOB Surface  
OWNER Indiana Oil Co.

HOLE SIZE \_\_\_\_\_ TD. \_\_\_\_\_  
CASING SIZE 8 7/8 DEPTH 700'  
TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
MEAS. LINE \_\_\_\_\_ SHOE JOINT 44'  
CEMENT LEFT IN CSG. \_\_\_\_\_  
PERFS. \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_

CEMENT  
AMOUNT ORDERED \_\_\_\_\_  
250 sk Class A + 5 free + 2 x 62L

COMMON A 850 sk @ 1790 4975.00  
POZMIX \_\_\_\_\_ @ \_\_\_\_\_ \_\_\_\_\_  
GEL \_\_\_\_\_ sk @ 23.40 17.00  
CHLORIDE \_\_\_\_\_ sk @ 64.00 576.00  
ASC \_\_\_\_\_ @ \_\_\_\_\_ \_\_\_\_\_

PUMP TRUCK CEMENTER Paul Baldwin  
# 471502 HELPER Tustin Baker  
BUCK TRUCK \_\_\_\_\_  
# 387-230 DRIVER Arnon Blair  
BUCK TRUCK \_\_\_\_\_  
# \_\_\_\_\_ DRIVER \_\_\_\_\_

HANDLING 270.53 @ 2.48 670.41  
MILEAGE 12.33 / 28 / 2.60 801.43  
TOTAL 6640.34

REMARKS:  
Thank you  
Return steel circulate

SERVICE

DEPTH OF JOB 270'  
PUMP TRUCK CHARGE 1512.25  
EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_ \_\_\_\_\_  
MILEAGE 25 @ 7.20 192.50  
MANIFOLD Henry Bentz @ 4.40 110.00  
LV 25 @ \_\_\_\_\_ \_\_\_\_\_

TOTAL 2089.75

PLUG & FLOAT EQUIPMENT

<u>2-Fiber Bluff</u>	@	<u>131.04</u>
<u>1-Wood Aug</u>	@	<u>107.64</u>
<u>2-Barber Back</u>	@	<u>559.26</u>
<u>118-52</u>	@	<u>118.52</u>
_____	@	_____
_____	@	_____

TOTAL 1357.20

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 10,087.29

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 Randy Smith  
SIGNATURE Randy Smith

CHARGE TO: INDIAN OIL  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



# CEMENTING LOG

STAGE NO. \_\_\_\_\_

Date 4-18-2013 District ML Ticker No. 55765  
 Company FOXSON OIL CO Rig U91#5  
 Lease Jeune Well No. 1  
 County Barber State KS  
 Location Dic Hagerman, KS Field 12-355-130

CEMENT DATA:

Spacer Type: \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG  
 Amt: \_\_\_\_\_ Skts Yield \_\_\_\_\_

LEAD: Pump Time \_\_\_\_\_ hrs. Type 60.140.407064  
PS2 mouse Excess \_\_\_\_\_

Amt: 50 Skts Yield 1.140 ft<sup>3</sup>/sk Density 14.1 PPG  
 TALL: Pump Time \_\_\_\_\_ hrs. Type C155 D RSC15#  
Kalsol 1.290 Gas Black & Dr. Cement Excess \_\_\_\_\_

Amt: 100 Skts Yield 1.57 ft<sup>3</sup>/sk Density 14.5 PPG  
 WATER: Lead 6.17 gals/sk Tail 7.23 gals/sk Total 25 Bbls.

Pump Trucks Used 558-555  
 Bulk Equip. 364

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
 Open Hole: Size 7 7/8 T.D. 5365 ft. P.B. to \_\_\_\_\_ ft.  
 CAPACITY FACTORS:  
 Casing: Bbls/Lin. ft. 0.238 Lin. ft./Bbl. 42.01  
 Open Holes: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
 Drill Pipe: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. 32.41  
 Annulus: Bbls/Lin. ft. 0.309 Lin. ft./Bbl. \_\_\_\_\_  
 Perforations: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Amt. \_\_\_\_\_

Floater Equip: Manufacturer Weatherford  
 Shoe: Type RTV float shoe Depth 5108  
 Float: Type Latch Down plug Depth 5087  
 Centralizers: Quantity \_\_\_\_\_ Plugs Top \_\_\_\_\_ Btm. \_\_\_\_\_  
 Stage Collars RgsKrt  
 Special Equip. RotekHusker Amt. 1244 Bbls. Weight 8.34 PPG  
 Disp. Fluid Type \_\_\_\_\_ Amt. \_\_\_\_\_ Bbls. Weight \_\_\_\_\_ PPG  
 Mud Type \_\_\_\_\_ Weight \_\_\_\_\_ PPG

COMPANY REPRESENTATIVE Anthony Ferrer

CEMENTER Darin Frankie

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
	<u>300</u>					<u>p. peen bottom &amp; break circulation</u>
	<u>300</u>			<u>3</u>	<u>5</u>	<u>pump 3 bbls water</u>
	<u>300</u>			<u>12</u>	<u>5</u>	<u>12 bbls ASF</u>
	<u>300</u>			<u>3</u>	<u>5</u>	<u>3 bbls water</u>
	<u>300</u>			<u>28</u>	<u>5</u>	<u>mix loose cement</u>
						<u>5 hrs down</u>
						<u>wash pump &amp; lines</u>
						<u>Reverse Plug</u>
	<u>150</u>				<u>5</u>	<u>Start displacement</u>
	<u>500</u>			<u>97</u>	<u>5</u>	<u>Let displacement 97 bbls</u>
	<u>700</u>			<u>110</u>	<u>3</u>	<u>slow rate to 3 bpm @ 110 bbls</u>
	<u>12100</u>			<u>124 1/2</u>	<u>3</u>	<u>plug @ 124 1/2 bbls 700-1400 ps</u>
						<u>plug @ 124 bbls</u>
	<u>100</u>			<u>7</u>	<u>3</u>	<u>mix 3000 lbs per barrel</u>
	<u>100</u>			<u>3</u>	<u>3</u>	<u>mix 3000 lbs per barrel</u>

FINAL DISP. PRESS: 700 PSI BUMP PLUG TO 1400 PSI BLEEDBACK held BBLs THANK YOU

# ALLIED OIL & GAS SERVICES, LLC 059765

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Merced, KS

DATE	SEC.	TWP	RANGE	LOCATION	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
4-15-2013	12	35	134	Herrington, KS			9:00 AM	5:00 PM
LEASE	<u>Jegonne</u>	WELL #	1	<u>Herrington, KS</u>			<u>Barber</u>	<u>KS</u>
OLD OR NEW (Circle one)				<u>North 10th</u>				

CONTRACTOR U91 #5  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 5365'  
 CASING SIZE 5 1/2 DEPTH 3108'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 21'  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT 1244 bbls of 20% KCL water

**EQUIPMENT**

PUMP TRUCK CEMENTER Darin F.  
 # 558-555 HELPER Scott P.  
 BULK TRUCK DRIVER Brennan B.  
 BULK TRUCK DRIVER

**REMARKS:**

See cement logs

OWNER Inrich Oil Co.

**CEMENT**  
 AMOUNT ORDERED 505r 60.40' 40% 901  
1005r Class A ASC 15# Kellogg  
20% FLL 60 1.2% Gss Black & Defacma  
2 1/2 5515 ASF, 135515 CLEPRO  
 COMMON @  
 POZMIX @  
 GEL @  
 CHLORIDE @  
 ASC @

DEPTH OF JOB 3108'  
 PUMP TRUCK CHARGE @  
 EXTRA FOOTAGE @  
 MILEAGE @  
 MANIFOLD Herrington @  
 @  
 @  
 HANDLING @  
 MILEAGE @  
 TOTAL

**SERVICE**

DEPTH OF JOB 3108'  
 PUMP TRUCK CHARGE @  
 EXTRA FOOTAGE @  
 MILEAGE @  
 MANIFOLD Herrington @  
 @  
 @

CHARGE TO: Inrich Oil Co.  
 STREET  
 CITY STATE ZIP

**PLUG & FLOAT EQUIPMENT**

5 1/2  
1-AFLU Floor Shoe @  
1-Becken Down Plug @  
1-Becker @  
2-Centrigifizers @  
 @  
 @

To: Allied Oil & Gas Services, LLC.  
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PRINTED NAME \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_

SIGNATURE X Thank you!!!

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS