



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152226
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
-----------------------------------	-----------------	---

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: _____



1152226

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
--	---

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

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

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

Re: ACO1
API 15-007-24031-00-00
Helen Mae 3
SE/4 Sec.10-35S-12W
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,
Anthony Farrar



ALLIED
CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO. _____

Date 06/11/13 District _____ Ticket No. 51866
 Company Tadon Oil Rig V-1 #5
 Lease Holon Mae Well No. 3
 County Barber State KS
 Location Vic Hoodlum R.J. Field 10-35-12w

CEMENT DATA:
 Spacer Type: ~~Flowline~~ ASF _____ ft³/sk Density _____ PPG
 Amt. _____ Sks Yield _____

LEAD: Pump Time _____ hrs. Type 60:40:4XG-1

Amt. 50 Sks Yield 1.4 Excess _____ PPG
 ft³/sk Density 14.1

TAIL: Pump Time _____ hrs. Type Class A ASC-4 PPG
57 Gals/28.5 Min 28 Gals/Bbl. 4 Days on Excess _____

Amt. 100 Sks Yield 1.57 Excess _____ PPG
 ft³/sk Density 14.5

WATER: Lead 6.7 gals/sk Tail 67 gals/sk Total _____ Bbls.

Pump Trucks Used 471/265
 Bulk Equip. 356/296

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 5100 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type 11.02855 Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Anthony Ferrar

CEMENTER Jaron Thimashk

TIME AM/PM	DRILL PIPE CASING	PRESSURES PSI	ANNULUS	TOTAL FLUID	FLUID PUMPED DATA		REMARKS
					Pumped Per Time Period	RATE Bbls/Min.	
	<u>300</u>			<u>12 GAL.</u>		<u>4</u>	<u>Back rise / Pump Ball skin and rig</u>
	<u>150</u>			<u>12 1/2 BBL.</u>		<u>3</u>	<u>Pump Spore</u>
	<u>400</u>			<u>24 BBL.</u>		<u>6 1/2</u>	<u>Plug RH/AH</u>
	<u>150</u>					<u>5 1/2</u>	<u>M.V.P Pump tail cement stored</u>
	<u>300</u>			<u>89 BBL.</u>		<u>5 1/2</u>	<u>Dip</u>
	<u>700</u>			<u>110 BBL.</u>		<u>3 1/2</u>	<u>Shut to Bump</u>
<u>1:00 PM</u>	<u>1750</u>			<u>121 BBL.</u>		<u>0</u>	<u>Bump Plug did hold</u>

FINAL DISP. PRESS: 700 PSI BUMP PLUG TO 1350 PSI BLEEDBACK 1/2 BBLs. THANK YOU
 MILLER PRINTERS, INC. - Great Bend, KS

ALLIED OIL & GAS SERVICES, LLC

059868

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lodge KS

DATE <u>06/11/13</u>	SEC. <u>10</u>	TWP. <u>35s</u>	RANGE <u>13w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Welan Ave</u>	WELL # <u>3</u>	LOCATION <u>Hardtner KS, 2 East to Boarding</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		RD 1/2 south West into					

CONTRACTOR Val #5 OWNER Indian Oil

TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5100
 CASING SIZE 5 1/2 DEPTH 5065
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1350 MINIMUM
 MEAS. LINE SHOE JOINT 21
 CEMENT LEFT IN CSG. 21
 PERFS.

CEMENT
 AMOUNT ORDERED 100sq Class A ASC + 5# Kolonik
2% FL-1604, 2% Gel, Block + Defoamer
50sq 60:40:4% Gel, 13 Gal KCL, 12 BBL, A SF

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC <u>Class A</u>	@	<u>20.90</u>	<u>2090</u>
<u>Kolonik</u>	@	<u>0.98</u>	<u>490</u>
<u>FL-160</u>	@	<u>18.96</u>	<u>359.10</u>
<u>Gel Block</u>	@	<u>18</u>	<u>342</u>
<u>Defoamer</u>	@	<u>9.86</u>	<u>177.20</u>
<u>Super FLA</u>	@	<u>58.70</u>	<u>704.40</u>
<u>KCL</u>	@	<u>34.40</u>	<u>447.20</u>
HANDLING <u>130</u>	@	<u>2.48</u>	<u>322.40</u>
MILEAGE <u>3.6mi x 2.5mi x</u>	@	<u>2.60</u>	<u>364</u>
TOTAL			<u>5256.30</u>

EQUIPMENT
 PUMP TRUCK CEMENTER Sean Thierreich
 # 471/265 HELPER Jake Heard
 BULK TRUCK
 # 356/290 DRIVER James Bowen
 BULK TRUCK DRIVER

REMARKS:

Plg held

SERVICE

DEPTH OF JOB <u>5065</u>		
PUMP TRUCK CHARGE		<u>3099.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>2.5mi</u>	@	<u>7.70</u>
MANIFOLD <u>4 head</u>	@	<u>275</u>
<u>LV</u>	@	<u>110</u>
TOTAL		<u>3676.75</u>

CHARGE TO: Indian Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>5 1/2 Industrial Rubber</u>	@	
<u>Latex down Plg</u>	@	
<u>Float shoe</u>	@	
<u>Controlizers</u>	@	
TOTAL		

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) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Armeny Farrar

SIGNATURE [Signature]

ALLIED OIL & GAS SERVICES, LLC 059537

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

ATLANTA Lease #

DATE <u>6-5-2013</u>	SEC <u>10</u>	TWP <u>33S</u>	RANGE <u>12W</u>	CALLER OUT	ON LOCATION	JOB START	JOB FINISH
LEASE # <u>1413</u>	WELL # <u>1413</u>	LOCATION <u>Agrest nor kr</u>	<u>2 east</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OF <u>(NEW)</u> (Circle one)				OWNER <u>Indian Oil Co.</u>			

CONTRACTOR V911 #5

TYPE OF JOB Suppser

HOLE SIZE 12-1/4 T.D. 787

CASING SIZE 8-5/8 DEPTH 778

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 47 bbls fresh water

EQUIPMENT

PUMP TRUCK CEMENTER Darin F

471-265 HELPER JAKE K

BULK TRUCK

421-250 DRIVER James B

BULK TRUCK

#

AMOUNT ORDERED 200 sk 65.38 69.6 gal
3 %cc 1/4 # flo seal 250 sk class 18 gal
296 gal 100 sk class 17 130 gal

COMMON 350 sk @ 17.90 6265.00

POZMIX @

GEL 5 sk @ 23.40 117.00

CHLORIDE 12 sk @ 54.00 768.00

ASC @

ALW 250 sk @ 16.50 4125.00

flo seal 62.5 # @ 2.97 185.62

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 651.36 @ 2.48 1615.37

MILEAGE 29.06 / 25 / 2.60 1889.11

TOTAL 14,968.10

REMARKS:
See cement log

SERVICE

DEPTH OF JOB <u>778</u>	
PUMP TRUCK CHARGE <u>2058.50</u>	
EXTRA FOOTAGE @	
MILEAGE <u>25 @ 7.70 192.50</u>	
MANIFOLD @	
<u>25 @ 4.40 110.00</u>	
TOTAL	<u>2655.50</u>

CHARGE TO: Indian Oil Co

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>	
<u>1 Rubber Plug @ 131.04</u>	
<u>1 Fiber Bottle Plug @ 131.04</u>	
<u>2 Baskets @ 594.36 1188.72</u>	
TOTAL	<u>1450.80</u>

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 X Rick Smith

SIGNATURE X Rick Smith
Thank you!!!

SALES TAX (if Any) _____

TOTAL CHARGES 19,054.40