



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152427
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: _____



1152427

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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ALLIED OIL & GAS SERVICES, LLC 060803

Federal Tax I.D. # 20-8661475

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

SERVICE POINT:
Duckley, Ky

DATE <u>6/24/13</u>	SEC <u>28</u>	TWP. <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30 AM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Basant</u>	WELL # <u>2</u>	LOCATION <u>Waco 570 RLY 4W Ninto</u>			COUNTY <u>Swain</u>	STATE <u>Ky</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>Integrity</u>	OWNER <u>S</u>
TYPE OF JOB <u>Prod. 2 Stage</u>	
HOLE SIZE <u>7 7/8"</u>	T.D. <u>3941'</u>
CASING SIZE <u>5 1/2"</u>	DEPTH <u>3941'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <u>AV</u>	DEPTH <u>1728.64-40</u>
RES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>43.17</u>
CEMENT LEFT IN CSG. <u>43.17</u>	
PERFS.	
DISPLACEMENT <u>Bottom 50 lbs - 43 1/2 lbs dry mud</u>	

EQUIPMENT <u>42" x 110"</u>	
PUMP TRUCK # <u>B72</u>	CEMENTER <u>Alan Bryan</u>
	HELPER <u>Wayne McHugh</u>
BULK TRUCK # <u>401-250</u>	DRIVER <u>James</u>
BULK TRUCK # <u>604-211</u>	DRIVER <u>Marlyn</u>
REMARKS:	
<p><u>2 Stage Cement, 1728.64' max ASC, Wash up</u> <u>Supplied w/ 50 gal type 43 1/2 lb dry mud,</u> <u>W/ 500 PSI CFT, land pump 1400, float held</u> <u>1000 gal Circulate thru max 3000 PSI, max 4500</u> <u>500 gal flow 5/8" Wash up, 2000 PSI</u> <u>to Tool joint 42" O.D. @ 400 PSI CFT,</u> <u>land pump @ 1600 PSI, tool cleared</u> <u>Cement did Circulate</u></p>	

SERVICE	
DEPTH OF JOB	<u>3941'</u>
PUMP TRUCK CHARGE	<u>2582.25</u>
EXTRA FOOTAGE	
MILEAGE <u>45 miles</u>	@ <u>7.22</u> <u>324.90</u>
MANIFOLD <u>Head</u>	@ <u>4.00</u> <u>180.00</u>
<u>45 miles</u>	@ <u>4.00</u> <u>180.00</u>
<u>Demick Connection</u>	@ <u>5.77</u> <u>259.29</u>
<u>Supplies</u>	<u>2406.20</u> <u>2406.20</u>
TOTAL <u>6350.32</u>	
CHARGE TO: <u>Spiral Energy</u>	
STREET _____	
CITY _____ STATE _____ ZIP _____	

PLUG & FLOAT EQUIPMENT	
<u>Dr. Tool</u>	@ <u>5335.20</u> <u>5335.20</u>
<u>Launch Beam Assembly</u>	@ <u>324.21</u> <u>324.21</u>
<u>Area Float shoe</u>	@ <u>408.32</u> <u>408.32</u>
<u>Controlizer</u>	@ <u>57.22</u> <u>57.22</u>
<u>Bracket</u>	@ <u>394.21</u> <u>394.21</u>
TOTAL <u>7150.44</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 Danny K. Roberts
 SIGNATURE D.K. Roberts

SALES TAX (If Any) _____
 TOTAL CHARGES 31495.20
 DISCOUNT 7,873.80 IF PAID IN 30 DAYS
23,621.40 Net.

ALLIED OIL & GAS SERVICES, LLC 054128

Federal Tax I.D.# 20-5975804

REMIT TO PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>6-10-13</u>	SEC <u>34</u>	TWP <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Desair</u>		WELL # <u>2</u>		LOCATION <u>Palo KS 25 6W N into</u>		COUNTY <u>Graham</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Integrity #7
 TYPE OF JOB surface
 HOLE SIZE 12 1/2 T.D. 273
 CASING SIZE 8 7/8 20" DEPTH 268.53
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15'
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 16 1/2 bbl

OWNER _____
 CEMENT AMOUNT ORDERED 160 com 39% cc 29 gel
 COMMON 160 @ 17.90 2864.00
 POZMIX _____ @ _____
 GEL 3 @ 23.40 70.20
 CHLORIDE 6 @ 64.00 384.00
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 173.51 @ 2.48 430.51
 MILEAGE 316.40 @ 2.60 822.64
 TOTAL 4571.15

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y
 # 417 HELPER Woody O
 BULK TRUCK
 # 378 DRIVER Danns
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

run bjt of 8 7/8 20" csg receive
circulation mix 160 com 39% cc 29 gel
displace 16 1/2 bbl of water shut in

cement did circulate to surface

Thank you

CHARGE TO: Spiral Energy
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 273
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 40 @ 7.70 308.00
 MANIFOLD _____ @ _____
40 @ 4.40 176.00
 _____ @ _____
 TOTAL 1996.25

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

To: Allied Oil & Gas Services, LLC.
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PRINTED NAME Todd E. Mersch
 SIGNATURE Todd E. Mersch

SALES TAX (If Any) _____
 TOTAL CHARGES 6567.40
 DISCOUNT 1773.20 IF 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 22, 2013

Ron Amini
Spiral Energy Corp
300 N MARIENFELD
Suite 830
MIDLAND, TX 79701

Re: ACO1
API 15-065-23944-00-00
Desair 2
SE/4 Sec.34-09S-21W
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,
Ron Amini