



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1154103

Form ACO-1

June 2009

**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:

- |  |   |                                     |                               |
|--|---|-------------------------------------|-------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |                               |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |                               |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |                                     |                               |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |                               |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |   |                                   |  |                                       |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening        | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
|   |                                   | <input type="checkbox"/> Conv. to GSW  |                                       |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth             |  |                                       |
| <input type="checkbox"/> Commingled       | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> Dual Completion  | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> SWD              | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> ENHR             | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

☐ Letter of Confidentiality Received

Date: \_\_\_\_\_

☐ Confidential Release Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1154103

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☐ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top Datum

CASING RECORD ☐ New ☐ 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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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## Formation Tops

### Formation

Anhydrite	1490', +777
Base	1524', +743
Heebner	3783', -1516
Lansing	3834', -1567
BKc	4195', -1928
Pawnee	4286', -2019
Fort Scott	4357', -2090
Cherokee	4380', -2113
Mississippian	4458', -2191
Osage	4481', -2214
RTD	4490', -2223

DK Operating, Inc.

Good #1-31

Sec. 31 T20s R22w

390' FSL & 1690' FWL

## Sample Zone Descriptions

### Fort Scott

**(4357', -2090): Covered in DST #1**

Ls – Fine crystalline with poor to fair inter-crystalline porosity, light spotted oil stain in porosity, slight show of free oil when broken, light odor, fair to good yellow fluorescents.

### Miss. Osage

**(4481', -2214): Not Tested**

Δ – White to Tan to clear, slightly triptolic, weathered with good vuggy porosity, totally barren, few pieces of mottled dolomite, no odor, no fluorescents.

**Drill Stem Tests**  
Trilobite Testing Inc.  
"Mike Roberts"

**DST #1**

**Fort Scott**

Interval (4362' – 4390') Anchor Length 28'

IHP	– 2166 #	
IFP	– 30" – Built to 7 in.	20-35 #
ISI	– 30" – Built to 2 in.	56 #
FFP	– 30" – Built to 3 in.	52-66 #
FSI	– 30" – Built to 2 in.	84 #
FHP	– 2093 #	
BHT	– 124°F	

Recovery:	30' GIP	
	124' OCGWM	2% Oil, 5% Water
	30' GOCMW	5% Oil, 65% Water

**Structural Comparison**

	DK Operating, Inc. Good #1-31 Sec. 31 T20s R22w 390' FSL & 1690' FWL	Pickrell Drilling Co., Inc. Uehling B #1 Sec. 31 T20s R22w C NW NE	Petroleum, Inc. Foos #1 Sec. 31 T20s R22w C NW SE
<b>Formation</b>			
Anhydrite	1490', +777	1483', +781	1462', +766
Base	1524', +743	NA	NA
Heebner	3783', -1516	3765', -1501	3748', -1520
Lansing	3834', -1567	NA	3802', -1574
BKc	4195', -1928	NA	NA
Pawnee	4286', -2019	4270', -2006	NA
Fort Scott	4357', -2090	4339', -2075	4328', -2100
Cherokee	4380', -2113	NA	NA
Mississippian	4458', -2191	4439', -2175	4416', -2188
Osage	4481', -2214	4461', -2197	4432', -2204



# ALLIED OIL & GAS SERVICES, LLC 059319

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Great Bend

DATE <u>5-7-13</u>	SEC. <u>31</u>	TWP. <u>20S</u>	RANGE <u>22W</u>	CALLED OUT <u>2:30 AM</u>	ON LOCATION <u>7:30 AM</u>	JOB START <u>11:10 AM</u>	JOB FINISH <u>1 PM</u>
LEASE <u>Good</u>	WELL # <u>1-31</u>	LOCATION <u>Ness City 10s to 20th E to 4th</u>				COUNTY <u>Ness</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)		<u>5.2 miles 1/2 W N into</u>					

CONTRACTOR Pickrell Drilling OWNER Dk Operation

TYPE OF JOB P.T.A.

HOLE SIZE 7 7/8 T.D. 4490

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 xlt DEPTH 1530

TOOL DEPTH

PRES. MAX 500 MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

## EQUIPMENT

PUMP TRUCK CEMENTER Patrick Helgeson

# 366 HELPER Mike Seathorn

BULK TRUCK

# 344 DRIVER Kevin Neighans

BULK TRUCK

# DRIVER

## REMARKS:

Set 50 sh plug @ 1530'  
Set 80 sh plug @ 690'  
Set 50 sh plug @ 260'  
Set 20 sh plug @ 60'  
Plugged Rodata with 30 sh's

CEMENT

AMOUNT ORDERED 220 Class A

60/40 4.1 gal

COMMON 132 @ 17.90 2.362.80

POZMIX 88 @ 9.35 822.80

GEL 80 @ 23.40 187.20

CHLORIDE @

ASC @

Flowcel 55 @ 2.97 163.85

@

@

@

@

@

@

@

HANDLING 236.99 @ 2.48 587.73

MILEAGE 9.88 x 21 x 2.60 539.44

TOTAL 4.663.32

## SERVICE

DEPTH OF JOB 1530

PUMP TRUCK CHARGE 2249.84

EXTRA FOOTAGE @

MILEAGE Hum 21 @ 7.70 161.70

MANIFOLD @

Hum 21 @ 4.40 92.40

@

TOTAL 2.503.94

CHARGE TO: Dk Operating, Inc.

STREET 24583 NW 208 RD

CITY Setmore STATE KS ZIP 67854

## PLUG & FLOAT EQUIPMENT

@

@

@

@

@

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.

PRINTED NAME Miky Kern

SIGNATURE Mike Kern

SALES TAX (If Any)

TOTAL CHARGES 7.167.26

DISCOUNT 1.791.81 IF PAID IN 30 DAYS

5.375.44