



KANSAS CORPORATION COMMISSION 1154583  
OIL & GAS CONSERVATION DIVISION

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:

- 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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

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: \_\_\_\_\_



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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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				

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
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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: _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 060047

Federal Tax I.D. # 20-8651476

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

SERVICE POINT: Oakley

DATE <u>2-17-13</u>	SEC. <u>7</u>	TWP. <u>10</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>2:20 PM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Soby First Baptist</u>		WELL # <u>✓</u>		LOCATION <u>Oakley N70 Rd 482 W To Rd 200</u>		COUNTY <u>Thomas</u>	STATE <u>Ks.</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>H2 #2</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> T.D. <u>480'</u>	CEMENT
CASING SIZE <u>8 7/8</u> DEPTH <u>479'</u>	AMOUNT ORDERED <u>300 SKS Com 3% CC</u>
TUBING SIZE DEPTH	<u>2 7/8 Gel</u>
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>.9025 SK @ \$17.20 = \$15370.00</u>
MEAS. LINE SHOE JOINT	POZ MIX <u>②</u>
CEMENT LEFT IN CSG. <u>15"</u>	GEL <u>6 SKS @ \$23.40 = \$140.40</u>
PERFS.	CHLORIDE <u>11 SKS @ \$64.20 = \$704.20</u>
DISPLACEMENT <u>28.55</u>	ASC. <u>②</u>

**EQUIPMENT**

PUMP TRUCK # <u>423-281</u>	CEMENTER <u>Queen Karsite</u>
BULK TRUCK # <u>216-206</u>	HELPER <u>Tyler Flipse</u>
BULK TRUCK #	DRIVER <u>Brandon Wilkinson</u>
	DRIVER

HANDLING	<u>324.40</u>	<u>②</u>	<u>2.48</u>	<u>\$804.51</u>
MILBAGE	<u>14.81 x 16 x</u>	<u>②</u>	<u>2.10</u>	<u>\$616.10</u>
TOTAL			<u>236.96</u>	<u>\$7635.01</u>

**REMARKS:**  
mix cement  
Displace with water  
Cement did Circulate  
  
Thank You

CHARGE TO: High Bluff Operating LLC  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB	<u>479'</u>
PUMP TRUCK CHARGE	<u>\$1512.35</u>
EXTRA FOOTAGE	<u>②</u>
MILBAGE	<u>16</u> <u>②</u> <u>\$7.10</u> <u>\$123.20</u>
MANIFOLD	<u>Head</u> <u>②</u> <u>\$275.00</u>
LV mileage	<u>②</u> <u>\$4.42</u> <u>\$70.52</u>
TOTAL <u>\$1980.85</u>	

**PLUG & FLOAT EQUIPMENT**

<u>1 Wooden Plug</u>	<u>②</u>	<u>\$107.61</u>
TOTAL <u>\$107.61</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.

SALES TAX (if Any) 461.50  
 TOTAL CHARGES 9723.50  
 DISCOUNT 1605.10 IF PAID IN 30 DAYS  
7,621.56 Net

PRINTED NAME STEVEN CRAIG  
 SIGNATURE [Signature]

## DRILL STEM DATA

### DST NO. 1:(4140' – 4162'), Lansing "A"

Type: Conventional Bottom Hole, Times: 30-30-30-60

Blows: IF - Slow build to 9 ½". FF – 7 ½" at end of period. SI's – no blowback.

<u>PERIOD</u>	<u>PSI</u>
IH	1859
IF	21 - 124
ISI	1160
FF	129 - 176
FSI	1174
FH	1858

BHT 123 deg. F.

RECOVERY: Total fluid 250', 155' WCM(29%W), 235' SMCM(89% water), tool sample – 1% oil, 34% water. Rw 0.19 Ohms @ 71 deg. F., 50K ppm Cl.

### DST NO. 2:(4167' – 4194'), Lansing "B"

Type: Conventional Bottom Hole, Times: 30-30-30-60

Blows: IF – Steady to 5 ½" at end. FF – To 4 ½". SI's – no blowback.

<u>PERIOD</u>	<u>PSI</u>
IH	1884
IF	8 - 74
ISI	1154
FF	77 - 122
FSI	1169
FH	1883

BHT 120 deg. F.

RECOVERY: Total fluid 255', 80' WCM(46%W), 175' MCM(76% water), tool sample – trace of oil in the tool sample, 34% water. Rw 0.18 Ohms @ 78 deg. F. 52K ppm Cl.

### DST NO. 3:(4276' – 4325'), Muncie Creek, Lansing "H"

Type: Conventional Bottom Hole, Times: 30-30-30-60

Blows: IF - Slow build to 4". FF – 4" at end of period. SI's – no blowback.

<u>PERIOD</u>	<u>PSI</u>
IH	1958
IF	17 - 68
ISI	1225
FF	72 - 116
FSI	1234
FH	1956

BHT 125 deg. F.

RECOVERY: Total fluid 240', 5' mud, 115' wcm(46% water), 60' mcw(68% water), 60' smcw(92% water), Tool sample spotty oil, 58% water. Rw 0.16 Ohms @ 72 deg. F., 71K ppm Cl.

### DST NO. 4:(4318' – 4348'), Lansing "H & I"

Type: Conventional Bottom Hole, Times: 30-30-30-60

Blows: IF & FF: Weak surface blow.

<u>PERIOD</u>	<u>PSI</u>
IH	1996
IF	16 - 18

ISI 23  
FF 19 - 21  
FSI 27  
FH 1995

BHT 112 deg. F.

RECOVERY: Total fluid 20' of mud.

**DST NO. 5:**(4358' – 4402'), Lansing "I"

Type: Conventional Bottom Hole, Times: 30-30-30-60

Blows: IF & FF: Weak surface blow.

<u>PERIOD</u>	<u>PSI</u>
IH	1997
IF	15 - 21
ISI	440
FF	26 - 34
FSI	438
FH	1995

BHT 117 deg. F.

RECOVERY: Total fluid 60' of mud, Tool sample, spotty oil and odor, 100% mud.

**DST NO. 1:**(4140' – 4162'), Lansing "A", **DST NO. 2:**(4167' – 4194'), Lansing "B", **DST NO. 3:**(4276' – 4325'), Muncie Creek, Lansing "H", **DST NO. 4:**(4318' – 4348'), Lansing "H & I", **DST NO. 5:**(4358' – 4402'), Lansing "I"