



KANSAS CORPORATION COMMISSION 1154800
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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 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 |
| _____ 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 <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 Bbbs. | Gas Mcf | Water Bbbs. | 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: _____ _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

me A co
CONCRETE PRODUCTS, INC.
 HILLSBORO, KANSAS 209 N. CEDAR
 620/947-5921
 48198

MC.CO
CONCRETE PRODUCTS, INC.
 HILLSBORO, KANSAS 209 N. CEDAR
 620/947-5921
 48206

DATE 3/19/13
 TERMS: NOT LATER THAN 10TH OF FOLLOWING MONTH

DATE 3/20/13
 TERMS: NOT LATER THAN 10TH OF FOLLOWING MONTH

SOLD TO Rex Savage
 DELIVER TO Galva Blot ave
 MAILING ADDRESS 2 3/4 S W into New Rock
 TRUCK NO. 11 DRIVER

SOLD TO Rex Savage
 DELIVER TO 21st
 MAILING ADDRESS 2 S 3/4 w into
 TRUCK NO. DRIVER

| QTY. | DESCRIPTION | PRICE | TOTAL |
|---------|---------------|-------|-----------|
| 6.5 sks | 390 lbs water | 13 75 | 893.75 |
| | 7.3 tax | | 65.24 |
| | Sp. 1 | | \$ 958.99 |
| | Rex Savage | | |

| QTY. | DESCRIPTION | PRICE | TOTAL |
|--------------|-------------|-------|------------|
| 70 sk cement | | 13 75 | 962.50 |
| 420 water | | | 70.26 |
| | 7.3 tax | | |
| | Sp. 1 | | \$ 1032.76 |
| | Rex Savage | | |

EXTRA WATER ADDED _____ GALLONS (by request of customer)

EXTRA WATER ADDED _____ GALLONS (by request of customer)

RECEIPT AND RELEASE
 One Hour Free Time Will Be Allowed For Unloading In Consideration of your making delivery back of the Street Curb Line. I agree to be responsible for all damages done to sidewalks, grounds, or otherwise.

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 One Hour Free Time Will Be Allowed For Unloading In Consideration of your making delivery back of the Street Curb Line. I agree to be responsible for all damages done to sidewalks, grounds, or otherwise.

SIGN HERE _____
 PERIODIC RATE OF 1 1/2 % PER MONTH FINANCE CHARGE
 WILL BE APPLIED TO PAST DUE ACCOUNTS (18% ANNUAL RATE)

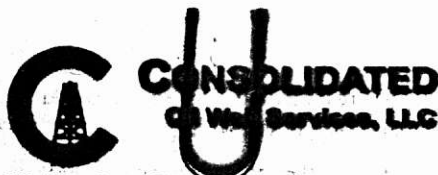
SIGN HERE Rex Savage
 PERIODIC RATE OF 1 1/2 % PER MONTH FINANCE CHARGE
 WILL BE APPLIED TO PAST DUE ACCOUNTS (18% ANNUAL RATE)

Reorder from Baker Bros. Printing Co. - Hillsboro, KS 67033

Reorder from Baker Bros. Printing Co. - Hillsboro, KS 67033

A Rex Savage

75



TICKET NUMBER 38588
 LOCATION 180 Eldorado
 FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

Api 113-21357-00-00

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------------------------|------------|--------------------|-------------------|-------------------|---------|-----------|
| 4-3-13 | | A Goering #1 | 4 | 20 | 2w | Mcpherson |
| CUSTOMER Marco wind operations | | | Scotly mccarty | | | |
| MAILING ADDRESS 2203 110th | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| CITY Florence | | | STATE ks | ZIP CODE 66851 | | |
| | | | 603 | Jeff | | |
| | | | 491 | Jeremy A | | |
| | | | 702 | Jacob | | |

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 3610 CASING SIZE & WEIGHT 5 1/2 15.5lb
 CASING DEPTH 3608 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 40ft shoe joint
 DISPLACEMENT 82.77 DISPLACEMENT PSI 1000 MIX PSI 300 RATE 7 bpm

REMARKS: Safety meeting, Run pipe put centralizers on joint 2,4,6, 12, 18, 24, 30 Baskets on 3, and 28, circulate hole for 45 min pump 5 bbl water 500 gal Dv1100, 5bbl water mix 175 sks thick 5% kol-seal displaced with 82.77 bbl water landing plug set 1000 psi ~~check~~ check float float held, plug Rathole with 30 sks thick set and mouse hole with 20 sks thick set.

Paid check # 1206

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 1030.00 | 1030.00 |
| 5406 | 50 | MILEAGE | 4.00 | 200.00 |
| 5407 A | 50 x | 9.2 ton mileage x | 1.34 | 666.40 |
| 1126 A | 175 sks | thick set | 19.20 | 3360.00 |
| 1110 A | 875 lbs | kol-seal | .46 | 402.50 |
| 1144 G | 500 gal | Dv 1100 (mud flush) | 1.05 | N/C |
| 4104 | 2 | 5 1/2 Baskets | 229.00 | 458.00 |
| 4129 | 7 | 5 1/2 centralizers | 48.00 | 336.00 |
| 4159 | 1 | 5 1/2 AFU float shoe | 344.00 | 344.00 |
| 4454 | 1 | 5 1/2 Latch down plug | 254.00 | 254.00 |
| 5402 | 1100 | footage | .22 | 242.00 |
| | | | Subtotal | 7242.90 |
| | | | Tax | 7.3% |
| | | | Total | 7619.18 |
| | | 10% cash discount | | 761.92 |
| | | | Total | 6857.26 |
| | | | SALES TAX | |
| | | | ESTIMATED TOTAL | |

Ravin 3737

AUTHORIZATION [Signature] TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for

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

September 18, 2013

Rex Savage
Marco Wind Operations, LLC
2203 110TH
FLORENCE, KS 66851

Re: ACO1
API 15-113-21357-00-00
A GOERING 1
SE/4 Sec.04-20S-02W
McPherson 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,
Rex Savage

We again request confidentiality be honored on this filing as a good faith effort was made to timely file, with hard copies timely submitted to your office due to difficulties in mastering the not entirely user friendly KOLAR system.

Sincerely,

Rex Savage, Member

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

September 25, 2013

Rex Savage
Marco Wind Operations, LLC
2203 110TH
FLORENCE, KS 66851

Re: ACO-1
API 15-113-21357-00-00
A GOERING 1
SE/4 Sec.04-20S-02W
McPherson County, Kansas

Dear Rex Savage:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 3/26/2013 and the ACO-1 was received on September 18, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department