



KANSAS CORPORATION COMMISSION 1154870
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
_____ 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 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Marco Wind Operations, LLC
Well Name	E. GOERING 5
Doc ID	1154870

All Electric Logs Run

dual induction
compensated neutron
micro resistivity
bond log

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	7.36 tax		70.26
	Sp. 1		\$ 1032.76
	Rex Savage		

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.
 RECEIVED THE ABOVE MATERIAL IN GOOD CONDITION.
 SIGN HERE Rex Savage

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.
 RECEIVED THE ABOVE MATERIAL IN GOOD CONDITION.
 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

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 WILL BE APPLIED TO PAST DUE ACCOUNTS (18% ANNUAL RATE)
 Reorder from Baker Bros. Printing Co. - Hillsboro, KS 67033



TICKET NUMBER 38591
 LOCATION 180
 FOREMAN Jacob storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-13		E. Goering #5	4	20	2	Mcpherson
CUSTOMER marco wind operations			Saffy meeting			
MAILING ADDRESS 2203 110th			JM			
CITY Florence			UG			
STATE KS		ZIP CODE 66851				
TRUCK #		DRIVER		TRUCK #		DRIVER
603		Josh				
681		Jeremy m				
702		Jacob				

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 3665 CASING SIZE & WEIGHT 5 1/2 used
 CASING DEPTH 3647 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 16 SLURRY VOL 55.35 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 88.98 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Saffy meeting, Circulate pipe for 45 min, Break circulation mix 185 sks thick set 6% Kol-Seal 1/4 lb poly-Flake per sack, displaced with 88.98 bbl landing plug cut psi check float float held plug Rat hole with 30 sks mouse hole with 20 sks Job complete.

Paid check # 1215

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	12.37 ton mileage	1.34	828.79
5402	1150	footage	.22	253.00
1126 A	225	thick set	19.20	4320.00
1110 A	1350	Kol-Seal	.46	621.00
1107	75	poly-Flake	2.35	176.25
1103				
4104	4	5 1/2 Baskets	229.00	916.00
4130	7	5 1/2 fertilizer	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
			Subtotal	9279.03
			Tax	7.37
			Total	9286.40
			10% cash discount	928.76
			Total	8808.88

SALES TAX ESTIMATED TOTAL DATE 4/10/13
 AUTHORIZATION Roy Savage TITLE Member

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 form

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 17, 2013

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

Re: ACO1
API 15-113-21358-00-00
E. GOERING 5
NW/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

9-17-13

We again request confidentiality of these materials as a good faith effort was made to timely file them in hard copy due to difficulty in utilizing the KOLAR system for the first time.

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 15-113-21358-00-00
E. GOERING 5
NW/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 04/05/2013 and the ACO-1 was received on September 17, 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