



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154958
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: _____



1154958

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 054752

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>7-15-13</u>	SEC <u>34</u>	TWP <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Kucha</u>	WELL # <u>1</u>	LOCATION <u>Palco Ks 154W 15 1/2W</u>			COUNTY <u>Graham</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)			<u>Ninto</u>				

CONTRACTOR Integr 14 "7
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 273
 CASING SIZE 8 7/8 23" DEPTH 266
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 15 3/4 bbl

OWNER _____

CEMENT AMOUNT ORDERED 170 com 37cc 270gel

COMMON	<u>170</u>	@ <u>17.90</u>	<u>3043.00</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>6</u>	@ <u>64.00</u>	<u>384.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>183.51</u>	@ <u>2.48</u>	<u>455.11</u>
MILEAGE	<u>377.10</u>	@ <u>2.60</u>	<u>980.46</u>
TOTAL			<u>4932.77</u>

EQUIPMENT

PUMP TRUCK CEMENTER Robert V
 # 409 HELPER Nathan D
 BULK TRUCK
 # 410 DRIVER Danny S
 BULK TRUCK
 # DRIVER

REMARKS:

ran 6 hrs of 8 7/8 23" csg receive circulation
mix 170 com 37cc 270gel displac 15 3/4
bbl of water shut in

Cement did circulate to surface

Thank you

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

SERVICE

DEPTH OF JOB	<u>266</u>		
PUMP TRUCK CHARGE	<u>1512.25</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>45 HVMI</u>	@ <u>7.70</u>	<u>346.50</u>
MANIFOLD	<u>45 LVMI</u>	@ <u>4.40</u>	<u>198.00</u>
		@	
TOTAL			<u>2056.75</u>

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.

SALES TAX (If Any) _____
 TOTAL CHARGES 6989.52
 DISCOUNT 1717.38 IF PAID IN 30 DAYS

PRINTED NAME Todd E. M. B. B. B.
 SIGNATURE Todd E. M. B. B. B.

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

404 785-688-4060

SERVICE POINT: Oakley

DATE <u>7/21/13</u>	SEC <u>34</u>	TWP <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 AM</u>	JOB FINISH <u>12:00 AM</u>
LEASE <u>Kuehnl</u>	WELL # <u>1</u>	LOCATION <u>Palco St Rd 4 W Pinto</u>			COUNTY <u>Graham</u>	STATE <u>Ks.</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Integrity 7
 TYPE OF JOB Production 2 Stage
 HOLE SIZE 7 7/8 TD 3946'
 CASING SIZE 5 1/2 DEPTH 3944'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DV DEPTH 1793.7
 PRES. MAX DEPTH
 MEAS. LINE MINIMUM
 CEMENT LEFT IN CSG. 43.27
 PERFS.
 DISPLACEMENT 92.83 42.67
 EQUIPMENT Bottom Top

OWNER Same
 CEMENT
 AMOUNT ORDERED 120 SKs Asc 10% salt 2 1/2 gel
5" Gilsonite
500 SKs 6 1/2 gel 7/8" Flo Seal
 COMMON 325 SKs @ \$17.90 = \$5817.50
 POZMIX 175 SKs @ \$9.35 = \$1636.25
 GEL 26 SKs @ \$23.90 = \$620.90
 CHLORIDE
 ASC 120 SKs @ \$20.82 = \$2508.00
Flo Seal 125 # @ \$2.92 = \$371.25
Gilsonite 625 # @ \$0.18 = \$112.50
Salt 13 SKs @ \$26.35 = \$342.55
Super flush 12 bbl @ \$58.20 = \$704.40
 HANDLING 711.81 CF x @ \$2.98 = \$2111.20
 MILEAGE 20.10 x 45 x @ \$2.60 = \$2349.00
 TOTAL \$17827.94

PUMP TRUCK CEMENTER Darren Racette
 # 120 HELPER Tyler Flipse
 BULK TRUCK
 # 600 DRIVER Alvaro Cedano
 BULK TRUCK
 # 516-575 DRIVER Brandon Wilkinson

REMARKS:

Run casing Circulate 1 1/2 hrs - mix Super Flush
mix Asc Cement 120 SKs Washup Pump + Lines
Displace with water + mud Land Plug @ 1505'
1 1/2" 500' Flood Did Hold open DV Tool
Circulate 1 hr / Plug Retract 30 SKs Cement
mix 420 SKs Cement Down casing Displace
Plug Down with water Land Plug @ 1425'
1 1/2" 600' Flood Did Hold Cement Did Circulate
50 SKs To Pit Thank You

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE \$2558.75
 EXTRA SERVICE \$240.33
 MILEAGE 45 @ \$7.10 = \$319.50
 MANIFOLD Flood @ \$275.00
L11 mileage @ \$4.40 = \$198.00

TOTAL \$5784.50

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

PLUG & FLOAT EQUIPMENT

5 1/2
 1- DV Tool @ \$5335.26
 1- Latch Down Plug Assy @ \$324.00
 1- AFU Float Shoe @ \$408.33
 12- Centralizers @ \$57.32 = \$687.84
 1- Basket @ \$394.32
 TOTAL \$7150.44

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 D.K Roberts
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 30822.78
 DISCOUNT 3082.27 IF PAID IN 30 DAYS
27,740.51 Net.

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

August 12, 2013

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

Re: ACO1
API 15-065-23958-00-00
Kuehnl 1
SW/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