



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1155381
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: _____



1155381

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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 059749

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <u>6-20-13</u>	SEC.	TWP.	RANGE	CALLED OUT <u>6:30 AM</u>	ON LOCATION <u>8:30 AM</u>	JOB START <u>9:15 AM</u>	JOB FINISH <u>9:45 AM</u>
LEASE <u>Z-Bar</u>	WELL # <u>35-6</u>	LOCATION <u>Pottage Creek Rd. East to Barber</u>			COUNTY <u>Barber</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one) <u>NEW</u>				Telephone, <u>3 mi. 6 west + south 2 west by fence west + north</u>			

CONTRACTOR <u>Hardt #1</u>	OWNER <u>M+M Exploration</u>
TYPE OF JOB <u>surface</u>	
HOLE SIZE <u>17 1/2"</u> T.D. <u>291'</u>	CEMENT
CASING SIZE <u>13 7/8"</u> DEPTH <u>291'</u>	AMOUNT ORDERED
TUBING SIZE <u>8 7/8" 11 M</u> DEPTH	<u>150 sx 65:35:62.6 gel + 37 cc + 47# floseal</u>
DRILL PIPE DEPTH	<u>100 sx Class A + 37 cc</u>
TOOL DEPTH	
PRES. MAX <u>250</u> MINIMUM	COMMON <u>A 100 sx @ 17.90 1790.00</u>
MEAS. LINE SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>20'</u>	GEL @
PERFS.	CHLORIDE <u>8 @ 64.00 512.00</u>
DISPLACEMENT <u>42 1/2 Bbls Freshwater</u>	ASC @
EQUIPMENT	<u>floseal .37 @ 2.70 99.90</u>
	<u>ALW 150 sx @ 15.00 2250.00</u>
	@
	@
	@
	@
	@
	HANDLING <u>276.80 @ 2.48 686.46</u>
	MILEAGE <u>297.50 @ 2.60 773.50</u>
	TOTAL <u>6111.86</u>

PUMP TRUCK CEMENTER <u>Carl Balding</u>
<u>558-555</u> HELPER <u>Scott Priddy</u>
BULK TRUCK
<u>36-250</u> DRIVER <u>James Bowen</u>
BULK TRUCK
DRIVER

REMARKS:

Thank you

SERVICE

DEPTH OF JOB <u>291'</u>	
PUMP TRUCK CHARGE <u>1512.25</u>	
EXTRA FOOTAGE @	
MILEAGE <u>25 @ 7.70 192.50</u>	
MANIFOLD @	
<u>24 25 @ 4.40 110.00</u>	
@	
TOTAL <u>1814.75</u>	

CHARGE TO: M+M Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>X</u>	@	
	@	
	@	
	@	
	@	
	@	
	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 Steve Myers

SIGNATURE Steve Myers

SALES TAX (If Any) _____

TOTAL CHARGES 7926.61

DISCOUNT _____ IF PAID IN 30 DAYS

(NET) 5548.62

ALLIED OIL & GAS SERVICES, LLC 059543

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lake

DATE <u>6-21-2013</u>	SEC <u>35</u>	TWP <u>33S</u>	RANGE <u>15W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Z-Bar</u>	WELL # <u>35-6</u>	LOCATION <u>Dehq Rd Cottage Creek</u>			COUNTY <u>Berber</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)			Rd, W to Telephone, North W & S to Rd				

CONTRACTOR Hrdt #1
 TYPE OF JOB Surf ace
 HOLE SIZE 12 1/4 T.D.
 CASING SIZE 8 5/8 DEPTH 898
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 41
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 55 bbls of Fresh water

OWNER M&M Exploration
 CEMENT
 AMOUNT ORDERED 250 sq class A + 3% cc + 2% Gel

EQUIPMENT

PUMP TRUCK CEMENTER Darin F
 # 558-555 HELPER Scott P.
 BULK TRUCK
 # 381-250 DRIVER Ryan R.
 BULK TRUCK
 # DRIVER Danny W.

COMMON <u>class A 250</u>	@ <u>17.90</u>	<u>4475.00</u>
POZMIX	@	
GEL <u>55x</u>	@ <u>23.40</u>	<u>117.00</u>
CHLORIDE <u>95x</u>	@ <u>64.00</u>	<u>576.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>270.3 ft³</u>	@	<u>670.34</u>
MILEAGE <u>12.3 ton 25</u>		<u>799.50</u>
TOTAL		<u>6637.84</u>

REMARKS:

Pipe on bottom & break circulation
mix 150sq class A + 3% cc + 2% Gel
Shut down, Release plug, Start displacement
 pump 55 bbls Fresh water, Shut in
top off with 100sq class A + 3% cc
2% Gel

SERVICE

DEPTH OF JOB <u>898</u>		
PUMP TRUCK CHARGE		<u>2058.50</u>
EXTRA FOOTAGE	@	
MILEAGE <u>25</u>	@ <u>7.70</u>	<u>192.50</u>
MANIFOLD <u>Hazardous</u>	@	<u>275.00</u>
<u>25</u>	@ <u>4.40</u>	<u>110.00</u>
	@	
TOTAL		<u>2636.00</u>

CHARGE TO: M&M Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1-TRP</u>	@	<u>76.25</u>
<u>1-Baffle Plate</u>	@	<u>67.50</u>
	@	
	@	
	@	
TOTAL		<u>143.75</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) _____
 TOTAL CHARGES 9417.59
 DISCOUNT _____ IF PAID IN 30 DAYS
net 6635.44

PRINTED NAME X Alan Vratil
 SIGNATURE X Alan Vratil

Thank you!!!

8 5/8

ALLIED OIL & GAS SERVICES, LLC 059875

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <i>06/24/13</i>	SEC. <i>35</i>	TWP. <i>33s</i>	RANGE <i>15w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>2:25 PM</i>
LEASE <i>Z-Bar</i>	WELL # <i>35-6</i>	LOCATION <i>Actua Rd + Cottage Creek Rd, west</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<i>to telephone blk, 3 N, 16 W south, 2 N + W</i>			

CONTRACTOR *Hardt #1* OWNER *M+M Expl*

TYPE OF JOB *Production*

HOLE SIZE *7 7/8* T.D. *5150*

CASING SIZE *4 1/2* DEPTH *5142*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1550* MINIMUM

MEAS. LINE SHOE JOINT *20.55*

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT *82 Bbls 2% KCL H₂O*

CEMENT

AMOUNT ORDERED *30x 60:40:4% Gel, 200sx Class H + 10% Gyseal + 10% Salt + 6# Kalseal + 5% FL-160 + 1/2# Floreal, 9 Gal KCL*

EQUIPMENT

PUMP TRUCK CEMENTER *Justin Thimesch*

558/555 HELPER *Scott Priddy*

BULK TRUCK

381/250 DRIVER *James Bowen*

BULK TRUCK

DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
<i>60:40:4</i>	<i>30 sx</i>	@ <i>15.30</i>	<i>459.00</i>
<i>H</i>	<i>200 sx</i>	@ <i>21.20</i>	<i>4240.00</i>
<i>Floreal</i>	<i>50 #</i>	@ <i>2.97</i>	<i>148.50</i>
<i>FL-160</i>	<i>94</i>	@ <i>18.90</i>	<i>1776.60</i>
<i>Kalseal</i>	<i>1200 #</i>	@ <i>98</i>	<i>1176.00</i>
<i>Gyseal</i>	<i>19</i>	@ <i>32.60</i>	<i>714.40</i>
<i>Salt</i>	<i>10</i>	@ <i>26.35</i>	<i>263.50</i>
<i>Clapra</i>	<i>9 Gals</i>	@ <i>34.40</i>	<i>309.60</i>
HANDLING	<i>319 cuft</i>	@ <i>2.48</i>	<i>791.12</i>
MILEAGE	<i>320 tank x</i>	<i>mix 2.60</i>	<i>832.00</i>
TOTAL			<i>10,710</i>

REMARKS:

SERVICE

DEPTH OF JOB	<i>5150</i>		
PUMP TRUCK CHARGE	<i>2558.75</i>		
EXTRA FOOTAGE	@		
MILEAGE	<i>25 mi</i>	@ <i>7.70</i>	<i>192.50</i>
MANIFOLD	@		<i>275.00</i>
<i>LV</i>	<i>25 mi</i>	@ <i>4.40</i>	<i>110.00</i>
TOTAL			<i>3136.25</i>

CHARGE TO: *M+M Expl*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<i>4 1/2</i>			
<i>AFU float shoe</i>	<i>1</i>	@	<i>264.20</i>
<i>Latch down Plug</i>	<i>1</i>	@	<i>400.00</i>
<i>Basket</i>	<i>1</i>	@	<i>127.90</i>
<i>Turbolizers</i>	<i>8</i>	@	<i>46.50</i>
TOTAL			<i>1164.10</i>

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 *Alan Vratil*

SIGNATURE *Alan Vratil*

SALES TAX (If Any) _____

TOTAL CHARGES *15,010.35*

DISCOUNT _____ IF PAID IN 30 DAYS

(NET) 9671.86

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

October 07, 2013

Michael Austin
M & M Exploration, Inc.
4257 MAIN ST., #230
WESTMINSTER, CO 80031

Re: ACO1
API 15-007-24034-00-00
Z Bar 35-6
NW/4 Sec.35-33S-15W
Barber 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,
Michael Austin