



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1156098  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_



1156098

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

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 22, 2013

Heather Haynes  
O'Brien Resources, LLC  
PO BOX 6149  
SHREVEPORT, LA 71136

Re: ACO1  
API 15-063-22118-00-00  
Swart 5 1  
NE/4 Sec.05-14S-30W  
Gove 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,  
Heather Haynes

# ALLIED OIL & GAS SERVICES, LLC 061244

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dekley, Ky

DATE <u>8/13</u>	SEC. <u>5</u>	TWP. <u>14</u>	RANGE <u>30</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30</u>	JOB FINISH <u>11:30</u>
LEASE <u>Swart 5</u>	WELL# <u>1</u>	LOCATION <u>Dekley 115 8E-090in-65-</u>		COUNTY <u>Cove</u>	STATE <u>KY</u>		
OLD OR NEW (Circle one) <u>Adm/RESINTO</u>							

CONTRACTOR Martink  
 TYPE OF JOB Sur Face  
 HOLE SIZE 16 1/4 T.D. 267  
 CASING SIZE 8 7/8 DEPTH 267  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 15'  
 PERFS.  
 DISPLACEMENT 16.05  
 EQUIPMENT

OWNER Same  
 CEMENT AMOUNT ORDERED 175 Can 370CC 270gal

COMMON	<u>175</u>	@ <u>17.80</u>	<u>3132.50</u>
POZMIX		@	
GBL	<u>8</u>	@ <u>23.40</u>	<u>187.20</u>
CHLORIDE	<u>6</u>	@ <u>64.00</u>	<u>384.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>189.23CF</u>	@ <u>2.48</u>	<u>469.28</u>
MILEAGE	<u>262 700/mile 8.64 700</u>	@ <u>6.33</u>	<u>1683.96</u>
			TOTAL <u>4729.94</u>

PUMP TRUCK CEMENTER Alan Ryan  
 # 422 HELPER Wayne McGibghy  
 BULK TRUCK  
 # 347 DRIVER Brandon Wilkinson  
 BULK TRUCK  
 # DRIVER

REMARKS:  
Amalg Circulate, Mix Cement, Displace Cement  
Shut in

Cement did Circulate  
8 BBL TO P.T.  
Frank Yu  
Alan Wayne, Brian

CHARGE TO: Obrien Resources  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>30 miles</u>	@ <u>7.20</u>	<u>216.00</u>
MANIFOLD	@	<u>275.00</u>
<u>1200 vehicle 30 miles</u>	@ <u>4.40</u>	<u>132.00</u>
	@	
TOTAL <u>2150.25</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.

PRINTED NAME Carol E. Farmer  
 SIGNATURE Carol E. Farmer

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 6,880.16  
 DISCOUNT 1,720.04 IF PAID IN 30 DAYS  
5,160.12 Net.



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

O'Brien Resources LLC  
 PO BOX 6149  
 Shreveport, LA 71136  
 ATTN: Sean Deenihan

**5-14s-30w Gove Co.**

**Swart 5 #1**

Job Ticket: 52854

**DST#: 1**

Test Start: 2013.08.18 @ 02:33:00

## GENERAL INFORMATION:

Formation: **Lansing**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:40:00

Time Test Ended: 08:09:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Sam Esparza

Unit No: 64

**Interval: 3945.00 ft (KB) To 4005.00 ft (KB) (TVD)**

Reference Elevations: 2714.00 ft (KB)

Total Depth: 4005.00 ft (KB) (TVD)

2704.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

**Serial #: 8845 Outside**

Press @ Run Depth: 16.52 psig @ 3946.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.18

End Date: 2013.08.18

Last Calib.: 2013.08.18

Start Time: 02:33:05

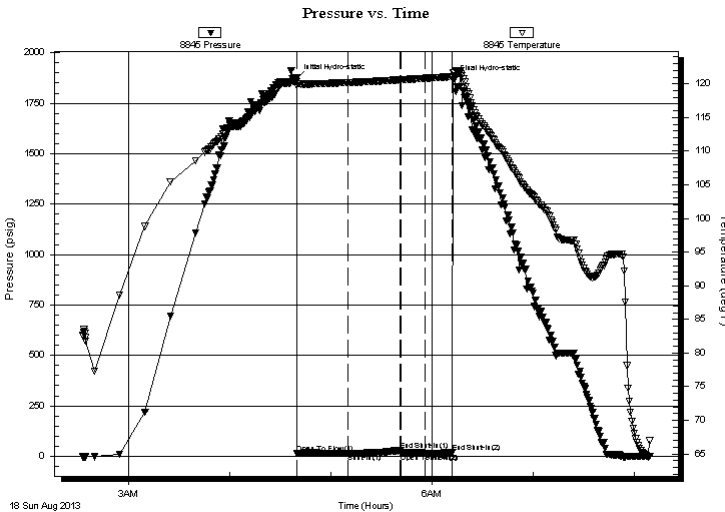
End Time: 08:08:59

Time On Btm: 2013.08.18 @ 04:39:45

Time Off Btm: 2013.08.18 @ 06:12:15

**TEST COMMENT:** IF: 1/4" Blow died back to a Weak Surface Blow.  
 IS: No Return.  
 FF: No Blow.  
 FS: No Return.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1872.36	120.38	Initial Hydro-static
1	15.87	119.71	Open To Flow (1)
31	16.12	120.19	Shut-In(1)
61	28.57	120.60	End Shut-In(1)
62	16.28	120.60	Open To Flow (2)
76	16.52	120.82	Shut-In(2)
92	17.70	121.07	End Shut-In(2)
93	1865.84	121.66	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100m	0.07

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

O'Brien Resources LLC

**5-14s-30w Gove Co.**

PO BOX 6149  
Shreveport, LA 71136

**Swart 5 #1**

Job Ticket: 52854

**DST#: 1**

ATTN: Sean Deenihan

Test Start: 2013.08.18 @ 02:33:00

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 1400.00 ppm

Filter Cake: 1.00 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud 100m	0.070

Total Length: 5.00 ft      Total Volume: 0.070 bbl

Num Fluid Samples: 0

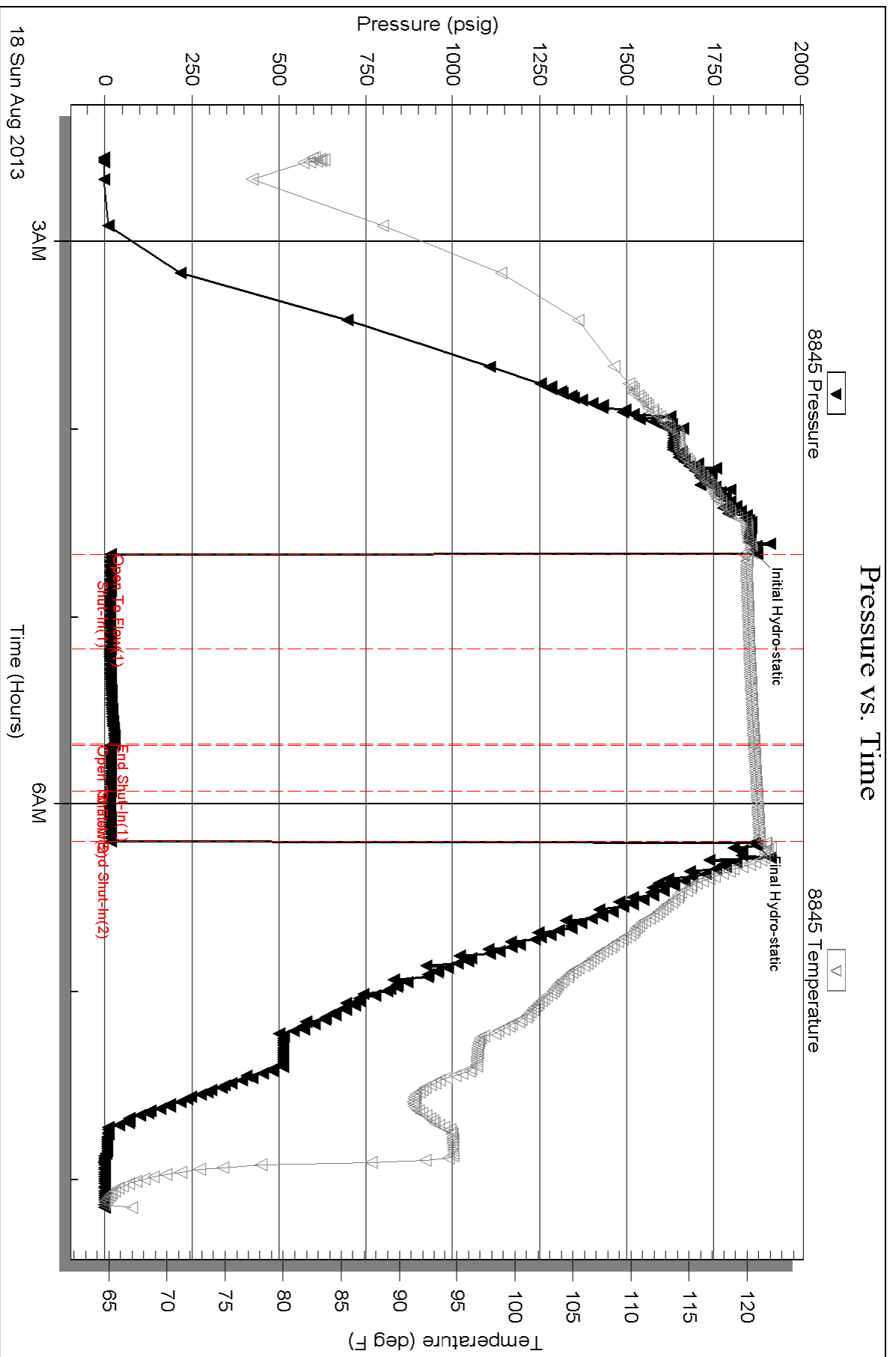
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

O'Brien Resources LLC  
 PO BOX 6149  
 Shreveport, LA 71136  
 ATTN: Sean Deenihan

**5-14s-30w Gove Co.**

**Swart 5 #1**

Job Ticket: 52856

**DST#: 3**

Test Start: 2013.08.21 @ 13:20:00

## GENERAL INFORMATION:

Formation: **" Miss "**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:24:00

Time Test Ended: 20:59:45

Test Type: Conventional Bottom Hole (Reset)

Tester: Sam Esparza

Unit No: 64

**Interval: 4348.00 ft (KB) To 4550.00 ft (KB) (TVD)**

Reference Elevations: 2714.00 ft (KB)

Total Depth: 4550.00 ft (KB) (TVD)

2704.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

**Serial #: 8845 Outside**

Press @ Run Depth: 162.99 psig @ 4349.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.21

End Date:

2013.08.21

Last Calib.:

2013.08.21

Start Time: 13:20:05

End Time:

20:59:44

Time On Btm:

2013.08.21 @ 15:23:45

Time Off Btm:

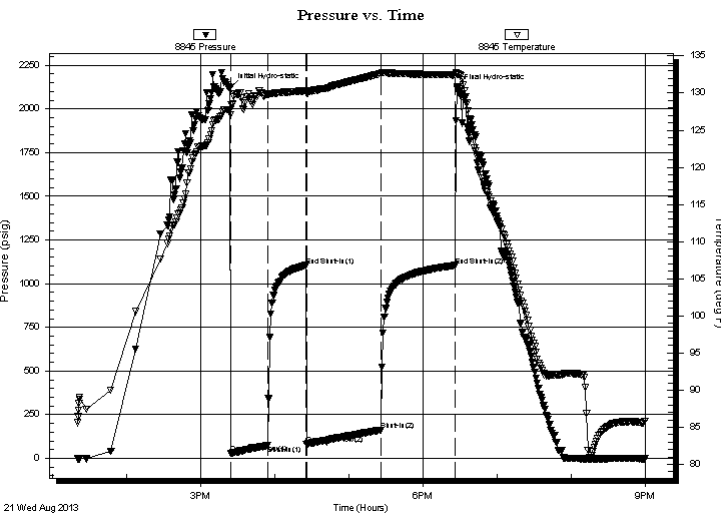
2013.08.21 @ 18:28:00

TEST COMMENT: IF: 7 1/4" Blow.

IS: No Return.

FF: 9" Blow.

FS: No Return.



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2122.03	127.81	Initial Hydro-static
1	27.48	127.07	Open To Flow (1)
31	74.52	129.79	Shut-In(1)
62	1104.16	130.30	End Shut-In(1)
62	82.39	129.94	Open To Flow (2)
123	162.99	132.63	Shut-In(2)
183	1104.21	132.43	End Shut-In(2)
185	2115.19	132.56	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
290.00	Mud 100m	4.07

\* Recovery from multiple tests

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

O'Brien Resources LLC

**5-14s-30w Gove Co.**

PO BOX 6149  
Shreveport, LA 71136

**Swart 5 #1**

Job Ticket: 52856

**DST#: 3**

ATTN: Sean Deenihan

Test Start: 2013.08.21 @ 13:20:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2500.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
290.00	Mud 100m	4.068

Total Length: 290.00 ft      Total Volume: 4.068 bbl

Num Fluid Samples: 0

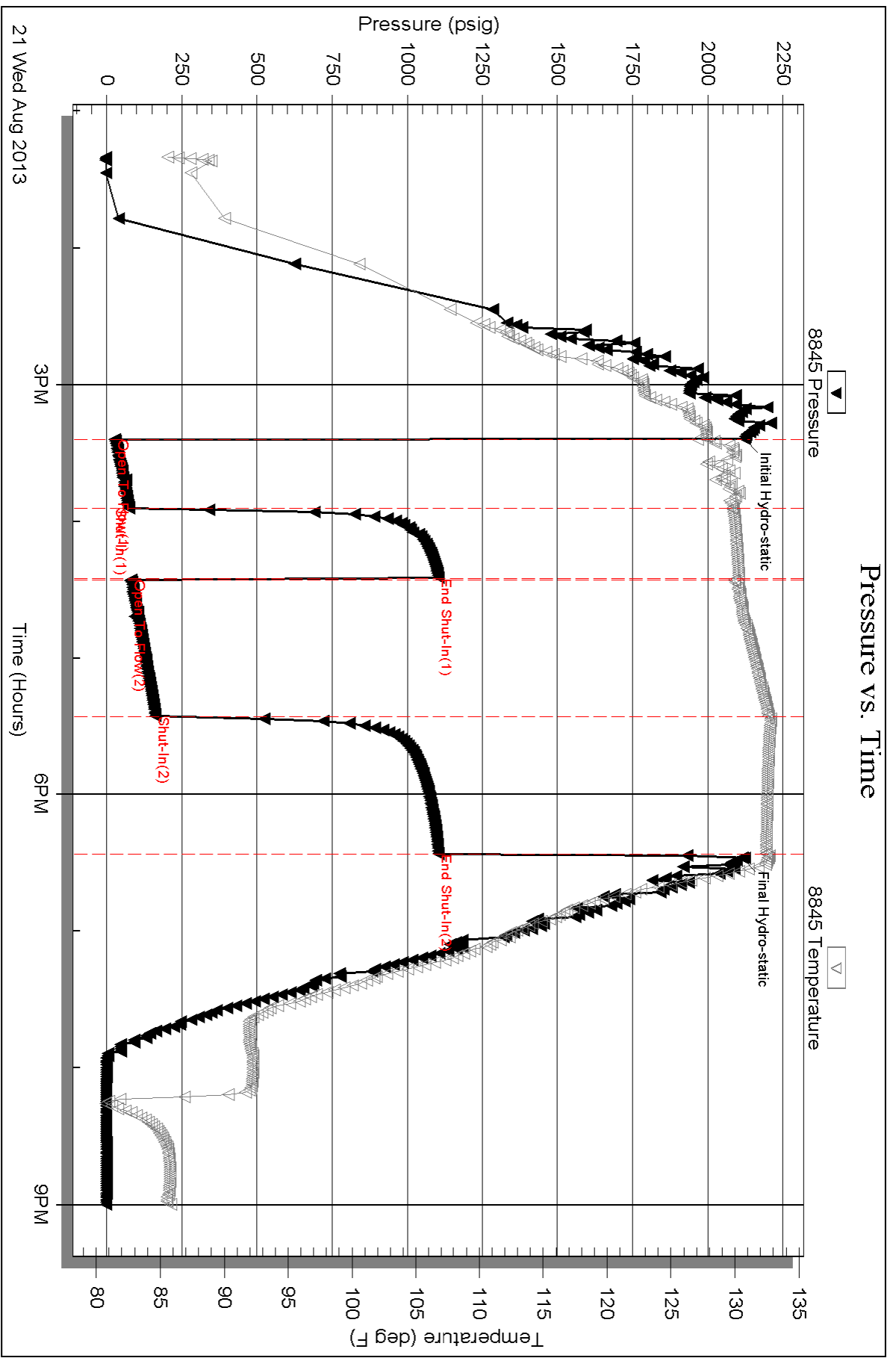
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

O'Brien Resources LLC  
 PO BOX 6149  
 Shreveport, LA 71136  
 ATTN: Sean Deenihan

**5-14s-30w Gove Co.**

**Swart 5 #1**

Job Ticket: 52855

**DST#: 2**

Test Start: 2013.08.19 @ 18:03:00

## GENERAL INFORMATION:

Formation: **Myric Station**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:18:15

Time Test Ended: 23:36:15

Test Type: Conventional Bottom Hole (Reset)

Tester: Sam Esparza

Unit No: 64

**Interval: 4250.00 ft (KB) To 4332.00 ft (KB) (TVD)**

Reference Elevations: 2714.00 ft (KB)

Total Depth: 4332.00 ft (KB) (TVD)

2704.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

**Serial #: 8845 Outside**

Press @ Run Depth: 16.90 psig @ 4251.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.19

End Date: 2013.08.19

Last Calib.: 2013.08.19

Start Time: 18:03:05

End Time: 23:36:14

Time On Btm: 2013.08.19 @ 20:18:00

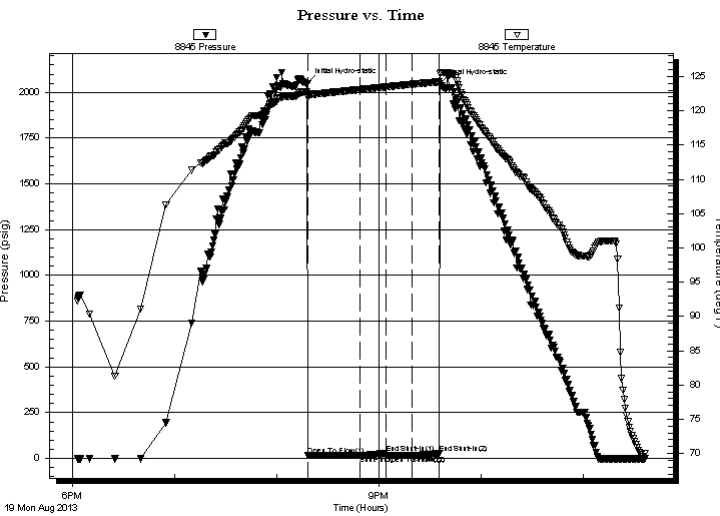
Time Off Btm: 2013.08.19 @ 21:35:45

**TEST COMMENT:** IF: Weak Surface Blow died @ 10 min.

IS: No Return.

FF: No Blow.

FS: No Return.



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2050.87	122.76	Initial Hydro-static
1	16.18	121.83	Open To Flow (1)
31	17.49	123.08	Shut-In(1)
46	27.44	123.48	End Shut-In(1)
46	16.20	123.48	Open To Flow (2)
62	16.90	123.87	Shut-In(2)
77	25.26	124.22	End Shut-In(2)
78	2047.40	125.36	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	Mud 100m	0.00

\* Recovery from multiple tests

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

O'Brien Resources LLC

**5-14s-30w Gove Co.**

PO BOX 6149  
Shreveport, LA 71136

**Swart 5 #1**

Job Ticket: 52855

**DST#: 2**

ATTN: Sean Deenihan

Test Start: 2013.08.19 @ 18:03:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2500.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	Mud 100m	0.000

Total Length:                      ft      Total Volume:                      bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

# Pressure vs. Time

