

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1156209

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 #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:					
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
☐ Oil       ☐ WSW       ☐ SHOW         ☐ 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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: sx cmt.				
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled         Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name:				
GSW Permit #:	Lease Name:				
Spud Date or Date Reached TD Completion Date or Recompletion Date	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:					

Page Two



Operator Name: Lease Name: \_ \_ Well #: \_ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
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 Yes
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 Yes
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 Nes
 Nes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

## ALLIED OIL & GAS SERVICES, LLC Federal Tax 1.D.# 20-5975804 056649

REMIT TO P.O. E RUSS	SELL, KANSAS 67	665	SERVICE POINT:				
DATE 7.24.13	SEC. TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH	
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### ALLIED OIL & GAS SERVICES, LLC 061779

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SIGNATURE

SERVICE POINT: SOUTHLAKE, TEXAS 76092 Great Band TWP. SEC. RANGE CALLED OUT ON LOCATION JOB START JOB FINISH DATE 7-30-13 25 w 1240 Am LEASE Rows COUNTY STATE WELL# LOCATION Saint Peters North TO HRD OLD OR NEW (Circle one) Will How Essent CONTRACTOR INTEGVINY OWNER TEXKAN TYPE OF JOB P-aduction HOLE SIZE 7 % T.D. W199 **CEMENT** AMOUNT ORDERED 11554 ASC + 1898 Self-+ 5#6:150=+= Pe-sx + DF CASING SIZE 5 DEPTH SINGLES **TUBING SIZE** DEPTH DRILL PIPE DEPTH TOOL OU TOOL DEPTH 2161. PRES. MAX **MINIMUM** COMMON MEAS. LINE SHOE JOINT 42.50 POZMIX CEMENT LEFT IN CSG. 42.50 GEL PERFS. **CHLORIDE DISPLACEMENT** @ 20.90 2.403.20 **EQUIPMENT** @ Gilbrite 563. <del>IS</del> 575@ . 98 OF 16 @ 9.80 **PUMP TRUCK** CEMENTER VALOR DAVIS # 597 HELPER Chadies Winyow **BULK TRUCK** DRIVER BEN NEWELL # 544/198 **BULK TRUCK** # 609/241 DRIVER Mile Scotthown HANDLING 148. 5 @ 2.48 368. MILEAGE 6. 42 X 55 X **REMARKS:** TOTAL Y YIG. Brake Circulation with Rig Mad Pump Gall Thean SERVICE RUNIO BOLD water Ahead Mix 500601 DUNIOR RUN 18 BBLD water Behind 4196,53 **DEPTH OF JOB** MIX 115 5X ASC+10965alf+5 Kilsonite PUMP TRUCK CHARGE Pe-SX + OF Shut Down EXTRA FOOTAGE · @ mash pump and hires Release 55 @ 7.70 MILEAGE HVM Plus Displace 47.41BBLS H36 Displace 51.45 BBLS mud Land Plus 9+1200 PS. Release held MANIFOLD Rad Rent @ 275.00 275.00 @ 4.40 CHARGE TO: / CX Kaw TOTAL 3706. STREET \_\_\_\_ \_\_\_\_\_\_ STATE \_\_\_\_\_ ZIP\_\_ PLUG & FLOAT EQUIPMENT Drap Dat circulate opeing Tool Ci-culate \_\_@147, 25 20 Spiralizers 2955.00 @ 48.19 1.925.60 40 Stop Ring ALU flagt Shop 636. To: Allied Oil & Gas Services, LLC. 114.66 **@** *57.3*3 You are hereby requested to rent cementing equipment @ <u>\$ 335. <sup>2</sup></u> 335 OU TOOL and furnish cementer and helper(s) to assist owner or Later Down and Battle contractor to do work as is listed. The above work was TOTAL 11.291.95 done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any)\_ TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES 19.467. PRINTED NAME\_ DISCOUNT \_ \_\_ IF PAID IN 30 DAYS

# ALLIED OIL & GAS SERVICES, LLC 061780 Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAK		SERVICE POINT:				
	7 TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
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contractor to do work a	s is listed. The	he above work was				
done to satisfaction and	supervision	of owner agent or			TOTAL	
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TERMS AND CONDIT	TIONS" listed	l on the reverse side			F F	<del></del>
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PRINTED NAME	-	-				
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SIGNATURE LOME	Mean	Toma.		•		

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

September 04, 2013

Bill Robinson TexKan Exploration LLC 307 NW 3RD ST PO BOX H PLAINVILLE, KS 67663

Re: ACO1

API 15-065-23961-00-00

Rome 1

SW/4 Sec.27-09S-25W 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, Bill Robinson