



KANSAS CORPORATION COMMISSION 1159025
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: _____



1159025

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	Coberly 'F' 10-1
Doc ID	1159025

All Electric Logs Run

Dual Compensated Porosity log
Dual Induction
Sonic
Micro

Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	Coberly 'F' 10-1
Doc ID	1159025

Tops

Name	Top	Datum
Anhydrite	2144	545
B/KC	4105	-1416
Marmaton	4128	-1439
Pawnee	4219	-1530
Myrick Station	4270	-1581
Cherokee	4325	-1636
Johnson	4371	-1682
Mississippi	4397	-1708

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. # 20-8651476

060223

138278

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

SERVICE POINT:
Dakley, TX

DATE <u>8-28-13</u>	SEC. <u>10</u>	TWP. <u>14</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION <u>5:00am</u>	JOB START <u>6:00am</u>	JOB FINISH <u>7:00am</u>
LEASE <u>Robert</u>	WELL # <u>10-1</u>	LOCATION <u>Grove, 75, 112th, Supt</u>			COUNTY <u>Grove</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Duke 10

TYPE OF JOB Surface

HOLE SIZE 6 7/8 T.D. 270'

CASING SIZE 8 7/8 DEPTH 265.08

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 151

PERFS.

DISPLACEMENT 160 lbs

OWNER Same

CEMENT AMOUNT ORDERED 14.5313 cum 380cc

COMMON	<u>14.5313</u>	@	<u>12.90</u>	<u>2595.56</u>
POZMIX		@		
GBL		@		
CHLORIDE	<u>5.93</u>	@	<u>64.00</u>	<u>320.05</u>
ASC		@		

EQUIPMENT

PUMP TRUCK # 423/281 CEMENTER Kalene Swank

BULK TRUCK # 373/308 HELPER Paul Beaver

BULK TRUCK # DRIVER David Scarnino

BULK TRUCK # DRIVER

HANDLING	<u>1521</u>	@	<u>1.43</u>	<u>372.21</u>
MILEAGE	<u>7.1 ton x 40</u>	x	<u>2.60</u>	<u>728.00</u>
				TOTAL <u>4020.71</u>

280

REMARKS:

Mix 145 lbs cement

Displace with water

Cement did circulate

Thank you

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE MICU 40 @ 7.70 308.00

MANIFOLD screege @ 275.00

MICU 40 @ 4.40 176.00

TOTAL 2871.25

CHARGE TO: Empire Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

TOTAL _____

Bid SALES TAX (If Any) 230.32

TOTAL CHARGES 6,291.96

DISCOUNT 1,887.58 IF PAID IN 30 DAYS

4,404.37Net.

PRINTED NAME Alejandro Ordonez

SIGNATURE Alejandro Ordonez

ALLIED OIL & GAS SERVICES, LLC 061263

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Orblyky

138435

Coberly F-10 #1

DATE <u>9/6/13</u>	SEC. <u>10</u>	TWP. <u>14</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00</u>	JOB FINISH <u>2:00</u>
LEASE <u>Coberly</u>	WELL # <u>10-1</u>	LOCATION <u>Cave 7 S 1 1/2 W 29 T14 R29</u>			COUNTY <u>Garland</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)						1.03 7.9 well	

CONTRACTOR <u>Duke 10</u>	OWNER <u>Some</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE <u>8 7/8</u>	DEPTH <u>26508</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT AMOUNT ORDERED 220 60/40 40 royal 114 PLO

COMMON	<u>132</u>	@ <u>179</u>	<u>236280</u>
POZMIX	<u>88</u>	@ <u>9.55</u>	<u>82280</u>
GBL	<u>8</u>	@ <u>23.40</u>	<u>18720</u>
CHLORIDE		@	
ASC		@	
<u>PLO Seal 55</u>		@ <u>2.72</u>	<u>16325</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>1 Mike Alon</u>
# <u>322</u>	HELPER <u>2 Wayne</u>
BULK TRUCK	
# <u>800</u>	DRIVER <u>3 Kevin</u>
BULK TRUCK	
#	DRIVER

HANDLING 236.28 @ 2.44 576.00

MILEAGE 287.7 @ 9.86 2837.00

TOTAL 5148.00

REMARKS:

25 SK @ 2160'

100 SK @ 4101'

40 SK @ 315'

10 SK @ 40'

20 SK MH

30 SK RH

394.63

CHARGE TO: Empire Energy

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 2483.59

EXTRA FOOTAGE @ _____

MILEAGE 40 @ 7.70 308.00

MANIFOLD 40 @ 4.40 176.00

TOTAL 2967.59

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.

PLUG & FLOAT EQUIPMENT

8" Wood Plug @ _____ 102.00

TOTAL 102.00

PRINTED NAME Alexandro Ordonez

SIGNATURE Alexandro Ordonez

SALES TAX (if Any) 649.65

TOTAL CHARGES 8,223.42

DISCOUNT 2,467.03 IF PAID IN 30 DAYS

5,756.39 Net

GENERAL INFORMATION

Client Information:

Company: EMPIRE ENERGY

Contact:

Phone: Fax: e-mail:

Site Information:

Contact: JOHN GOLDSMITH

Phone: Fax: e-mail:

Well Information:

Name: COBERLY "F" 10-1

Operator: EMPIRE ENERGY

Location-Downhole:

Location-Surface: S10/14S/29W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOHN GOLDSMITH

Test Type: DST #1 CONVENTIONAL Job Number: D1357

Test Unit:

Start Date: 2013/09/04 Start Time: 01:20:00

End Date: 2013/09/04 End Time: 08:00:00

Report Date: 2013/09/04 Prepared By: JOHN RIEDL

Qualified By: JOHN GOLDSMITH

Remarks:

RECOVEREY: 5' DRILLING MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Coberlyf10-1dst1

TIME ON: 01:20 9/04/13
TIME OFF: 08:00 9/04/13

Company EMPIRE ENERGY Lease & Well No. COBERLY "F" 10-1
Contractor DUKE RIG 10 Charge to EMPIRE ENERGY
Elevation 2689 K.B Formation FORT SCOTT Effective Pay _____ Ft. Ticket No. D1357
Date 9/04/31 Sec. 10 Twp. 14 S Range 29 W County GOVE State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative JOHN RIEDL

Formation Test No. 1 Interval Tested from 4244 ft. to 4320 ft. Total Depth 4320 ft.
Packer Depth 4239 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4244 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4247 ft. Recorder Number 30046 Cap. 6000 P.S.I.
Bottom Recorder Depth (Outside) 4317 ft. Recorder Number 11073 Cap. 4000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 60 Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight 9.3 Water Loss 8 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides 2,500 P.P.M. Drill Pipe Length 4218 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NOT REQUESTED Test Tool Length 26 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 76 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 60' DRILL PIPE Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK (1/2" DEAD IN 20 MINUTES)
2nd Open: NO BLOW

Recovered 5 ft. of DRILLING MUD
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

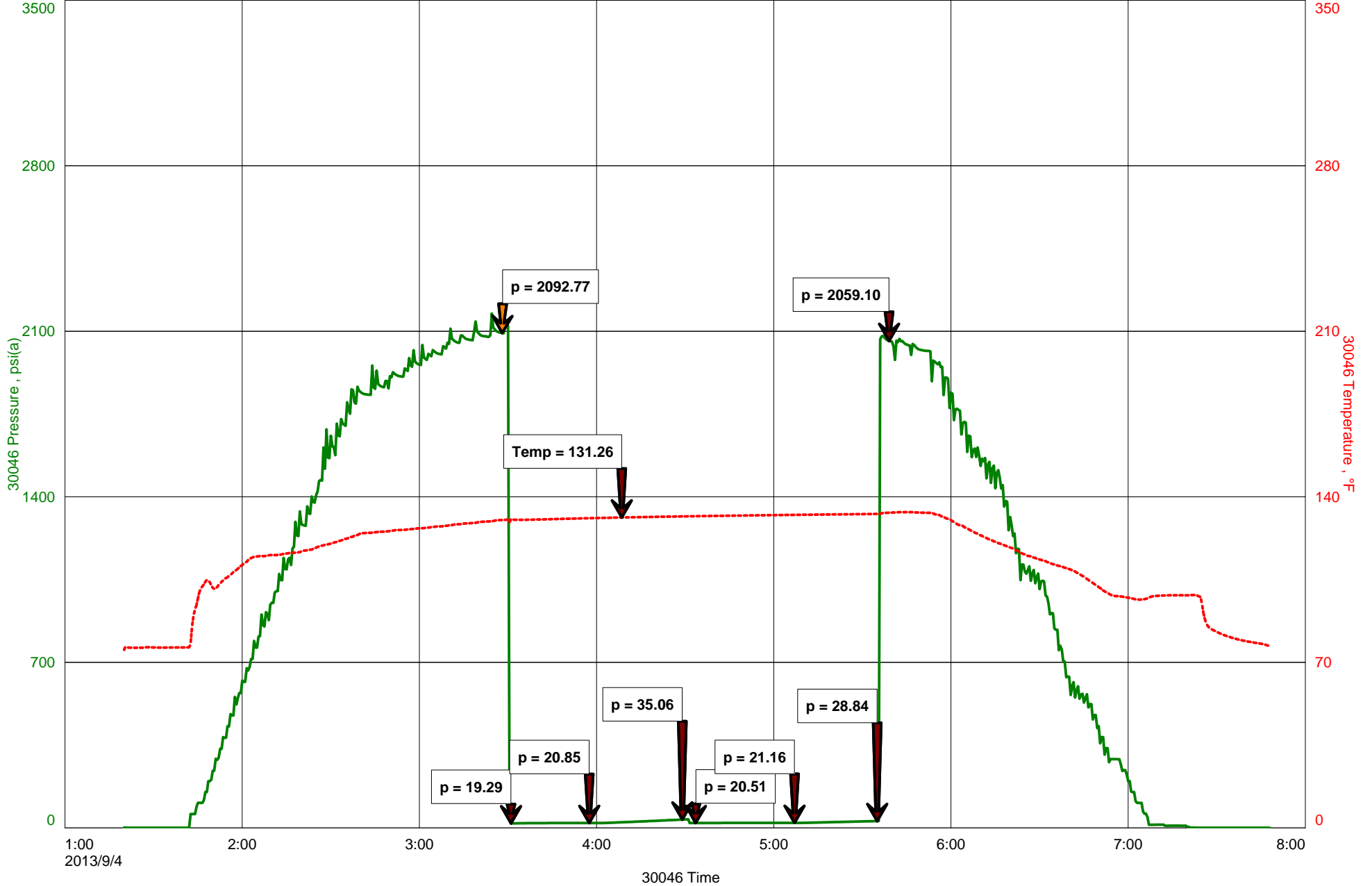
Remarks: <u>TOTAL FLUID RECOVERY:5' IN DRILL PIPE</u> <u>TOOL SAMPLE GRINDOUT: 100% MUD</u>	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) 3:40 A.M. _____ P.M. Time Started Off Bottom 5:40 A.M. _____ P.M. Maximum Temperature 131

Initial Hydrostatic Pressure..... (A) 2093 P.S.I.
Initial Flow Period..... Minutes 30 (B) 19 P.S.I. to (C) 21 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 35 P.S.I.
Final Flow Period..... Minutes 30 (E) 21 P.S.I. to (F) 21 P.S.I.
Final Closed In Period..... Minutes 30 (G) 29 P.S.I.
Final Hydrostatic Pressure..... (H) 2059 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

COBERLY "F" 10-1



GENERAL INFORMATION

Client Information:

Company: EMPIRE ENERGY

Contact:

Phone: Fax: e-mail:

Site Information:

Contact: JOHN GOLDSMITH

Phone: Fax: e-mail:

Well Information:

Name: COBERLY "F" 10-1

Operator: EMPIRE ENERGY

Location-Downhole:

Location-Surface: S10/14S/29W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOHN GOLDSMITH

Test Type: DST #2 CONVENTIONAL Job Number: D1358

Test Unit:

Start Date: 2013/09/04 Start Time: 19:30:00

End Date: 2013/09/05 End Time: 02:20:00

Report Date: 2013/09/05 Prepared By: JOHN RIEDL

Qualified By: JOHN GOLDSMITH

Remarks:

RECOVERY: 3' DRILLING MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: STC/Coberlyf10-1dst2

TIME ON: 19:30 9/04/13
TIME OFF: 02:20 9/05/13

Company EMPIRE ENERGY Lease & Well No. COBERLY "F" 10-1
Contractor DUKE RIG 10 Charge to EMPIRE ENERGY
Elevation 2689 K.B Formation CHER, JOHNSON Effective Pay _____ Ft. Ticket No. D1358
Date 9/04/31 Sec. 10 Twp. _____ 14 S Range _____ 29 W County GOVE State KANSAS
Test Approved By JOHN GOLDSMITH Diamond Representative JOHN RIEDL

Formation Test No. 2 Interval Tested from 4319 ft. to 4379 ft. Total Depth 4379 ft.
Packer Depth 4314 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4319 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4322 ft. Recorder Number 30046 Cap. 6000 P.S.I.
Bottom Recorder Depth (Outside) 4376 ft. Recorder Number 11073 Cap. 4000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 60 Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight 9.3 Water Loss 8.8 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides 3,000 P.P.M. Drill Pipe Length 4293 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NOT REQUESTED Test Tool Length 26 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 60 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 30' DRILL PIPE Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK (1/4" DEAD IN 5 MINUTES)
2nd Open: NO BLOW

Recovered 3 ft. of DRILLING MUD
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY: 3" IN DRILL PIPE
TOOL SAMPLE GRINDOUT: 100% MUD

Time Set Packer(s) 9:55 P.M A.M. P.M. Time Started Off Bottom 11:55 P.M A.M. P.M. Maximum Temperature 129

Initial Hydrostatic Pressure..... (A) 2115 P.S.I.
Initial Flow Period..... Minutes 30 (B) 18 P.S.I. to (C) 20 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 28 P.S.I.
Final Flow Period..... Minutes 30 (E) 20 P.S.I. to (F) 20 P.S.I.
Final Closed In Period..... Minutes 30 (G) 30 P.S.I.
Final Hydrostatic Pressure..... (H) 2100 P.S.I.

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COBERLY "F" 10-1

