



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1157159  
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: \_\_\_\_\_



1157159

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Pollok Energy, LLC
Well Name	Bunnell 12-3
Doc ID	1157159

All Electric Logs Run

Induction
Neutron Density
Micro Log
Sonic

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

September 04, 2013

Beth Brock  
Pollok Energy, LLC  
501 N. 4TH  
PO BOX 106  
PURCELL, OK 73080

Re: ACO1  
API 15-069-20438-00-00  
Bunnell 12-3  
NW/4 Sec.12-27S-27W  
Gray 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,  
Beth Brock

# ALLIED OIL & GAS SERVICES, LLC 059517

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Medicine Lodge

DATE <u>7-28-13</u>	SEC. <u>12</u>	TWP. <u>27</u>	RANGE <u>27</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Bunnell</u>	WELL # <u>12-3</u>	LOCATION <u>Epsilon Ks, N across Hwy 56, Gray</u>			COUNTY <u>Gray</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>4 1/2 N of Hwy, E into</u>				

CONTRACTOR Duke #7 OWNER Pollak Energy

TYPE OF JOB Rotary Plug  
 HOLE SIZE 7 7/8 T.D. 1740  
 CASING SIZE 8 5/8 DEPTH 986'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4 1/2 DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

CEMENT AMOUNT ORDERED 2005x60:40:4+1/4"  
Flo Seal

PRES. MAX 300 MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

COMMON A	<u>120</u> sx	@	<u>17.90</u>	<u>2148.00</u>
POZMIX	<u>80</u> sx	@	<u>9.35</u>	<u>748.00</u>
GEL	<u>7</u> sx	@	<u>23.40</u>	<u>163.80</u>
CHLORIDE		@		
ASC		@		
	<u>Flo Seal 50 #</u>	@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		

**EQUIPMENT**

PUMP TRUCK CEMENTER Ron Gilley  
 # 558-555 HELPER Scott Priddy  
 BULK TRUCK  
 # 881-252 DRIVER Justin Bower  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

HANDLING 214 @ 2.48 530.72  
 MILEAGE 8.96 / 33 / 2.60 @ 2.60 1281.28  
 TOTAL 4871.70

REMARKS:  
See Cement Log

**SERVICE**

DEPTH OF JOB 1740'  
 PUMP TRUCK CHARGE 1250 =  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE 55 @ 7.70 423.50  
 MANIFOLD @ \_\_\_\_\_  
h u 55 @ 440 242.00  
 @ \_\_\_\_\_

CHARGE TO: Pollak Energy  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL 1915.50

**PLUG & FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
None @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

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 6787.30

PRINTED NAME David Hickman  
 SIGNATURE David Hickman

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
(Net) 5429.84



**TRIBOLITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Pollock Energy LLC  
501 N. 4th  
P.O. Box 106  
Purcell OK 73080  
ATTN: Bill Bush

12 - 27S - 27W - Gray KS

**Bunnell #12-3**

Job Ticket: 53466

DST#: 1

Test Start: 2013.07.25 @ 11:51:01

### GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened:

Time Test Ended: 15:04:00

Test Type: Conventional Bottom Hole (Initial)

Tester: 61

Unit No: Ryan Nichols

Interval: **5019.00 ft (KB) To 5066.00 ft (KB) (TVD)**

Total Depth: 5066.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2679.00 ft (KB)

2664.00 ft (CF)

KB to GR/CF: 15.00 ft

Serial #: **8791**

Inside

Press@RunDepth: psig @ 5020.00 ft (KB)

Capacity:

8000.00 psig

Start Date: 2013.07.25 End Date: 2013.07.25

Last Calib.:

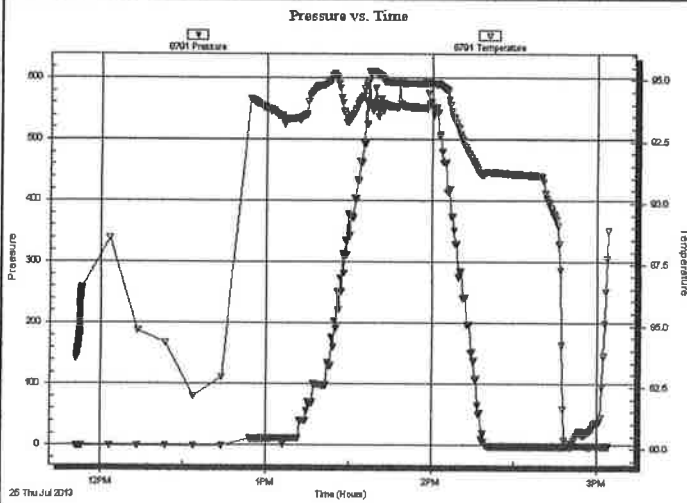
2013.07.25

Start Time: 11:51:01 End Time: 15:04:00

Time On Btm

Time Off Btm

TEST COMMENT: MISSRUN hit a bridge 18 1/2 stands in



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

### Recovery

Length (ft)	Description	Volume (bbl)

### Gas Rates

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



# TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

## Test Ticket

NO. 53467

Well Name & No. Bunnell # 12-3 Test No. 2 Date 7/25/13  
 Company Pollock Energy LLC Elevation 2679 KB 2664 GL  
 Address 501 N. 4<sup>th</sup> P.O. Box 106 Purcell OK 73080  
 Co. Rep / Geo. Bill Bush Rig Duke # 7  
 Location: Sec. 12 Twp. 27S Rge. 27W Co. Gray State KS

Interval Tested 5019-5066 Zone Tested Mississippi  
 Anchor Length 47' Drill Pipe Run \_\_\_\_\_ Mud Wt. 9.2  
 Top Packer Depth 5014 Drill Collars Run 178' Vis 54  
 Bottom Packer Depth 5019 Wt. Pipe Run 0' WL 6.4  
 Total Depth 5066 Chlorides 5500 ppm System LCM 3  
 Blow Description Miss run hit a bridge 18 1/2 stands in

Rec	Feet of	%gas	%oil	%water	%mud

Rec Total \_\_\_\_\_ BHT \_\_\_\_\_ Gravity \_\_\_\_\_ API RW \_\_\_\_\_ @ \_\_\_\_\_ °F Chlorides \_\_\_\_\_ ppm

(A) Initial Hydrostatic \_\_\_\_\_  Test \_\_\_\_\_ T-On Location 21:30  
 (B) First Initial Flow \_\_\_\_\_  Jars \_\_\_\_\_ T-Started 22:10  
 (C) First Final Flow \_\_\_\_\_  Safety Joint \_\_\_\_\_ T-Open \_\_\_\_\_  
 (D) Initial Shut-In \_\_\_\_\_  Circ Sub NC \_\_\_\_\_ T-Pulled \_\_\_\_\_  
 (E) Second Initial Flow \_\_\_\_\_  Hourly Standby \_\_\_\_\_ T-Out \_\_\_\_\_  
 (F) Second Final Flow \_\_\_\_\_  Mileage 334 RT \_\_\_\_\_ Comments \_\_\_\_\_  
 (G) Final Shut-In \_\_\_\_\_  Sampler \_\_\_\_\_  
 (H) Final Hydrostatic \_\_\_\_\_  Straddle \_\_\_\_\_  Ruined Shale Packer \_\_\_\_\_  
 Shale Packer \_\_\_\_\_  Ruined Packer \_\_\_\_\_  
 Initial Open \_\_\_\_\_  Extra Packer \_\_\_\_\_  Extra Copies \_\_\_\_\_  
 Initial Shut-In \_\_\_\_\_  Extra Recorder \_\_\_\_\_ Sub Total \_\_\_\_\_  
 Final Flow \_\_\_\_\_  Day Standby \_\_\_\_\_ Total \_\_\_\_\_  
 Final Shut-In \_\_\_\_\_  Accessibility \_\_\_\_\_ MP/DST Disc't \_\_\_\_\_  
 Sub Total \_\_\_\_\_

Approved By \_\_\_\_\_ Our Representative Ryan Nichols

TriLOBITE Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Pollock Energy LLC

**12 - 27S - 27W - Gray KS**

501 N. 4th  
P.O. Box 106  
Purcell OK 73080  
ATTN: Bill Bush

**Bunnell #12-3**

Job Ticket: 53467

**DST#: 2**

Test Start: 2013.07.25 @ 22:22:00

## GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: **No** Whipstock: **ft (KB)**

Time Tool Opened:

Time Test Ended: **01:55:00**

Test Type: **Conventional Bottom Hole (Reset)**

Tester: **61**

Unit No: **Ryan Nichols**

Interval: **5019.00 ft (KB) To 5066.00 ft (KB) (TVD)**

Total Depth: **5066.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Good**

Reference Elevations: **2679.00 ft (KB)**

**2664.00 ft (CF)**

KB to GR/CF: **15.00 ft**

## Serial #: 8791

Press@RunDepth: **psig @ ft (KB)**

Start Date: **2013.07.25**

End Date:

**2013.07.26**

Capacity: **8000.00 psig**

Last Calib.:

**2013.07.26**

Start Time: **22:22:00**

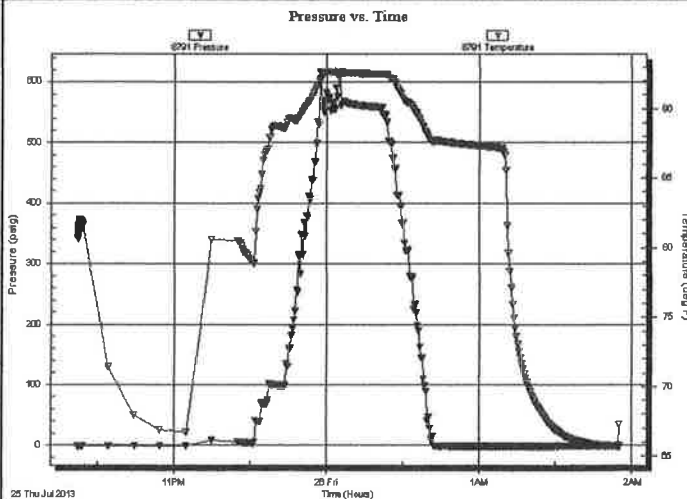
End Time:

**01:55:00**

Time On Btm:

Time Off Btm:

TEST COMMENT: **Missrun hit a bridge 18 1/2 stands in**



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

## Recovery

Length (ft)	Description	Volume (bbl)

\* Recovery from multiple tests

## Gas Rates

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