



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157847
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: _____



1157847

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 <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 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
<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

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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Form	ACO1 - Well Completion
Operator	Alton Oil LLC
Well Name	Williams 1
Doc ID	1157847

All Electric Logs Run

Dual Induction
Compensated Density
Micro
Gamma Neutron
Bond



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41650

LOCATION 180

FOREMAN Jacob Storm

X

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API 15-035-24507-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>5-23-13</u>	<u>1128</u>	<u>Williams #1</u>	<u>1S</u>	<u>33</u>	<u>4E</u>	<u>Cowley</u>
CUSTOMER <u>Alton oil</u>						
MAILING ADDRESS <u>Po Box 117</u>						
CITY <u>Winfield</u>	STATE <u>KS</u>	ZIP CODE <u>67156</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>603</u>	<u>Jeff</u>		
			<u>302</u>	<u>Steve</u>		
			<u>702</u>	<u>Jacob</u>		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 228 CASING SIZE & WEIGHT 8 3/8
CASING DEPTH 215.62 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 1516 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 16 1/4
DISPLACEMENT 13.43 DISPLACEMENT PSI 300 MIX PSI 300 RATE 46bpm

REMARKS: Safety meeting, pump to break circulation, pump 10 bbl water flush mix 120 vss class A 3%cr. 2%gel 1/4lb poly-flake displaced with 12 1/2 bbl water circulating cement to surface. Shut in.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401S</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>870.00</u>	<u>870.00</u>
<u>5402B</u>	<u>50</u>	<u>MILEAGE</u>	<u>4.20</u>	<u>210.00</u>
<u>5407</u>	<u>1</u>	<u>Min bulk delivery</u>	<u>368.00</u>	<u>368.00</u>
<u>1104S</u>	<u>120</u>	<u>Class A</u>	<u>15.70</u>	<u>1884.00</u>
<u>1102</u>	<u>240</u>	<u>calcium chloride</u>	<u>.78</u>	<u>187.20</u>
<u>1118 B</u>	<u>200</u>	<u>gel</u>	<u>.22</u>	<u>44.00</u>
<u>1107</u>	<u>50</u>	<u>poly - Flake</u>	<u>2.47</u>	<u>123.50</u>
			<u>Subtotal</u>	<u>3686.70</u>
			<u>SALES TAX</u>	<u>152.23</u>
			<u>ESTIMATED TOTAL</u>	<u>3838.93</u>

AUTHORIZATION [Signature] TITLE Tool Pusher DATE 5-23-13
Revin 3737

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41637 ✓

LOCATION 180

FOREMAN LARRY STORM

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT-15-035-24507-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-1-13	1128	Williams #1	15	33S	4E	Cowley
CUSTOMER <u>Altow Dr</u>						
MAILING ADDRESS <u>P.O. Box 117</u>						
CITY <u>Wrightfield</u>						
STATE <u>KS</u>		ZIP CODE <u>67156</u>				
JOB TYPE <u>PROD B</u>		HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3515</u>	CASING SIZE & WEIGHT <u>5 1/2 15 1/2 16</u>		
CASING DEPTH <u>3510</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT <u>15.0</u>		SLURRY VOL <u>31</u>	WATER gal/sk	CEMENT LEFT in CASING <u>10 ft.</u>		
DISPLACEMENT <u>83.42</u>		DISPLACEMENT PSI <u>750</u>	MIX PSI <u>0</u>	RATE <u>6 bbl/s</u>		
REMARKS: <u>Ripped up to 5 1/2 Csg - Pumped 10 bbls Freshwater PAD -</u> <u>Mixed 125 sks Class A + 3% Gel + 2% CMC + 6 lbs Kol-seal</u> <u>Displaced plug 83.64 bbls water - LANDED plug 1250 lbs - Released</u> <u>Heat held!!</u>						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
5402	1015	Footage	.23	233.45
11043	125	sks A	15.70	1962.50
1102	240	lbs CMC2	.78	187.20
1118B	375	lbs Gel	.22	82.50
1110A	750	lbs Kol-seal	.46	345.00
5407A	50	Bulk Debris by X 5.88 tons X	1.41	414.54
5502C	6	80 Vac	90.00	540.00
4159	1	5 1/2 AMU Floort Shoe	361.00	361.00
4454	1	5 1/2 Latch down Plug	266.75	266.75
4104	1	5 1/2 Cement Basket	240.00	240.00
4136	8	5 1/2 Tubed Cement	75.75	606.00
<u>Subtotal</u>				<u>6533.94</u>
			SALES TAX	<u>216.41</u>
			ESTIMATED TOTAL	<u>6809.41</u>

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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 09, 2013

Michael A. Pressnall
Alton Oil LLC
PO BOX 117
WINFIELD, KS 67156-0117

Re: ACO1
API 15-035-24507-00-00
Williams 1
SW/4 Sec.15-33S-04E
Cowley 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 A. Pressnall