



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1158706
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: _____



1158706

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Jake SWD 1
Doc ID	1158706

Tops

Name	Top	Datum
PAWN	4708	-3307
CHRK GP	4756	-3355
MISS	4811	-3410
KDHK	5066	-3665
WDFD	5144	-3743
MISE	5164	-3763
VIOL	5233	-3832
SIMP GP	5324	-3923
MCLISH SH	5416	-4015
ARBK	5558	-4147

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 17, 2013

Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO1
API 15-007-00226-00-01
Jake SWD 1
NW/4 Sec.12-35S-12W
Barber 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,

ALLIED OIL & GAS SERVICES, LLC 060513

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092

SERVICE POINT: Greenwood

DATE <u>6-19-13</u>	SEC. <u>12</u>	TWP. <u>333</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START <u>2:05 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>2012 Sub</u>	WELL #	LOCATION <u>133-50-865</u>				COUNTY	STATE
OLD OR NEW (Circle one)							

CONTRACTOR _____ OWNER _____

TYPE OF JOB Cement

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE 5 5/8 15 lbs DEPTH 5617

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1250 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 4.15

CEMENT LEFT IN CSG. 6215

PERFS. _____

DISPLACEMENT 133-50-865

EQUIPMENT _____

PUMP TRUCK CEMENTER _____

266 HELPER _____

BULK TRUCK DRIVER James B.

BULK TRUCK DRIVER _____

REMARKS: Run casing, 1st 100' of casing, 2nd 100' of casing, 3rd 100' of casing, 4th 100' of casing, 5th 100' of casing, 6th 100' of casing, 7th 100' of casing, 8th 100' of casing, 9th 100' of casing, 10th 100' of casing, 11th 100' of casing, 12th 100' of casing, 13th 100' of casing, 14th 100' of casing, 15th 100' of casing, 16th 100' of casing, 17th 100' of casing, 18th 100' of casing, 19th 100' of casing, 20th 100' of casing, 21st 100' of casing, 22nd 100' of casing, 23rd 100' of casing, 24th 100' of casing, 25th 100' of casing, 26th 100' of casing, 27th 100' of casing, 28th 100' of casing, 29th 100' of casing, 30th 100' of casing, 31st 100' of casing, 32nd 100' of casing, 33rd 100' of casing, 34th 100' of casing, 35th 100' of casing, 36th 100' of casing, 37th 100' of casing, 38th 100' of casing, 39th 100' of casing, 40th 100' of casing, 41st 100' of casing, 42nd 100' of casing, 43rd 100' of casing, 44th 100' of casing, 45th 100' of casing, 46th 100' of casing, 47th 100' of casing, 48th 100' of casing, 49th 100' of casing, 50th 100' of casing, 51st 100' of casing, 52nd 100' of casing, 53rd 100' of casing, 54th 100' of casing, 55th 100' of casing, 56th 100' of casing, 57th 100' of casing, 58th 100' of casing, 59th 100' of casing, 60th 100' of casing, 61st 100' of casing, 62nd 100' of casing, 63rd 100' of casing, 64th 100' of casing, 65th 100' of casing, 66th 100' of casing, 67th 100' of casing, 68th 100' of casing, 69th 100' of casing, 70th 100' of casing, 71st 100' of casing, 72nd 100' of casing, 73rd 100' of casing, 74th 100' of casing, 75th 100' of casing, 76th 100' of casing, 77th 100' of casing, 78th 100' of casing, 79th 100' of casing, 80th 100' of casing, 81st 100' of casing, 82nd 100' of casing, 83rd 100' of casing, 84th 100' of casing, 85th 100' of casing, 86th 100' of casing, 87th 100' of casing, 88th 100' of casing, 89th 100' of casing, 90th 100' of casing, 91st 100' of casing, 92nd 100' of casing, 93rd 100' of casing, 94th 100' of casing, 95th 100' of casing, 96th 100' of casing, 97th 100' of casing, 98th 100' of casing, 99th 100' of casing, 100th 100' of casing.

CEMENT AMOUNT ORDERED 150 sacks A.C.S. 150 sacks B.C.S. 30 sacks C.C.S.

COMMON 30 sacks @ _____

POZMIX 2250 @ _____

GEL 7 @ _____

CHLORIDE @ _____

ASC 150 sacks @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

CHARGE TO: _____

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

100' drive plug float @ _____

60' drive plug float @ _____

75' drive plug float @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME James B. Farley

SIGNATURE _____

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.