



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1160032
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: _____



1160032

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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PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 137607
Invoice Date: Jul 24, 2013
Page: 1

Bill To:

Kahan & Associates Inc.
P O Box 700780
Tulsa, OK 74170

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Kahan	61729	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Great Bend	Jul 24, 2013	8/23/13

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Pizinger D #2		
		Class A Common	17.90	2,685.00
14.00	MAT	Chloride	64.00	896.00
290.00	MAT	Lightweight	15.95	4,625.50
72.00	MAT	Flo Seal	2.97	213.84
497.95	SER	Cubic Feet	2.48	1,234.92
422.00	SER	Ton Mileage	2.60	1,097.20
1.00	SER	Surface	1,512.25	1,512.25
20.00	SER	Pump Truck Mileage	7.70	154.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	SER	Manifold Head Rental	275.00	275.00
1.00	EQP	8.5/8 Baffle Plate	67.50	67.50
1.00	EQP	8.5/8 Rubber Plug	76.25	76.25
1.00	CEMENTER	Tim Dickson		
1.00	EQUIP OPER	Charles Kinyon		
1.00	EQUIP OPER	Daniel Casper		
1.00	OPER ASSIST	Kevin Weighous		

Approved
8-8-13
[Signature]

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1.1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 3,877.63

ONLY IF PAID ON OR BEFORE
Aug 18, 2013

Subtotal	12,925.46
Sales Tax	612.33
Total Invoice Amount	13,537.79
Payment/Credit Applied	
TOTAL	13,537.79

ALLIED OIL & GAS SERVICES, LLC 061729

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Heart Bend B

DATE <u>2-24-13</u>	SEC <u>12</u>	TWP <u>17</u>	RANGE <u>15</u>	CALLED OUT <u>7:00 AM</u>	ON LOCATION <u>9:00 AM</u>	JOB START <u>10:30 AM</u>	JOB FINISH <u>11:30 AM</u>
LEASE <u>Pizzinger</u>	WELL # <u>D-2</u>		LOCATION <u>4 1/2 Odomy, 4 WOOD,</u>		COUNTY <u>Benton</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>3/4 East South into</u>				

CONTRACTOR Randy OWNER Some

TYPE OF JOB Surface

HOLE SIZE 8 1/4 T.D. 945'

CASING SIZE 8 1/8 DEPTH 943'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 250 # MINIMUM _____

MEAS. LINE _____ SHOE JOINT 43'

CEMENT LEFT IN CSG. 42'

PERFS. _____

DISPLACEMENT 57'4

EQUIPMENT

PUMP TRUCK CEMENTER Tom Richman

597 HELPER Charles Kenyon

BULK TRUCK

599 DRIVER Don Cooper

BULK TRUCK

544-193 DRIVER Ronnie Weirhans

CEMENT			
AMOUNT ORDERED	<u>290 cu</u>	<u>65/35</u>	<u>850 net</u>
	<u>3% cc, 4 # flow</u>	<u>150 class</u>	<u>+ 3% cc</u>
	<u>Flow</u>		
COMMON	<u>150</u>	@ <u>17.90</u>	<u>2,685.00</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>2.00</u>	<u>6.00</u>
CHLORIDE	<u>14</u>	@ <u>64.00</u>	<u>896.00</u>
ASC		@	
	<u>290 sq hit wt</u>	@ <u>15.95</u>	<u>4,625.00</u>
	<u>Flow</u>	<u>72</u>	@ <u>2.97</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>497.95</u>	@ <u>2.48</u>	<u>1,234.92</u>
MILEAGE	<u>422</u>	<u>Tow miles</u>	<u>2.60</u>
			<u>1,097.20</u>
		TOTAL	<u>10,815.14</u>

REMARKS:

Ran 943' of 8 1/8 cu. Break circulation
Pumped 5 bbl H2O. Mixed 290 cu 65/35
8 1/8 cu. 3% cc, 4 # F.S followed by
150 cu class + 3% cc 290 net.
Released Plug. Displaced with H2O.

Cement did circulate

CHARGE TO: Kahan & Associates

STREET _____

CITY _____ STATE _____ ZIP _____

T. Weirhans
3

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.

PRINTED NAME David Wilson

SIGNATURE David Wilson

SERVICE

DEPTH OF JOB	<u>943'</u>		
PUMP TRUCK CHARGE		<u>1512.35</u>	
EXTRA FOOTAGE		@	
MILEAGE Num	<u>20</u>	@ <u>7.70</u>	<u>154.00</u>
MANIFOLD Num	<u>20</u>	@ <u>4.40</u>	<u>88.00</u>
	<u>Head Rent</u>	@ <u>275.00</u>	<u>275.00</u>
		@	

TOTAL 2,029.35

PLUG & FLOAT EQUIPMENT

<u>1- 8 1/8 Bullhead Plate</u>	@ <u>67.50</u>	<u>67.50</u>
<u>1- 8 1/8 Bullhead Plug</u>	@ <u>76.25</u>	<u>76.25</u>
	@	
	@	

TOTAL 143.75

SALES TAX (If Any) _____

TOTAL CHARGES 12,988.14

DISCOUNT 3,896.44 IF PAID IN 30 DAYS

9,091.69



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 137710

Invoice Date: Jul 29, 2013

Page: 1

RECEIVED
AUG - 7 2013
KAHAN & ASSOCIATES

Now Includes:



Bill To:
Kahan & Associates Inc.
P O Box 700780
Tulsa, OK 74170

Customer ID	Field Ticket #	Payment Terms	
Kahan	59882	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Medicine Lodge	Jul 29, 2013	8/28/13

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Pizinger D #2		
		Class A Common	17.90	537.00
20.00	MAT	Pozmix	9.35	187.00
2.00	MAT	Gel	23.40	46.80
150.00	MAT	ASC	20.90	3,135.00
750.00	MAT	Kol Seal	0.98	735.00
43.00	MAT	FL-160	18.90	812.70
21.00	MAT	Defoamer	9.80	205.80
12.00	MAT	ASF	58.70	704.40
250.00	SER	Cubic Feet	2.48	620.00
214.57	SER	Ton Mileage	2.60	557.90
1.00	SER	Production Casing	2,443.75	2,443.75
20.00	SER	Pump Truck Mileage	7.70	154.00
1.00	SER	Manifold Head Rental	275.00	275.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
5.00	EQP	5.5 Centralizer	28.40	142.00
1.00	EQP	5.5 Basket	159.40	159.40
1.00	EQP	5.5 Guide Shoe	153.10	153.10
1.00	EQP	5.5 AFU Insert	171.80	171.80
1.00	EQP	5.5 Rubber Plug	51.25	51.25
1.00	CEMENTER	Jason Thimesch		

Approved
8-8-13
K

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1-1/2% CHARGED
THEREAFTER IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 3,150.71

ONLY IF PAID ON OR BEFORE
Aug 23, 2013

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 137710
Invoice Date: Jul 29, 2013
Page: 2

RECEIVED
AUG - 7 2013
Now Includes: KAHAN & ASSOCIATES

Bill To:
Kahan & Associates Inc. P O Box 700780 Tulsa, OK 74170



Customer ID	Field Ticket #	Payment Terms	
Kahan	59882	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Medicine Lodge	Jul 29, 2013	8/28/13

Quantity	Item	Description	Unit Price	Amount
1.00	EQUIP OPER	Jake Heard		
1.00	OPER ASSIST	James Bowen		
1.00	CEMENTER	Ryan Reeves		
1.00	EQUIP OPER	Aaron Blasi		

Subtotal	11,179.90
Sales Tax	503.45
Total Invoice Amount	11,683.35
Payment/Credit Applied	
TOTAL	11,683.35

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 3,150.71

ONLY IF PAID ON OR BEFORE
Aug 23, 2013

ALLIED OIL & GAS SERVICES, LLC 059882

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Mad Ledge KS

DATE <u>07/29/13</u>	SEC. <u>12</u>	TWP. <u>17s</u>	RANGE <u>15w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Pizinger</u>	WELL # <u>P-2</u>	LOCATION <u>4 Hwy + Olmitz Rd, 4 North,</u>			COUNTY <u>Barton</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>3/4 East, South into</u>				

RECEIVED
AUG - 7 2013
KAHAN ASSOCIATES

CONTRACTOR _____ OWNER Kahan + Associates

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 3550

CASING SIZE 5 1/2 DEPTH 3551

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 500 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 20

CEMENT LEFT IN CSG. 20

PERFS. _____

DISPLACEMENT 86 1/2 BBLs Fresh H₂O

CEMENT

AMOUNT ORDERED 150 ex ASC Class A + 6% Gypsum + 10% Gel + 2% Gel + 5% Kolbeul + .3% FL-160 + 1/4# Defoamer, 50 ex 60:40:4% Gel, 12 BBLs SF

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thiruech

471/555 HELPER Jake Heard

BULK TRUCK

364 DRIVER James Bowen

BULK TRUCK

_____ DRIVER Ryan Reeves / Aaron Blessi

COMMON	<u>30</u>	@	<u>17.90</u>	<u>537.00</u>
POZMIX	<u>20</u>	@	<u>9.35</u>	<u>187.00</u>
GEL	<u>2</u>	@	<u>23.40</u>	<u>46.80</u>
CHLORIDE		@		
ASC	<u>150</u>	@	<u>20.90</u>	<u>3135.00</u>
	<u>Kolbeul 750^{ex}</u>	@	<u>-98</u>	<u>735.00</u>
	<u>FL-160 43</u>	@	<u>18.90</u>	<u>812.70</u>
	<u>Defoamer 21</u>	@	<u>9.80</u>	<u>205.80</u>
	<u>ASF 12 Bbls</u>	@	<u>58.70</u>	<u>704.40</u>
		@		
		@		
		@		
HANDLING	<u>250</u>	@	<u>2.48</u>	<u>620.00</u>
MILEAGE	<u>10.72/20</u>	@		<u>557.90</u>
TOTAL				<u>7541.60</u>

REMARKS:

Plug Did not Land

Float held

SERVICE

DEPTH OF JOB	<u>3551</u>
PUMP TRUCK CHARGE	<u>2443.75</u>
EXTRA FOOTAGE	@
MILEAGE	<u>20 @ 7.70</u> <u>154.00</u>
MANIFOLD	<u>thead @ 275.00</u>
LV	<u>20 @ 4.40</u> <u>88.00</u>
	@

CHARGE TO: Kahan + Associates

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2960.75

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>	
Centralizers	<u>5 @ 28.40</u> <u>142.00</u>
basket	<u>1 @</u> <u>159.40</u>
Guide Shoe	<u>1 @</u> <u>153.10</u>
AFU insert	<u>1 @</u> <u>171.80</u>
Rubber Plug	<u>1 @</u> <u>512.5</u>

TOTAL 677.55

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 11,179.90

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Doug Budig

SIGNATURE Doug Budig

NET 8029.19

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

October 01, 2013

David M. Wilson
Kahan and Associates, Inc
PO BOX 700780
TULSA, OK 74170-0780

Re: ACO1
API 15-009-25858-00-00
Pizinger D 2
NE/4 Sec.12-17S-15W
Barton 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,
David M. Wilson