



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1160737
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: _____



1160737

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

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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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 30, 2013

Terry Bayliss
Arbuckle Energy Inc.
2914 ALOMA ST
WICHITA, KS 67211

Re: ACO1
API 15-115-21461-00-00
Stuchlik MCH 1
NW/4 Sec.32-17S-04E
Marion 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,
Terry Bayliss



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43279
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APR 15-16-21461

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-20-13	1070	Stuchilk # MCH-1	32	17S	4E	Madison
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Arbuckle Energy Inc			485	Alan M		
MAILING ADDRESS			611	Joey		
300 W Douglas Ste 305			88	Rudy (McLoy Trucking)		
CITY	STATE	ZIP CODE				
Wichita	KS	67202				

JOB TYPE 4/5 0 HOLE SIZE 7 1/2 HOLE DEPTH 2766 CASING SIZE & WEIGHT 5 1/2 17 1/2
CASING DEPTH 2752 64 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 64 60 DISPLACEMENT PSI 500 500 1000 1000 RATE _____

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ 15 bbls
Fresh water mix 1235 sks Thickset Cement w/ 5" Kol Seal, 1" Phenoseal per
wash out pump & lines. shutdown. Release latchdown plug. Displace w/
480 bbls Fresh water. Final pumping pressure 500. Bump Plug 1000
Release Pressure Plug held. Good circulation During Job.
Job Complete Rig down

Cent. on 5-10-16 Basket # 6 Thank you

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
1126A	1235 sks	Thickset Cement	20.16	2520.00
1110A	625"	Kol Seal 5" per/sk	.46	287.50
1107A	125"	Phenoseal 1" per/sk	1.35	168.75
5407A	6.87 Ton	Ton Mileage Bulk Truck	1.41	484.34
5502C	6 hrs	80 bbl Vacuum Truck	90.00	540.00
1123	3000 gallons	CITY Water	17.30/1000	51.90
4104	1	5 1/2 Cement Basket	240.00	240.00
4130	3	5 1/2 Centralizers	50.50	151.50
4159	1	5 1/2 AFV Float Shoe	361.00	361.00
4454	1	5 1/2 Latchdown plug	266.75	266.75
			Sub Total	6366.74
			SALES TAX	309.63
			ESTIMATED TOTAL	6676.37

AUTHORIZATION [Signature] TITLE JP 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.



CONSOLIDATED
Oil Well Services, LLC

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

PEREAD

TICKET NUMBER 43594
LOCATION 180
FOREMAN LARRY STORM

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-115-21461-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-17-13	1070	Stuchlik MCH	32	17	4E	Maize
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Anbukle Energy Inc			603	Tommy H		
MAILING ADDRESS			502	Tommy		
2914 Aloma St			539	Larry		
CITY	STATE	ZIP CODE				
Wichita	Ks	67211				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 226 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 224 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 25
 DISPLACEMENT 14.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bbl/s
 REMARKS: Break Circulation - Mixed 105cks A + 90% CMC2 + 2% Gel
3/8 lb Poly - Displaced 12 1/2 bbls - Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	50	MILEAGE	4.20	210.00
11045	125	cks A	15.70	1962.50
1102	320	lbs CMC2	.78	249.60
1118.B	250	lbs Gel	.22	55.00
1107	50	lbs Poly	2.47	123.50
5407	1	Bulk Delivery	368.00	368.00
				3838.60
			SALES TAX	182.88
			ESTIMATED TOTAL	4021.48

AUTHORIZATION MU [Signature] TITLE Tool Pusher DATE 7-17-13

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