

Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1160741

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from: sx cmt.
Well Name:  Original Comp. Date:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  Chloride content: ppm Fluid volume: bbls
Commingled Permit #:  Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:	

Page Two



Operator Name:				_ Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run			es  No						
List All E. Logs Run:									
				RECORD	Ne				
	0: 11.1					ermediate, product		" 0 1	T 15
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing	Top Dottern								
Plug Back TD Plug Off Zone									
1 lug 0 li 20 lio									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the t			-		-		_ ` `	skip question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
						(* *			200
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:			
		0017111				[	Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS:  Used on Lease		N Open Hole	∥ETHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)		

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

September 30, 2013

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

Re: ACO1 API 15-115-21455-00-00 Shields AMO 1 SE/4 Sec.33-17S-04E Marion County, Kansas

## **Dear Production Department:**

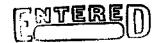
We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Terry Bayliss



PO Box 884, Chanute, KS 66720



TICKET NUMBER LOCATION EUREKA FOREMAN KEVIN MECOY

FIELD TICKET & TREATMENT REPORT

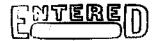
620-431-9210	OL 908-401-001	,		CEMEN	11112 13-11	3 - 21455		
DATE	E CUSTOMER# WELL NAME & NUMBER			/IBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-13	1070	Shields	AMO-1		33	175	45	MARION, KS
CUSTOMER				0.44	1.0 <b>(1)</b> (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
ARBUCKE ENERGY INC.				Gulick	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS			DAIg.	520	John S.		
300 W.	Douglas .	STE 305			479	Colby N.		·
CITY		STATE	ZIP CODE	_				•
Wichin	La	Ks	67202	1 1				
	195tamg 0 12721 6.L.	HOLE SIZE	71/8	HOLE DEPTH TUBING	2749 K.B.	CASING SIZE & \	WEIGHT <u>5/%</u> OTHER	15. 5° *New
SLURRY WEIGH	нт <i>/3.</i> 6 #	SLURRY VOL	41 861	WATER gal/s	9.0	CEMENT LEFT in	CASING O	<u> </u>
DISPLACEMEN	T <u>63. 864</u>	DISPLACEME	ENT PSI 700	_ RESEPSI_/AO	o Bomp Frag	RATE 5 BPM		
REMARKS: 5	Fety Meetin	vg: 190	p to 5/2	Csq. BREAK	CIRCULATIO	N W/ 15 BL	tresh water	. MIXed
125 sks T	Vick Set Cer	ment w	5 * KOL-Sel	OL/SK 1#1	Menoseal /si	<u>k @ /3. */</u> 5	14L = 41 BEC	STURRY.
WASh out	Pump & LIN	es. Shut a	lown. Relea	se LATCh d	own Plug	Displace Plug	to Seat a	1 63,4 B6L
FResh WAT	ter. FINAL 1	Pomping PA	Pessure 700	PSI. Bump 1	Plug to 1200	PSI. WAIT 2	mus. Rel	ease Aressun
FIONT & P	lug Held. Go	od Circula	tion @ ALL	times while	2 Cementing	g. Job Comp	okte. Rig do	un,

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	/	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1126 A	125 sxs	THICK Set Cement	20.16	2520.00
1110 A	125 sks 625 #	KOL-SEAL 5 1/5K	.46 #	287-50
1107 A	125 *	Pheno Seal 1 "/SE	1.35 #	168.75
5407 A	6.87 Tons	50 miles Buck Delv.	1.41	484.34
4159		51/2 AFU FIGAT Shoe	361.00	361.00
4104	1	5% Cement Basket	240.00	240.00
4/30	3	5/2 x 7 1/8 Centralizers	50.50	151.50
4454	/	51/2 LAtch down Plug	266.75	266.15
		26007)	Sub TotAL	5774.84
		THANK VOL 7.8%	SALES TAX	311.6
in 3737		_A_/	EŞTIMATED TOTAL	6086.50

TITLE GUIKE DRIG. Toolpusher

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.





TICKET NUMBER LOCATION\_

FOREMAN Jeffshe

PO Box 884, Cl 620-431-9210					-115 - 21	455-00	
DATE	CUSTOMER#	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10/24/13	1020	Shields A	MOI	33	17	4	Marion
CUSTOMER							
Arbu	ckle E	nergy Inc	_]	TRUCK#	DRIVER	TRUCK#	DRIVER
TARREST CONTRACTOR	<del>,</del> -	,	_	603	J. Daniels		<u></u>
2914	Aloma	1 St		502	Z. Ashbek		
CITY		STATE ZIP CODE		471	J. Shell		l
wich	hita	KS 67211	_}	·			
JOB TYPE 5//	rface B	HOLE SIZE 12 14	_ HOLE DEPTH		CASING SIZE & W	EIGHT <u> 8 3</u>	8
CASING DEPTH		DRILL PIPE	TUBING			OTHER	···
SLURRY WEIGH	nr	SLURRY VOL	WATER gal/sl	k	CEMENT LEFT in (	CASING	······································
DISPLACEMENT	r 12,5	DISPLACEMENT PSI	MIX PSI		RATE		
DEMARKS. C	a Pater Me	eting Broke	circ. D	und 125	5K50195	5 A 2%	gef
3% C9	10 is m /2	16 paly displa	ced wit	h 12/4	bbls fresh	water	<u> </u>
:				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
							·
		· · · · · · · · · · · · · · · · · · ·	· · · · ·				
	<del> </del>					· · · · · · · · · · · · · · · · · · ·	

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	870,00	870,00
5406	50	MILEAGE	4,20	210,00
11045	125	65K3 C/95S A	15.70	1962.57
1102	300	165 calcium cholride	,78	
11188	250			
1107	50	165 gel 165 Poly F19Ke	2.47	123,50
5407		Min Bulk Delivery	348.00	368.00
			· · · · · · · · · · · · · · · · · · ·	
<u> </u>				
				3823.00
13787		604441	SALES TAX ESTIMATED	135.25 400 2
in 3787	mil to	THIE Tool Pusher		4008

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 for