



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1161397
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: _____



1161397

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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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 04, 2013

Steven D. James
Western Operating Company
518 17TH ST STE 200
DENVER, CO 80202-4117

Re: ACO1
API 15-075-20869-00-00
Fox 2-8
NW/4 Sec.08-25S-42W
Hamilton 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,
Steven D. James

ALLIED OIL & GAS SERVICES, LLC 052956

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal K.S.

DATE <u>7-02-13</u>	SEC. <u>8</u>	TWP. <u>25</u>	RANGE <u>42 W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30 PM</u>	JOB FINISH <u>6:30 PM</u>
LEASE <u>FOX</u>		WELL # <u>2-8</u>		LOCATION <u>Go to Johnson City, KS. on Hwy 10</u>		COUNTY <u>Hamilton</u>	STATE <u>Kansas</u>
OLD OR NEW (Circle one) <input checked="" type="radio"/> NEW			27 go North to CR 25 10 west 1 south east into				

CONTRACTOR Mustin #21

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4"</u>	T.D. <u>922'</u>
CASING SIZE <u>8 5/8"</u>	DEPTH <u>922'</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2"</u>	DEPTH <u>922</u>
TOOL	DEPTH
PRES. MAX <u>1000</u>	MINIMUM
MEAS. LINE	SHOE JOINT <u>42' 20"</u>
CEMENT LEFT IN CSG. <u>42' 20"</u>	
PERFS.	
DISPLACEMENT <u>H₂O = 56.2967 BBL</u>	

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED Lead = 300^{SK} 65/35/6ⁱⁿ gr

3% CC 1/4" # Flo-Seal

Tail = 150^{SK} Class A 3% CC

COMMON	<u>150</u>	@	<u>17.90</u>	<u>2685.00</u>
POZMIX		@		
GEL		@		
CHLORIDE	<u>9</u>	@	<u>64.00</u>	<u>576.00</u>
ASC		@		
Light Weight	<u>300</u>	@	<u>16.25</u>	<u>4875.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>375</u>	@	<u>2.48</u>	<u>930.00</u>
MILEAGE	<u>1604.81 x 2.60</u>			<u>4172.51</u>
TOTAL				<u>13,238.51</u>

PUMP TRUCK CEMENTER Kenny Baeza

#549-550 HELPER Aldo F

BULK TRUCK

#457-251 DRIVER Ruben C

BULK TRUCK

DRIVER

REMARKS:

Pumped H₂O Spacer

Mixed Lead Cement

Mixed Tail Cement

Shut down + dropped plug

Start Disp with H₂O

Loaded Plug + Hold

Circulated 38 BBL of Cement

THANK YOU!!

CHARGE TO: Western Operating

STREET _____

CITY _____ STATE _____ ZIP _____

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 Juan Tinoco

SIGNATURE Juan Tinoco

SERVICE

DEPTH OF JOB <u>950'</u>	
PUMP TRUCK CHARGE	<u>2058.50</u>
EXTRA FOOTAGE	@
MILEAGE	<u>75 @ 7.70 = 577.50</u>
MANIFOLD	<u>1 @ 275.00 = 275.00</u>
Light V Mileage	<u>75 @ 4.40 = 330.00</u>
	@
TOTAL <u>3241</u>	

PLUG & FLOAT EQUIPMENT

AFLI Insert	<u>1 @ 446.94 = 446.94</u>
Centralizers	<u>3 @ 74.88 = 224.64</u>
Rubber plug	<u>1 @ 131.04 = 131.04</u>
	@
	@
TOTAL <u>802.62</u>	

SALES TAX (if Any) _____

TOTAL CHARGES \$ 17,282.13

DISCOUNT _____ IF PAID IN 30 DAYS

Net \$ 13,825.70

ALLIED OIL & GAS SERVICES, LLC 052306

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Liberal 21

DATE <u>7-9-13</u>	SEC. <u>8</u>	TWP. <u>25</u>	RANGE <u>42 W</u>	CALLED OUT	ON LOCATION	JOB START <u>1730</u>	JOB FINISH <u>1930</u>
LEASE <u>Fox</u>	WELL # <u>2-8</u>	LOCATION <u>Syracuse, KS - South to CR 25</u>			COUNTY <u>Hamilton</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		<u>11 miles West, South + East into</u>					

CONTRACTOR Murfin # 21
 TYPE OF JOB 5% Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 5465.18
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 21.90
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 129.5 BBL
 EQUIPMENT

OWNER
 CEMENT
 AMOUNT ORDERED 310 sk ASC (A) -
.5% FL-160, 5# Gilsontc
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC 310 sk @ 20.90 6499.00
FL-160 146 LB @ 18.90 2759.40
Gilsontc 1550 LB @ .98 1519.00
 HANDLING Drayage 421 ft @ 2.48 1044.08
 MILEAGE 1312 Trm @ 2.00 2624.00
 TOTAL 15212.48

PUMP TRUCK CEMENTER Curly Harper
 # 531-541 HELPER Heriberto Valenzuela
 BULK TRUCK
 # 363-467 DRIVER Ernie Smith
 BULK TRUCK
 # DRIVER

REMARKS:

Thank You!!!

SERVICE

DEPTH OF JOB 5465 ft
 PUMP TRUCK CHARGE 3999.75
 EXTRA FOOTAGE @
 MILEAGE Light 75 MI @ 4.40 330.00
 MANIFOLD Head 1 Day @ 275.00 275.00
Heavy mileage 75 MI @ 7.70 577.50
 TOTAL 4281.75

CHARGE TO: Western Operating
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Weatherford
Float Shoe 1EA @ 408.33 408.33
Latch Down Pin + Buffer 1EA @ 324.09 324.09
Centralizers 10EA @ 28.90 289.00
Threadlock 1EA @ 39.40 39.40
 TOTAL 1,339.82

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 Gary Doka
 SIGNATURE [Signature]

SALES TAX (If Any)
 TOTAL CHARGES 20,834.25
 DISCOUNT IF PAID IN 30 DAYS
Net - 16,667.49