



KANSAS CORPORATION COMMISSION 1166657
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1166657

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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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TICKET NUMBER 43546
 LOCATION Edwards
 FOREMAN Randy McCoy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
9-14-13		E.S. Longstreet #5	20	R30	15E	GOV KS																
CUSTOMER Miller Bros. OIL Co., INC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Robert B</td> <td></td> <td></td> </tr> <tr> <td>611</td> <td>Joey L</td> <td></td> <td></td> </tr> <tr> <td>667</td> <td>Marie R.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Robert B			611	Joey L			667	Marie R.		
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445	Robert B																					
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667	Marie R.																					
MAILING ADDRESS 1807 SE Madison Blvd																						
CITY Bathurstville		STATE OK	ZIP CODE 74006																			

JOB TYPE Swapping HOLE SIZE 6 3/4 HOLE DEPTH 2126 CASING SIZE & WEIGHT 4 1/2 10.5" new
 CASING DEPTH 1151 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.6 - 12.7 SLURRY VOL 64 WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 28.5 DBL DISPLACEMENT PSI 600 MAX PSI 1000 Dump Pkg RATE 5 RPM

REMARKS: SAFETY Meeting: 9-13-13 Spot 20 SWS 60/40 Pozmix Cement + 12' 2120' (CARBUCKLE FORMATION)
 1-14-13 Ran 1751 4 1/2 casing, Trip up to 4 1/2 - ran p. Pump 10 DBL fresh water ahead. Mixed 150
 SWS 60/40 Pozmix Cement w/ 8% Gel, 2" Mono Seal / sk @ 12.6" / sk yield 1.75. THL in w/ 30 SWS Thick
 Set Cement w/ 5" Admix / sk, 1" Mono Seal / sk @ 12.6" / sk yield 1.85. Wash out Pump & Lines.
 Shut down. Release Plug, Displace Plug to 500' w/ 28.5 DBL Fresh water. Finish pumping Pozmix
 Cement. Dump Plug to 1000 PSI. wait 2 mins. Release pressure. Shut Well. Seal Cement Returns to
 surface = 12 DBL Slurry to 177. Job completed by driver.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701	1	PUMP CHARGE	1085.00	1085.00
5706	35	MILEAGE	4.20	147.00
1151	150 SWS	60/40 Pozmix Cement	10.18	1527.00
1152	1035'	58L 5" } LEAD Cement	.22'	226.60
1107	500'	Mono Seal 2" / sk	1.35'	675.00
1126	50 SWS	THICK SET Cement	20.16	1008.00
1115 H	250'	Admix 5" / sk } THL Cement	.46'	115.00
1107 H	50'	Mono Seal 1" / sk	1.35'	67.50
1171	20 SWS	60/40 Pozmix Cement (141' Back @ 2120')	15.15	303.00
5400 H	1000' TWS	25 mils Thick Drill	1.41	1410.00
4404	1	4 1/2 Top Hooker Plug	47.25	47.25
4123	1	4 1/2 Cement Basket	227.00	227.00
4121	6	4 1/2 x 6 3/4 Cement Lines	44.00	264.00
4156	1	4 1/2 FV Flat Head	238.00	238.00
4123	2	4 1/2 Leak Stop	30.00	60.00
			Sub Total	6657.41
		Thank you	SALES TAX	350.42
			ESTIMATED TOTAL	6777.83

AUTHORIZATION _____ TITLE _____ 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.

RIG 6 DRILLING CO. INC

P O BOX # 227
IOLA, KS 66749

R.K. (Bud) Sifers
(620) 365-6294

John J. Barker
(620) 365-7806

INVOICE #: 30599
COMPANY Miller Bros. Oil
ADDRESS: 1807 SE Madison Blvd.
Bartlesville, OK 74006

DATE: 9/18/2013
LEASE Lingenfelter
COUN'GW
WELL 5
API #: 15-072-24,191

ORDERED BY: Dan

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/A
Set Surface Csg.	\$250.00 Per Hr	4	N/C
Cement Surface/W.O.C.	\$250.00 Per Hr	8	N/C
Drilling Charge	\$10.00 Per Ft	1733'	\$17,330.00
Circulating	\$250.00 Per Hr	4	\$250.00
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	%500.00 Per Run		N/C
Water Hauling	\$40.00 Per Hr		N/C
Bit Charge (Lime W/O)	Cost + 10%	30%	\$1,450.00
Drill Stem Lost	\$28.00 Per Ft		N/C
Trucking	\$40. per hr + \$1./ mi		N/C
Roustabout	\$23.00 Per Man Hr		N/C
Running Casing	\$250.00 Per Hr	4	N/C
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other Day Work	\$250.00 Per Hr	39	\$9,750.00
Fuel Assess.			
Move Rig			
Material Provided:			
Cement	\$8.00 Per Sx	20	\$120.00
Sample Bags	\$28.00 Per Box		\$28.00

TOTAL AMOUNT

~~\$28,928.00~~
\$28,928.00

REMIT TO: RIG 6 DRILLING, INC
PO BOX 227
IOLA, KS 66749

THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!