



KANSAS CORPORATION COMMISSION 1166976
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: _____



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Longhorn Crude, LLC
Well Name	Querbach 1
Doc ID	1166976

Tops

Name	Top	Datum
Anhydrite	1297	+ 889
Heebner	3737	-1551
Lansing	3803	-1617
B/Kansas City	4170	-1934
Pawnee	4242	-2056
Fort Scott	4329	-2143
Cherokee	4353	-2167
Mississippian	4406	-2220

ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 136930
Invoice Date: Jun 22, 2013
Page: 1

Now Includes:



Bill To:

Longhorn Crude, LLC
27060 SW L Road
Jetmore, KS 67854

Customer ID	Job Location	Job Description	Job No	Service Date	Due Date
60447	KS1-01	Great Bend	60447	Jun 22, 2013	7/22/13

Quantity	Item	Description	Unit Price	Amount
200.00	MAT	Querbach #1-3	17.90	3,580.00
7.00	MAT	Class A Common	64.00	448.00
4.00	MAT	Chloride	23.40	93.60
14.00	MAT	Gel	64.00	896.00
450.00	MAT	Chloride	16.50	7,425.00
100.00	MAT	Lightweight	2.97	297.00
713.24	SER	Flo Seal	2.48	1,768.83
921.00	SER	Cubic Feet	2.60	2,394.60
1.00	SER	Ton Mileage	2,213.75	2,213.75
30.00	SER	Surface	7.70	231.00
30.00	SER	Pump Truck Mileage	4.40	132.00
1.00	EQP	Light Vehicle Mileage	131.04	131.04
1.00	EQP	8.5/8 Baffle Plate	131.04	131.04
1.00	EQP	8.5/8 Rubber Plug	559.26	559.26
1.00	CEMENTER	8.5/8 Basket		
1.00	EQUIP OPER	Dustin Chambers		
1.00	OPER ASSIST	Mike Scothorn		
		Kevin Weighous		
		Joshua Isaac		

*161 Paid
7-5-13
check # 1001*

Subtotal	20,301.12
Sales Tax	1,010.29
Total Invoice Amount	21,311.41
Payment/Credit Applied	
TOTAL	21,311.41

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

5/9/13

ONLY IF PAID ON OR BEFORE

6/17/13



ALLIED OIL & GAS SERVICES, LLC 060447

Federal Tax I.D. # 20-8661475

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

SERVICE POINT:

Grant Road
6-23-13

DATE	6-22-13	SEC	3	TWP	22N	RANGE	22W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE OR NEIGH WELL #	1-7	LOCATION		Horseshoe		N51W2		4.5 1/2 W	Horseshoe	2:00	2:00
OLD OR NEW (Circle one)	NEW										

CONTRACTOR Packing H Drilling FF1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 I.D.

CASING SIZE 8 1/8 DEPTH 1392

TUBING SIZE 4 1/2 DEPTH

DRILL PIPE 4 1/2 DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 46.50

OWNER

CEMENT AMOUNT ORDERED 450 SKS Class A

350 SKS 65% Class A

200 SKS 65% Class A

200 SKS Class A 3rd of 2nd gel

COMMON 200 @ 17.90 3570.00

POZZOL# 350 @ 64.00 22400.00

GEL 4 @ 23.40 93.60

CHLORIDE 14 @ 64.00 896.00

ASC @ 16.50 7125.00

Allyl alkylate wt 450 @ 2.97 1336.50

Fluxal 100 @

DISPLACEMENT 81.5 bbls Frackflow

EQUIPMENT

PUMP TRUCK CEMENTER Destin Chambers

666 HELPER Mike Scott

BULK TRUCK # 610-112 DRIVER Kevin Weigebas

BULK TRUCK # 609-241 DRIVER Josh Fagan

REMARKS:

Break on calculator with bag and

and 16 bbls Frackflow and Allied

with 450 SKS 65% Class A 3rd of 2nd gel

with 200 SKS 65% Class A 3rd of 2nd gel

with 200 SKS 65% Class A 3rd of 2nd gel

with 200 SKS 65% Class A 3rd of 2nd gel

with 200 SKS 65% Class A 3rd of 2nd gel

with 200 SKS 65% Class A 3rd of 2nd gel

with 200 SKS 65% Class A 3rd of 2nd gel

with 200 SKS 65% Class A 3rd of 2nd gel

CHARGE TO: Knagholo Grade

STREET CITY STATE ZIP

HANDLING 713.33 @ 2.48 1,768.85

MILEAGE 301.76 @ 4.36 1,317.67

TOTAL 16,965.03

SERVICE	
DEPTH OR JOB	1330
PUMP TRUCK CHARGE	2213.25
EXTRA FOOTAGE	
MILEAGE HVM	30 @ 7.70 231.00
MANIFOLD	
Wm	30 @ 4.40 132.00
TOTAL	2,576.25

PLUG & FLOAT EQUIPMENT

1-4316 Buffle Pipe	@ 131.04	731.04
1-4316 Rubber lining	@ 131.04	131.04
1-4316 Baffle	@ 559.30	559.30
TOTAL		1421.38

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 is 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 Mike Keith

SIGNATURE Mike Keith

Thank you!

SALES TAX (IF ANY) _____

TOTAL CHARGES 20,301.22

DISCOUNT 15,220.84

IF PAID IN 30 DAYS



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300

Invoice

DATE	INVOICE #
7/1/2013	24820

BILL TO
Longhorn Crude, LLC
24583 NW 208 Road
Jetmore, KS 67854

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator	
									#1-3
PRICE REF.	DESCRIPTION								
575D		Mileage - 1 Way					6.00	300.00	
577D		Pump Charge - Shallow Squeeze (< 1500 Ft.)					1,000.00	1,000.00	
325		Standard Cement					14.00	1,400.00T	
278		Calcium Chloride					50.00	150.00T	
290		D-Air					42.00	84.00T	
581D		Service Charge Cement					2.00	200.00	
582D		Minimum Drayage Charge					250.00	250.00	
		Subtotal						3,384.00	
		Sales Tax Hodgeman County					7.30%	119.28	
		<i>Paid 7-28-13 Rec# 1005</i>							
Total								\$3,503.28	

Thank You For Your Business!

#0604 P.007/014



CHARGE TO: **LONGHORN CRUDE, LLC**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No **24820**
 PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1-3	LEASE QUERRACH	COUNTY/PARISH HODGEMAN	STATE Ks	CITY	DATE 7-1-13	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PERRELL DRIS	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE Oil	WELL CATEGORY DEVELOPMENT	JOB PURPOSE BRAND HEAD SQUEEZE	WELL PERMIT NO.	WELL LOCATION HANSTON, Ks - 3'hs, 1/2w, n		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	OF			UM		UM	
575		1			MILEAGE # 115	50	ME		6.00	300.00
577		1			PUMP CHARGE	1	JOB		1000.00	1000.00
325		1			STANDARD COMST	100	SYS		14.00	1400.00
278		1			CALCIUM CHLORIDE	3	SYS		50.00	150.00
290		1			D-ADR	2	GAL		42.00	84.00
581		1			SERVICE CHARGE COMST	100	SYS		2.00	200.00
582		1			MINIMUM DRAINAGE CHARGE	9640	URS	241.7M	250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

Mike Allen
 DATE SIGNED **7-1-13** TIME SIGNED **0800** AM PM

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					3384.00
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	3503.28

Hodgeman
 TAX 7.3%

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this invoice

SWIFT OPERATOR **WAYNE WILSON** APPROVAL

Thank You!

01/03/2007 01:16

JOB LOG

SWIFT Services, Inc.

DATE 7-1-13 PAGE NO. 1

CUSTOMER LOUISIANA CRYSTAL, LLC WELL NO. 1-3 LEASE OVERBACH JOB TYPE BANNED HEAD SERVICE TICKET NO. 24820

CHART NO.	TIME	RATE (GPM)	VOLUME (GALLONS)	PUMPS		PRESSURE (PSI)	DESCRIPTION OF OPERATION AND MATERIALS
				T	C		
	0800						ON LOCATION
							5 1/2 x 8 5/8 1" e
	0830	3	60	✓		150	TRY TO CIRCULATE 1" DOWN - WILL NOT GO
	0945						PACK OFF BANNED HEAD
	1015	4	10	✓		100	PUMP DOWN BANNED HEAD - CIRCULATED
							DISCUS JOB W/ CO. MAN
	1045	3	21	✓		100	PUMP 100 SIS STAINLESS 3% CC - BANNED HEAD
							CIRCULATED 15 SIS TO PIT
							WASH TANK
	1130						JOB COMPLETE
							THANK YOU WAYNE, JEFF, JOHN