



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1168177
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: _____



1168177

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Blackstock 2
Doc ID	1168177

Tops

Name	Top	Datum
Hushpuckney Shale	4519	-3154
B/KC	4568	-3203
Pawnee	4664	-3299
Cherokee Group	4716	-3351
Mississippian	4770	-3405
Kinderhook	5024	-3659
Misener	5126	-3761
Viola	5154	-3789

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

November 13, 2013

Joscelyn Nittler
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO1
API 15-007-24052-00-00
Blackstock 2
NW/4 Sec.12-35S-12W
Barber 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,
Joscelyn Nittler

ALLIED CEMENTING CO., LLC.

040118

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine objects

DATE	08-04-13	SEC.	12	TWP.	35s	RANGE	12nw	CALLLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE	Black Star	WELL #	2	LOCATION				<i>Hydroner, 3/4c, n/side</i>		COUNTY	STATE
OLD OR NEW (Circle one)											

CONTRACTOR *Val # 5* OWNER *Indian oil*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *725*

CASING SIZE *8 3/4* DEPTH *720*

TUBING SIZE DEPTH DEPTH DEPTH

DRILL PIPE DEPTH DEPTH DEPTH

TOOL DEPTH DEPTH DEPTH

PRES. MAX *500* + *est 1800* MINIMUM

MEAS. LINE SHOE JOINT *42'*

CEMENT LEFT IN CSG. *42'*

PERFS.

DISPLACEMENT *43 1/2 Bbls Fresh H₂O*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio*

471-265 HELPER *J. Thinesck*

BULK TRUCK

381-252 DRIVER *P. Gilley*

BULK TRUCK DRIVER

DRIVER

REMARKS:

See Job Log

Bump Plug at 43k Bbls

Cement Did Circ.

CHARGE TO: *Indian oil*

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., 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 *Andy Smith*

SIGNATURE *Andy Smith*

OWNER *Indian oil*

CEMENT AMOUNT ORDERED *225sx65:35:6%galt*

3%cc + 1/4 = Floreal \$150sx class A +

3%cc + 2%galt

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

SERVICE

DEPTH OF JOB *720*

PUMP TRUCK CHARGE @

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD *head rental* @

light vehicle @

TOTAL

PLUG & FLOAT EQUIPMENT

1-TRP @

1- Fiber Baffle Plate @

1- cement Basket @

TOTAL

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



ALLIED
CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO.

Date 08-04-13 District Medals Ticket No. 40118
 Company Indevco Rig Vol #5
 Lease Black Scout Well No. 82
 County Barber State KS
 Location V.V. Handman's Field 12-355-12w

CEMENT DATA:
 Spacer Type: Fresh H²O
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time _____ hrs. Type 65:35:6794
+30cc + 14 #Floresol Excess _____
 Amt. 22.5 Sks Yield 1.98 ft³/sk Density 12.8 PPG _____
 TAIL: Pump Time _____ hrs. Type Class A + 36cc Excess _____
+2.09cc

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 3/4 Type _____ Weight 24# Collar _____

Amt. 150 Sks Yield 1.34 ft³/sk Density 15.2 PPG _____
 WATER: Lead 10.9 gals/sk Tail _____ gals/sk Total _____ Bbls. _____

Casing Depths: Top _____ Bottom _____

Pump Trucks Used 471-265
 Bulk Equip. 381-252

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12K T.D. 720 ft. P.B. to 720 ft.
 CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer W-G Depth _____
 Shoe: Type Fiberboard Plate Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. 1-Basket
 Disp. Fluid Type Fresh H²O Amt. 43K Bbls. Weight _____ PPG _____
 Mud Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE Randy Smith CEMENTER D. Felio

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
<u>12:15PM</u>	<u>1500</u>	<u>300</u>				<u>Pipe on Btm, Boat Give.</u>
	<u>200</u>	<u>300</u>		<u>3 3/4</u>	<u>4</u>	<u>Pump Spaced</u>
	<u>200</u>	<u>300</u>		<u>7 3/4</u>	<u>4 1/2</u>	<u>Mix 22.5 sk Lite weight cement</u>
	<u>200</u>	<u>300</u>		<u>35 3/4</u>	<u>5</u>	<u>Mix 150 sk tail cement</u>
	<u>100</u>	<u>300</u>		<u>30</u>	<u>4 1/2</u>	<u>Stop Release Plug</u>
	<u>150</u>	<u>300</u>		<u>20.35</u>	<u>2</u>	<u>Start Disp.w/Fresh H²O - Washing on Plug</u>
	<u>300</u>	<u>300</u>		<u>43K</u>	<u>2</u>	<u>See S tendency in cement in PSE</u>
	<u>500</u>	<u>300</u>				<u>Slow Rate</u>
						<u>Bump Plug</u>
						<u>Station: Cement Did circ.</u>

FINAL DISP. PRESS: 300 PSI BUMP PLUG TO 590 PSI BLEEDBACK NA BBLs. _____ THANK YOU
 MILLER PRINTERS, INC. - Great Bend, KS

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D.# 20-5975804

059886

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

SERVICE POINT:

Melrose Lodge KS

DATE <i>02/13/13</i>	SEC. <i>12</i>	TWP. <i>35</i>	RANGE <i>13w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Blackhawk</i>	WELL # <i>2</i>	LOCATION <i>Hardner KS 3 1/2 mi East North</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)							

CONTRACTOR *Vol #5* OWNER *Indian Oil*

TYPE OF JOB *Production*

CEMENT

AMOUNT ORDERED *52w 60:40:4% Gal. 1255x*

Class A Asc + 5# Kalkes H. 2% Ft. 160 + Deflower

1268Ls Sunfish, 13 Gal KCL

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

@

@

@

@

@

@

@

@

HANDLING @

MILEAGE @

TOTAL

REMARKS:

EQUIPMENT

PUMP TRUCK CEMENTER *John Thimlich*

471/265 HELPER *Sate Heard*

BULK TRUCK DRIVER *Justin Bower*

364 DRIVER

BULK TRUCK DRIVER

#

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE @

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD *+11.1* @

LV @

@

TOTAL

CHARGE TO: *Indian Oil*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

5/2
APD Gumbo Shale 1 @

LPL Jura Plug 1 @

Catfish 8 @

@

@

TOTAL

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.

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME

SIGNATURE



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Indian Oil Company

12-35-12 Barber, KS

Blackstock #2

Job Ticket: 50825

DST#: 1

ATTN: Scott Alberg

Test Start: 2013.08.12 @ 02:24:00

GENERAL INFORMATION:

Formation: **Misener**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:49:30

Time Test Ended: 09:57:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Brannan L

Unit No: 67

Interval: 5102.00 ft (KB) To 5140.00 ft (KB) (TVD)

Reference Elevations: 1365.00 ft (KB)

Total Depth: 5140.00 ft (KB) (TVD)

1351.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 14.00 ft

Serial #: 8167 Inside

Press @ Run Depth: 70.38 psig @ 5137.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.12

End Date:

2013.08.12

Last Calib.: 2013.08.12

Start Time: 02:24:01

End Time:

09:57:00

Time On Btm: 2013.08.12 @ 04:46:00

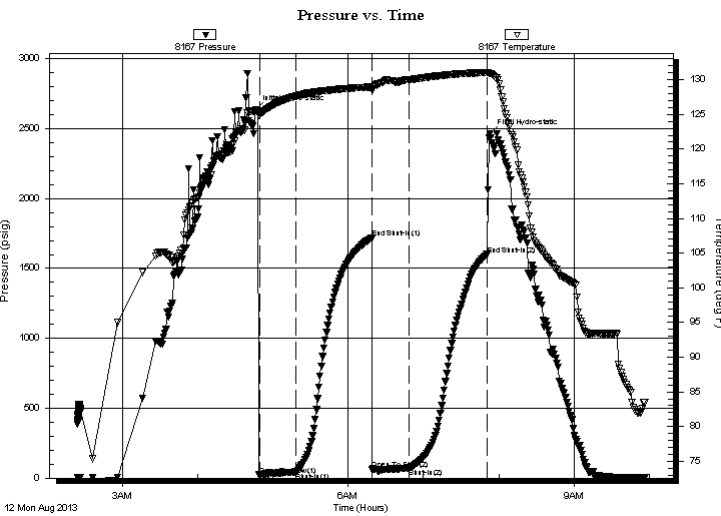
Time Off Btm: 2013.08.12 @ 07:53:00

TEST COMMENT: 30- IF- BOB 2 mins

60- IS- No blow

30- FF- 7"

60- FSI- No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2632.32	125.49	Initial Hydro-static
4	23.37	125.04	Open To Flow (1)
32	43.12	127.61	Shut-In(1)
93	1715.36	128.94	End Shut-In(1)
93	64.68	128.53	Open To Flow (2)
123	70.38	130.02	Shut-In(2)
185	1599.35	131.02	End Shut-In(2)
187	2463.69	130.89	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
90.00	Mw / show of O, 100%M	1.26

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Indian Oil Company

12-35-12 Barber, KS

Blackstock #2

Job Ticket: 50825

DST#: 1

ATTN: Scott Alberg

Test Start: 2013.08.12 @ 02:24:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.39 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
90.00	Mw/ show of O, 100%M	1.262

Total Length: 90.00 ft Total Volume: 1.262 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

