



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1170549
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 |
|-----------------------------------|-----------------|---|

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: _____

1170549

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: _____ _____ |
|--|---|---|

ALLIED OIL & GAS SERVICES, LLC 061869

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
great Bend

| | | | | | | | |
|--|----------------------------|-------------------------------------|-----------------|--|----------------------------|--------------------------|---------------------------|
| DATE <u>11-22-13</u> | SEC <u>2</u> | TWP. <u>26S</u> | RANGE <u>3E</u> | CALLED OUT <u>5:30 AM</u> | ON LOCATION <u>9:30 AM</u> | JOB START <u>7:00 PM</u> | JOB FINISH <u>8:00 PM</u> |
| LEASE <u>Boalston</u> | WELL # <u>2-11-11-12 H</u> | LOCATION <u>Butler on line E to</u> | | | COUNTY <u>Butler</u> | STATE <u>KS</u> | |
| OLD OR <input checked="" type="radio"/> NEW (Circle one) | | | | <u>Meadowbrook Rd 2 N 1 1/2 E 5 in</u> | | | |

CONTRACTOR Nabors 113
 TYPE OF JOB surface
 HOLE SIZE 13.5 T.D. 320
 CASING SIZE 9 5/8 36# DEPTH 320
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 3ft
 PERFS. _____
 DISPLACEMENT H2O 24.84 BBL
 EQUIPMENT _____

OWNER source energy
 CEMENT AMOUNT ORDERED 220 class A 37-cc
7# Plossal 15K
 COMMON class A 220 @ 17.90 3938
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE 8 shk @ 64 512
 ASC _____ @ _____
Plossal 55# @ 2.97 163.35
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 235.95 @ 2.48 585.16
 MILEAGE 427.11 @ 2.60 1110.48
 TOTAL 6308.99

PUMP TRUCK CEMENTER Charles Kingen
 # 597 HELPER Dan Casper
 BULK TRUCK # 599 DRIVER Kevin Weighouse
 BULK TRUCK # _____ DRIVER _____

REMARKS:

Run 320' 9 5/8 casing Break circulation
W/ Rig Mud Hook to head pump
5BBL H2O ahead mix 220 SKS class
A 37-cc 7# Plossal 15K shut down
Release plug Displace 24.84 BBL
H2O cement did circulate
float did hold

WELL NAME Fowlston J-11-11-12 H
 WRI/APEN 16077-D
 OL ACCT 830.100 AMT \$ 9115.22
 CHARGE TO source energy AMT \$ _____
 EXCELLENT GOOD FAIR POOR
 STREET DESCRIPTION CP road 9 5/8 + float Equip
 CITY _____ STATE Mo ZIP DATE 11-22-13
 SUPERVISOR 15.0

SERVICE

DEPTH OF JOB 320
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 40 miles @ 7.70 308
 MANIFOLD _____ @ _____
LVM 40 miles @ 4.40 176
head Rent @ _____ 2.75
wait time 4.5 hrs 440 = 1980
 TOTAL 4251.25

PLUG & FLOAT EQUIPMENT

9 5/8 AFM float shoe 679.60
1- STOP Ring @ _____ 43.90
Rubber Plug @ _____ 106.25
5- centerpieces @ 44.10 220.50
2- Thread Lock @ 39.40 78.80
 TOTAL 1129.05

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 X Barry Driscoll
 SIGNATURE X Barry Driscoll

SALES TAX (If Any) _____
 TOTAL CHARGES 11689.29 ✓
 DISCOUNT 2574.07 IF PAID IN 30 DAYS
 \$ 9115.22

ALLIED OIL & GAS SERVICES, LLC 061872

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Medicine Lodge
~~Grant Bond~~

| | | | | | | | |
|---|------------------|------------------------------|--------------------|---------------------------------------|------------------------------|-----------------------------|-----------------------------|
| DATE <u>11-26-13</u> | SEC. <u>2</u> | TWP. <u>26S</u> | RANGE <u>3E</u> | CALLED OUT <u>10 PM</u> | ON LOCATION <u>9:30am</u> | JOB START <u>12:00pm</u> | JOB FINISH <u>6:30pm</u> |
| LEASE <u>Boultin</u> | | WELL # <u>2-11-11-124</u> | | LOCATION <u>I-35 To 254 E to</u> | | COUNTY <u>Butler</u> | STATE <u>Ks</u> |
| OLD OR <input checked="" type="checkbox"/> NEW (Circle one) | | | | <u>Meadowland RD N TO D.E.I.E.S.M</u> | | | |

CONTRACTOR Nalves # 113
 TYPE OF JOB intermediate
 HOLE SIZE 8 3/4 T.D. 3165
 CASING SIZE 7" 23# DEPTH 3155
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1800 MINIMUM 1300
 MEAS. LINE _____ SHOE JOINT 46.28
 CEMENT LEFT IN CSG. 96.28
 PERFS. _____
 DISPLACEMENT H2O 123.25
 EQUIPMENT

OWNER Source Energy
 CEMENT
 AMOUNT ORDERED 230 lbs cement 2 1/2 gal
2 6 1/2 PL-160, 15 1/2 SA-45 3" salt
5# Kalsol 1 sh
 COMMON 230 @ 17.90 \$ 4117
 POZMIX @ _____
 GEL 9 @ 23.40 \$ 210.60
 CHLORIDE @ _____
 ASC @ _____
AL-160 131 # @ 18.90 \$ 2475.90
SA-45 34 # @ 3.97 \$ 117.98
salt 5 lbs @ 26.35 \$ 131.75
gilsonite 1150 # @ 0.98 \$ 1127
 DV1100 12 DBI @ 58.70 \$ 704.40
 HANDLING 268.65 @ 2.48 \$ 666.28
 MILEAGE 473.79 @ 1.23 \$ 582.76
 TOTAL 10782.77

PUMP TRUCK CEMENTER Charles Koenig
 #558-555 HELPER Scott Pridley
 BULK TRUCK
 #599 DRIVER Thomas Tigras
 BULK TRUCK
 # DRIVER

REMARKS:

Run 3165' csg Bond circulator
Well Rig Med hook to head 5 DBI
water 12 DBI DVI 100 5 DBI water mix
130 lbs cement 2 1/2 gal 6 1/2 PL-160 15 1/2 SA-45
3" salt 5# Kalsol 1 sh @ 14.9 per 100
shades A 2 1/2 gal 6 1/2 PL-160 15 1/2 SA-45
3" salt 5# Kalsol 1 sh @ 15.8 shut down
release plug displacer 12325 DBI plug
did head bump plug to 1800 psi
float did hold wait 5 hrs + pressure
test to 5000 ft and hold for 10 min
 WORKER 10071-D FOU 1076.5 9-11-11-24
 SUBJECT 930.160 AMT \$ 14,582.32
 CITY EXCELLENT X GOOD FAIR ZIP _____
 DESCRIPTION cement 7" intermediate
 SIGNATURE AJ DATE 11/26/13
 SUPERVISOR AJ Best

SERVICE
 DEPTH OF JOB 3155
 PUMP TRUCK CHARGE 2558.75
 EXTRA FOOTAGE @ _____
 MILEAGE 40 mile @ 7.70 \$ 308
 MANIFOLD @ _____
head rent @ 2.75 \$ 275
Misc Pump @ 8.2915
drum 40 mile @ 4.40 \$ 176
wait time 440 hr @ 1.760 \$ 774.40
 TOTAL 7992.15
 4 hours

PLUG & FLOAT EQUIPMENT

7" new seal float shoe 361.80
7" new seal float collar @ 450.20
Rubber plug @ 99.45
 TOTAL 911.45

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PRINTED NAME X Barry Bridges
 SIGNATURE X by AJ
thank you!

SALES TAX (if Any) _____
 TOTAL CHARGES 19686.97
 DISCOUNT 5104.65 IF PAID IN 30 DAYS
\$14582.32

Source Energy MidCon, LLC Horiz Completion (NAD27) Foulston 2-11-11-12H

