



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172414
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: _____

1172414

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: <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

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> _____	PRODUCTION INTERVAL: _____ _____
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Global Cementing LLC dba SOS LLC

Invoice

18048 I-70 Road
Russell, KS 67665

Date	Invoice #
6/4/2013	1030-1031

Bill To
Continental Operating PO BOX 52 HAYS,KS 67601

P.O. No.	Terms	Project
HAMMERSCHMI...	Net 30	

Quantity	Description	Rate	Amount
175	COMMON	15.50	2,712.50T
4	GEL	20.50	82.00T
7	PLASTER	30.00	210.00T
186	HANDLING	2.10	390.60
	BULK MILEAGE	506.00	506.00
1	PUMP TRUCK CHARGE FOR FIRST STAGE	1,850.00	1,850.00
68	PUMP TRUCK MILEAGE	6.50	442.00
68	LMV	2.00	136.00
1	DV TOOL WITH LATCH DOWN ASSEMBLY	4,650.00	4,650.00T
8	CENTRALIZER	56.00	448.00T
2	BASKET	190.00	380.00T
1	FLOAT SHOE	275.00	275.00T
500	500 GAL	1.00	500.00T
10	KCL WATER	12.50	125.00T
	2ND STAGE		
300	COMMON	15.50	4,650.00T
200	POZ	8.50	1,700.00T
26	GEL	20.50	533.00T
1	PUMP TRUCK CHARGE FOR 2ND STAGE	1,250.00	1,250.00
500	500 GAL	1.00	500.00T
10	KCL WATER	12.50	125.00T
526	HANDLING	2.10	1,104.60
	BULK MILEAGE	1,430.00	1,430.00
	DISCOUNT	-3,759.20	-3,759.20
	Sales Tax	6.30%	1,064.10

Please remit to above address.

Phone #	
785-324-2658	785-

Total \$21,304.60

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1031

2nd stage

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:
Russell 43 - 16216 43

DATE <u>6-4-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>12:30pm</u>	JOB FINISH <u>1:30pm</u>
LEASE <u>Hammack</u>	WELL #. <u>3</u>	LOCATION <u>Zurich 43</u>			COUNTY <u>Rock</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)			<u>2 1/2 S W 1st</u>				

CONTRACTOR American Eagle

TYPE OF JOB _____

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK # _____ CEMENTER Heath

BULK TRUCK # _____ HELPER Cody

BULK TRUCK # _____ DRIVER ERIC

BULK TRUCK # _____ DRIVER _____

REMARKS:
Hoisted up and mixed 500gal mud flush and 10 bbl KCL - plugged RH with 305v and mixed 4705v down 5 1/2 - shut down and released plug - disp 37 bbl of H2O - plug landed @ 1400' and circulated 15 bbl cement to pit - released and drilled up

CHARGE TO: Continental

STREET _____

CITY _____ STATE _____ ZIP _____

Schippers Oil Field Services, L.L.C.,
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 Key P. Lee

SIGNATURE _____

OWNER _____

CEMENT AMOUNT ORDERED 5005v 60/40 6% gel

COMMON	<u>500v</u>	@ <u>\$15.50</u>	<u>\$7,750.00</u>
POZMIX	<u>200v</u>	@ <u>\$8.50</u>	<u>\$1,700.00</u>
GEL	<u>265v</u>	@ <u>\$20.50</u>	<u>\$5,332.00</u>
CHLORIDE		@	
ASC		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>526v</u>	@ <u>\$210</u>	<u>\$110,460.00</u>
MILEAGE	<u>.0815/mile</u>		<u>\$1,430.00</u>
TOTAL			

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE \$1,250.00

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

<u>500gal mud flush</u>	@ <u>\$1.00</u>	<u>\$500.00</u>
<u>10 bbl KCL</u>	@ <u>\$12.50</u>	<u>\$1,250.00</u>
	@	
	@	
	@	
TOTAL _____		

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

Global Cementing LLC dba SOS LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
5/30/2013	1027

Bill To
Continental Operating PO BOX 52 HAYS,KS 67601

P.O. No.	Terms	Project
HAMMERSCHMI...	Net 30	

Quantity	Description	Rate	Amount
175	COMMON	15.50	2,712.50T
4	GEL	20.50	82.00
7	CALCIUM	53.00	371.00T
186	HANDLING	2.10	390.60
	BULK MILEAGE	506.00	506.00
1		1,050.00	1,050.00
68	PUMP TRUCK MILEAGE	6.50	442.00
68	LMV	2.00	136.00
	DISCOUNT	-882.70	-882.70
	Sales Tax	6.30%	194.26

Please remit to above address.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	globalcementingllc@gmail.com

Total \$5,001.66

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1027

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:
Russell, KS - Hoxie, KS

DATE <u>5-30-13</u>	SEC. <u>9</u>	TWP. <u>10</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30pm</u>	JOB FINISH <u>2:00pm</u>
LEASE <u>Hommer Schindt</u>	WELL #. <u>3</u>	LOCATION <u>Zurich, KS 2 1/2 S</u>			COUNTY <u>Roooks</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)		<u>Went to</u>					

CONTRACTOR American Eagle

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>221</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>219</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>300ps</u>	MINIMUM <u>100ps</u>
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>20ft</u>	
PERFS	
DISPLACEMENT <u>12 3/4</u>	
EQUIPMENT	
PUMP TRUCK # <u>P1</u>	CEMENTER <u>Heath</u>
	HELPER <u>Andy</u>
BULK TRUCK # <u>B1</u>	DRIVER <u>Jay</u>
BULK TRUCK #	DRIVER

OWNER

CEMENT AMOUNT ORDERED 1755x com 3%CC 2%gel

COMMON <u>1755x</u>	@ <u>\$15.50</u>	<u>\$2712.50</u>
POZMIX	@	
GEL <u>45x</u>	@ <u>\$20.50</u>	<u>\$820.00</u>
CHLORIDE <u>75x</u>	@ <u>\$53.00</u>	<u>\$371.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>1865x</u>	@ <u>\$2.10</u>	<u>\$390.60</u>
MILEAGE <u>.0815x/mile</u>		<u>\$506.00</u>
TOTAL		<u>\$4062.10</u>

REMARKS:

Ran 5 HS of 8 5/8 casing and landing

Est circulation with mud pump

Hooked up and mixed 1755x and disp

12 3/4 bbl @ 170 - shut in @ 300ps

Cement did circulate to surface

CHARGE TO: Continental Operating

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>\$1050.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>3442</u>	@ <u>\$6.50</u>	<u>\$2242.00</u>
MANIFOLD <u>2MV 3442</u>	@ <u>\$2.00</u>	<u>\$136.00</u>
	@	
TOTAL		<u>\$1,628.00</u>

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

Schippers Oil Field Services, L.L.C.,
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PRINTED NAME _____

SIGNATURE _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS