



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1174076  
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: \_\_\_\_\_

1174076

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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### Drill Stem Test

DST #1 4344-4402: 30-60-60-60. 1st OP Strg blow BOB 11 min.  
2nd OP Strg blow BOB 1 min. Rec. 100' SOCM (2%O, 98%M), 80' SWCM (3%W,  
97%M). IFP 38-81#, FFP 78-90#, ISIP 257#, FSIP 197#. IHP2131#, FHP 2133#.  
Temp 123°. SHT @ 4402' = 21/2°.



Customer <i>DIXON ENERGY</i>	Lease No.	Date <i>09-16-13</i>
Lease <i>1117</i>	Well # <i>30</i>	
Field Order # <i>3108</i>	Station <i>1117 KS</i>	Casing <i>8 7/8</i>
Type Job <i>CNW 8 7/8 24" 30"</i>	Depth <i>300</i>	County <i>PARKER</i>
	Formation	State <i>KS</i>
		Legal Description <i>11-21-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 7/8</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>300</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>24</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>300</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>277</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
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Service Units	<i>37900</i>	<i>23708</i>	<i>20920</i>	<i>19903</i>	<i>73768</i>
Driver Names	<i>Walters</i>	<i>Molson</i>	<i>Paciso</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>3:30</i>					<i>on for soft, muddy</i>
					<i>Run 9 5+5 24" 8 7/8 csg</i>
<i>5:30</i>					<i>CASING ON BOTTOM</i>
<i>5:40</i>					<i>Hook up circ csg</i>
<i>5:50</i>	<i>200</i>		<i>3</i>		<i>At Jacob</i>
			<i>54</i>	<i>5.5</i>	<i>mix cont 245 sk 60/40 por 3%acc 1/4 F</i>
					<i>cont mix by shut down</i>
					<i>Release Plug</i>
<i>06:15</i>			<i>24</i>	<i>4</i>	<i>At Dup</i>
					<i>plug down</i>
					<i>1 circ 8000 cont Pit</i>
					<i>503 complete</i>
					<i>Thank you</i>

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer <b>DIXON ENERGY, INC.</b>	Lease No.	Date <b>8-22-2013</b>
Lease <b>MOTT</b>	Well # <b>30</b>	
Field Order # <b>07135</b>	Station <b>PRATT, KS.</b>	County <b>BARBER</b>
Type Job <b>CNW-5 1/2" L.S.</b>	Formation <b>4790'</b>	Legal Description <b>11-31-12</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>5 1/2" x 15.5"</b>	Tubing Size	Shots/Ft	<b>CMT -</b>	Acid <b>180 SKS. AA-2</b>	RATE	PRESS	ISIP	
Depth <b>4785'</b>	Depth	From	To	Pre Pad <b>2.136 CUFT<sup>3</sup></b>	Max <b>5J = 21.08'</b>		5 Min.	
Volume <b>113.3 BBL</b>	Volume	From	To	Pad	Min		10 Min.	
Max Press <b>500</b>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <b>P.C.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>113.3'</b>	Packer Depth	From	To	Flush <b>113.3 BBL</b>	Gas Volume		Total Load	

Customer Representative <b>TERRY BAIRD</b>	Station Manager <b>K. GORNEY</b>	Treater <b>K. LESLEY</b>
Service Units <b>375816</b>	<b>33708</b>	<b>20920</b>
Driver Names <b>LESLEY</b>	<b>MARQUEZ</b>	<b>PIERSON</b>

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
4:00 AM					ON LOCATION - SAFETY MEETING
5:00 AM					RUN 114 JTS. 5 1/2" x 15.5" CSG.
					TURBO. - 2, 4, 7, 8, 9, 10, 11, 13, 16, 19, 21, 23
					BASK - BOTTOM OF 2ND JT.
7:45 AM					CSG. ON BOTTOM
8:00 AM					HOOKUP TO CSG. / BREAK CIRC. W/ RIG
10:30 AM	450		5	6	H <sub>2</sub> O AHEAD
10:35 AM	450		12	6	MUD FLUSH
10:43 AM	400		8	6	MIX 25 SKS. SCAVENGER @ 12 PPG
10:54 AM	300		44	6	MIX 180 SKS. AA2 @ 15.3 PPG
11:00 AM					CLEAR PUMP & LINE / DROP L.D. PLUG
11:10 AM	0		0	6	START DISPLACEMENT
11:20 AM	500		65	5	LIFT PRESSURE
11:26 AM	1000		100	3	SLOW RATE
11:30 AM	1500		113.3	2	PLUG DOWN - HELD
					CIRC. THRU JOB
11:45 AM	0		6, 41	2	PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

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/>

Shari Feist Albrecht, Chair  
Thomas E. Wright, Commissioner  
Jay Scott Emler, Commissioner

Sam Brownback, Governor

January 27, 2014

Mike Dixon  
Dixon Energy, Inc.  
8100 E 22ND N BLDG 300, STE 200  
WICHITA, KS 67226

Re: ACO-1  
API 15-007-24054-00-00  
Mott 30  
NW/4 Sec.11-31S-12W  
Barber County, Kansas

Dear Mike Dixon:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/16/2013 and the ACO-1 was received on December 27, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department