



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174636
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: _____

1174636

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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MDCI Burk Trust 'A' #1-23 2225' FNL 330' FWL Sec. 23-T1S-R36W 3225' KB							Berexco Michael #1-22 2200' FNL 880' FEL Sec. 22-T1S-R36W 3158' KB	
Formation	Sample top	Datum	Ref	Log Top	Datum	Ref	Log Top	Datum
Anhydrite	3128	+97	-2	3125	+100	+1	3059	+99
B/Anhydrite	3160	+65	-3	3158	+67	-1	3090	+68
Neva	3607	-382	-1	3607	-382	-1	3539	-381
Red Eagle	3670	-445	-3	3667	-442	Flat	3600	-442
Foraker	3717	-492	-3	3716	-491	-2	3647	-489
Topeka	3935	-710	-5	3934	-709	-4	3863	-705
Oread	4045	-820	-4	4042	-817	-1	3974	-816
Lansing	4146	-921	-3	4144	-919	-1	4076	-918
Stark				4365	-1140	Flat	4298	-1140
BKC	4417	-1192	-3	4415	-1190	-1	4347	-1189
Pawnee							4461	-1303
Cherokee							4551	-1393
Mississippi							4765	-1607
RTD	4520						4810	-1652
LTD				4520	-1295		4814	-1656



Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Burk Trust 'A' #1-23
Location: N2 SW SW NW Sec 23 T15 R36W
License Number: 15-153-20942
Spud Date: 8/30/2013
Surface Coordinates: 2225' FNL & 330' FWL
Region: Rawlins County, KS
Drilling Completed: 9/6/2013

Bottom Hole Coordinates: 3220
Ground Elevation (ft): 3220
Logged Interval (ft): 3500 To: TD
Formation:
Type of Drilling Fluid: Chemical Mud
K.B. Elevation (ft): 3225
Total Depth (ft): 4520
Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Murfin Drilling Co., Inc.
Address: 250 N Water, Suite 300
Wichita, KS 67202

GEOLOGIST

Name: Clayton Erickson
Company: Erickson WellSite Geology
Address: 402 Palmer Street
P.O. Box 294
Loomis, NE 68958

DSTs

NO DSTs

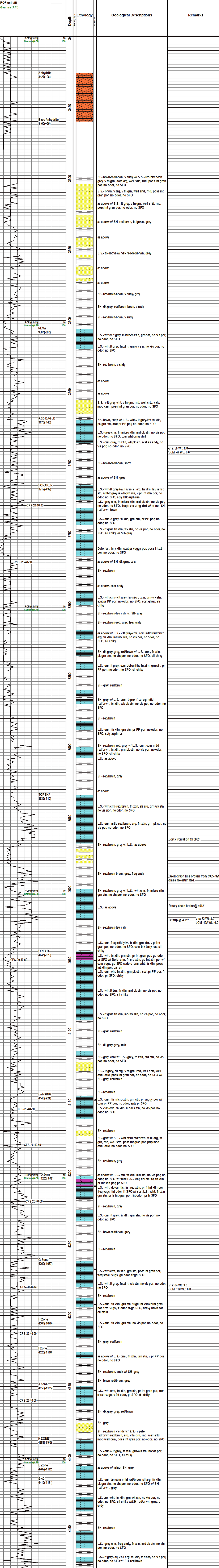
COMMENTS

FORMATION TOPS

Log Tops	Sample tops
Anhydrite	3127(+98)
Base Anhy	3160(+65)
NEVA	3607(-382)
RED EAGLE	3670(-445)
FORAKER	3717(-492)
TOPEKA	3935(-710)
OREAD	4045(-820)
LANSING	4146(-921)
BKC	4416(-1191)
TD	4520(-1295)

ROCK TYPES	
Anhy	Clyst
Bent	Carb. shale
Brec	Arkose
Cht	Dol
Gyp	Igne
Lmst	Meta
Mrfst	Salt
Shale	Shcol
Shgy	Slst
Ss	Till

OTHER SYMBOLS	
Oil Show Even	Spotted Quies
Dead	Interval Dst



Dev: 2 deg

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

January 07, 2014

Francis Hitschmann
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: ACO-1
API 15-153-20942-00-00
Burk Trust A 1-23
NW/4 Sec.23-01S-36W
Rawlins County, Kansas

Dear Francis Hitschmann:

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 08/30/2013 and the ACO-1 was received on December 30, 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



PO Box 93999
Southlake, TX 76092

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

Acct
LH

INVOICE

Invoice Number: 138294
Invoice Date: Aug 30, 2013
Page: 1

Now Includes:



Bill To:
Murfin Drlg. Co., Inc. 250 N. Water STE #300 Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Murfin	61292	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Aug 30, 2013	9/29/13

Quantity	Item	Description	Unit Price	Amount
250.00	CEMENT MATERIALS	Burk Trust A #1-23	17.90	4,475.00
9.00	CEMENT MATERIALS	Class A Common Chloride	64.00	576.00
261.34	CEMENT SERVICE	Cubic Feet	2.48	648.12
844.90	CEMENT SERVICE	Ton Mileage	2.60	2,196.74
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
70.00	CEMENT SERVICE	Pump Truck Mileage	7.70	539.00
70.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	308.00
1.00	EQUIPMENT OPERATOR	Paul Beaver		
1.00	OPERATOR ASSISTANT	Brandon Wilkinson		

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

\$ 3,589.28

ONLY IF PAID ON OR BEFORE
Sep 24, 2013

Subtotal	10,255.11
Sales Tax	399.03
Total Invoice Amount	10,654.14
Payment/Credit Applied	
TOTAL	10,654.14

ALLIED OIL & GAS SERVICES, LLC 061292

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley KS

DATE <u>8/30/13</u>	SEC <u>4</u>	TWP <u>2</u>	RANGE <u>36</u>	CALLED OUT	ON LOCATION <u>6:50 p.m.</u>	JOB START <u>7:30 AM</u>	JOB FINISH <u>8:00 PM</u>
LEASE <u>BX 6101A</u>	WELL # <u>1-23</u>	LOCATION <u>Atwood 5N-6W-2N-8W-2 1/2</u>		COUNTY <u>Rawlins</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)				<u>W 5240</u>			

CONTRACTOR Morfing
TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 257
CASING SIZE 8 5/8 DEPTH 262
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. 15'
PERFS. _____
DISPLACEMENT 15.80

OWNER Same
CEMENT AMOUNT ORDERED 250 sks 3% CC

EQUIPMENT

PUMP TRUCK # 423/281 CEMENTER Jerry Heinrich
HELPER Paul Beaver
BULK TRUCK # 347 DRIVER Brandon Wilkinson
BULK TRUCK # _____ DRIVER _____

COMMON 250 sks @ 17.90 4475.00
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE 9 sks @ 64.00 576.00
ASC _____ @ _____
HANDLING 261.3445 @ 2.48 648.12
MILEAGE 17.07 hrs @ 70 * 2.00 2196.24
TOTAL 7895.86

REMARKS:
Mix 250 sks Com 3% CC
Displace with water
Cement did circulate

Frank

SERVICE

DEPTH OF JOB 282'
PUMP TRUCK CHARGE _____ 1512.25
EXTRA FOOTAGE _____ @ _____
MILEAGE M/HV 70 @ 7.70 539
MANIFOLD _____ @ _____
M/LV 70 @ 4.40 308

TOTAL 2359.25

CHARGE TO: Morfing Drilling Co.
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

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.

PRINTED NAME Lesley Farr
SIGNATURE Lesley Farr

SALES TAX (If Any) _____
TOTAL CHARGES 10,255.11
DISCOUNT 3,589.28 IF PAID IN 30 DAYS
6,665.82 Net



Accty -
cc: WF
cc: LIL
cc: L-1

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 261996

Invoice Date: 09/10/2013 Terms: 10/10/30,n/30

Page 1

MURFIN DRILLING
P.O. BOX 288
RUSSELL KS 67665
() -

USED FOR IC 103

BURK TRUST A-1-23

38090
23-1S-36W
09-06-2013
KS

APPROVED JL
R

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	200.00	23.7000	4740.00
1110A	KOL SEAL (50# BAG)	1000.00	.5600	560.00
1104S	CLASS "A" CEMENT (SALE)	300.00	18.5500	5565.00
1102	CALCIUM CHLORIDE (50#)	564.00	.9400	530.16
1101	CAL SEAL	564.00	.5200	293.28
1111A	SODIUM METASILICATE	564.00	2.5200	1421.28
1118B	PREMIUM GEL / BENTONITE	564.00	.2700	152.28
1142A	KCL SUB MB6875 CC3107 (1	2.00	41.1000	82.20
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4104	CEMENT BASKET 5 1/2"	3.00	290.0000	870.00
4136	TURBOLIZER 5 1/2"	12.00	75.7500	909.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4315	ROTATING SCRATCHERS	11.00	94.5000	1039.50
4451	2" LATCH DOWN PLUG (2 3/	1.00	567.0000	567.00
1107	FLO-SEAL (25#)	150.00	2.9700	445.50
4310	5 1/2" ROTATING HEAD	1.00	150.0000	150.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1825.90
9995-130	CEMENT EQUIPMENT DISCOUNT	-665.35

Description	Hours	Unit Price	Total
397 TON MILEAGE DELIVERY	1.00	1542.37	1542.37
399 SINGLE PUMP	1.00	3175.00	3175.00
399 EQUIPMENT MILEAGE (ONE WAY)	75.00	5.25	393.75
528 TON MILEAGE DELIVERY	1.00	1542.38	1542.38

Amount Due 26354.90 if paid after 10/10/2013

Parts:	18258.95	Freight:	.00	Tax:	1298.20	AR	23719.40
Labor:	.00	Misc:	.00	Total:	23719.40		
Sublt:	-2491.25	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

261996

TICKET NUMBER 38090

LOCATION Oakley 125

FOREMAN Miles S

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Fuzz4
Damon - Trainer
125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-13	5406	Bunk Trust A-1-23	23	15	36W	Rawlins
CUSTOMER <u>Munfin Dals</u>			mcpouab w-pdw 1-6-12 1-6-12 1/2 2 1/2 win			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			STATE	ZIP CODE		
			399	Jordan h		
			528	Daniel		
			397	Tim W		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4520' CASING SIZE & WEIGHT 5" x 15.5
 CASING DEPTH 4513 14 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 11-14 SLURRY VOL 3.1 - 1.42 WATER gal/sk _____ CEMENT LEFT in CASING 19 3/8
 DISPLACEMENT 106 92 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Munfin #8 Flat equip Turbo's 1-2-3-4-5-6-7-8-9-10-33-48, Baskets 11, 34, 50 Rig up + circ casing 1 1/2 way in Col 70 min. run casing to bottom Circ 1 hr. Pump 5 BBL water, 500 gal Mud Flush 20 BBL KCL water Mix 350 sks CMB w/ 1/2 closed Tail with 200 sks OWC w/ 5* Kol-seal wash pump and lines drop plug and displace 107 BBLs lit + press 1500* land plug @ 2100*. Float held. Cement did not circulate. Mix 20 sks CMB in MH Mix 30 sks CMB in RH

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00 ✓
5406	75	MILEAGE	5.25	393.75 ✓
5407A	23.5 ton	Ton Mileage Delivery	1.25	3084.75 ✓
1126	200 sks	OWC	23.50	4740.00 ✓
1110A	1000*	Kol-seal	.56	560.00 ✓
1104S	300 sks	Class A	18.52	5565.00 ✓
1102	564*	Calcium Chloride	.94	530.16 ✓
1101	564*	Cal-seal	.52	293.28 ✓
1111A	564*	metasilicate	2.52	1421.28 ✓
1118B	564*	Bentonite	.27	152.28 ✓
1142A	2 gal	KCL	41.10	82.20 ✓
1144G	500 gal	Mud Flush	1.00	500.00 ✓
4104	3	5 1/2 - Baskets	290.00	870.00 ✓
4136	12	5 1/2 - Turbolizers (w)	75.75	909.00 ✓
4159	1	5 1/2 - AFU Float shoe	433.75	433.75 ✓
4315	11	5' - rotating scratchers	94.50	1039.50 ✓
4451	1	5 1/2 - hatchdown (w)	567.00	567.00 ✓
1107	150*	Flo-seal	2.97	445.50 ✓
4310	1	5 1/2 - rotating head	150.00	150.00 ✓

Revin 3737
 505 total 24912.45 - less 10% 2491.24 - subtotal 22421.20 ESTIMATED TOTAL 23719.40 ✓
 AUTHORIZATION Buck Johns TITLE _____ DATE _____ tax 1298.20 ✓

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.