



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1175593
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: _____

1175593

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	Mustang Energy Corporation
Well Name	M.R. Allen 14
Doc ID	1175593

Tops

Name	Top	Datum
Anhydrite	1344	+703
B- Anhydrite	1379	+668
Topeka	3006	-958
Heebner	3229	-1182
LKC	3270	-1223
BKC	3493	-1446
Simpson Shale	3547	-1500
Arbuckle	3570	-1523

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7610

Date	11-25-13	Sec.	22	Twp.	11	Range	14	County	Ellis	State	KS	On Location	6:30pm	Finish	7:30pm				
Lease								Location											
MR Alkon								Yocemento 10 N to Shooting Range											
Contractor				Well No.				Owner											
W W				# 14				3/4 N Emto											
Type Job				Rig				To Quality Oilwell Cementing, Inc.				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Surface				6															
Hole Size				T.D.				Charg				To							
12 1/4				219								Mustang Energy							
Csg.				Depth				Street											
8 3/8								1											
Tbg. Size				Depth				City				State							
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered											
20 ft				20 ft				150 3%CC				290 gal							
Meas Line				Displace															
				13. BBL															
EQUIPMENT																			
Pumptrk				No.				Common											
15								150											
Bulktrk				No.				Poz. Mix											
1																			
Bulktrk				No.				Gel.											
pu								3											
JOB SERVICES & REMARKS																			
Remarks:								Hulls											
								Salt											
Rat Hole								Flowseal											
Mouse Hole								Kol-Seal											
Centralizers								Mud CLR 48											
Baskets								CFL-117 or CD110 CAF 38											
D/V or Port Collar								Sand											
Cement did Circulate								Handling								158			
								Mileage											
FLOAT EQUIPMENT																			
								Guide Shoe											
								Centralizer											
								Baskets											
								AFU Inserts											
								Float Shoe											
								Latch Down											
								Pumptrk Charge								Surface			
								Mileage								16			
								Tax											
								Discount											
								Total Charge											
Signature																			
J. W.																			

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7655

Date	11-30-13	Sec.	22	Twp.	11	Range	19	County	Ellis	State	KS	On Location		Finish	12:00 AM
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Location Yocemento + Luckeye Rd, 5 1/2 N, En 2

Lease Mr Allen Well No. 14 Owner To Quality Oilwell Cementing, Inc.

Contractor WW #6 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job long string Charge To Mustang Energy

Hole Size 7 7/8 T.D. 3640 Street

Csg. 5 1/2 15.5 # Depth 3634.21 City State

Tbg. Size Depth The above was done to satisfaction and supervision of owner agent or contractor.

Tool Depth Cement Amount Ordered 350 sx Q, MDC 1/4 # Flow

Cement Left in Csg. Shoe Joint 16.10 Meas Line Displace 86661 150 sx com 10% salt 5% gilsonite

EQUIPMENT Common

Pumptrk 5 No. Cementer Lonnie W. Travis Poz. Mix

Bulktrk 3 No. Driver Clifton Gel.

Bulktrk 12 No. Driver Heath Calcium

JOB SERVICES & REMARKS Hulls

Remarks: Salt

Rat Hole 30 sx Flowseal

Mouse Hole Kol-Seal

Centralizers Mud CLR 48 500 gal Mud CLR

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Run Oil bottom breaker circulation 500 gal Handling

Mud CLR 48 10661 fu behind at photo Mileage

Rat hole with 30 sx hooked to 5 1/2 in **FLOAT EQUIPMENT**

320 sx QMDC 1/4 # Flow and 150 sx com Guide Shoe

10% salt 5% gilsonite shut down washed Centralizer 9 turbos

pump and lines. Released plug and displaced Baskets 4

with 86661 fu plug landed and held AFU Inserts

cement did not circulate Float Shoe

Lift pressure 1100 psi Latch Down

Plug landed at 1600 psi Pumptrk Charge

Mileage

Tax

Discount

Total Charge

X Signature RD



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Mustang Energy Corp.

22-11s-19w Ellis, KS

PO Box 1121
Hays, KS 67601

M. R. Allen #14

Job Ticket: 55428

DST#: 1

ATTN: Herb Deines

Test Start: 2013.11.28 @ 15:43:01

GENERAL INFORMATION:

Formation: **Topeka**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:08:41

Time Test Ended: 23:14:40

Test Type: Conventional Bottom Hole (Initial)

Tester: Brannan L

Unit No: 49

Interval: 3020.00 ft (KB) To 3050.00 ft (KB) (TVD)

Reference Elevations: 2047.00 ft (KB)

Total Depth: 3050.00 ft (KB) (TVD)

2042.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8898 Outside

Press @ Run Depth: 53.01 psig @ 3022.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.11.28

End Date:

2013.11.28

Last Calib.:

2013.11.28

Start Time: 15:43:02

End Time:

23:14:41

Time On Btm:

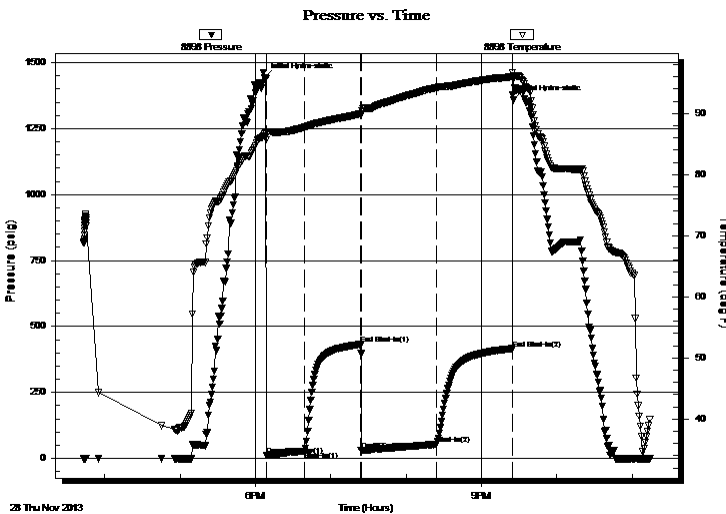
2013.11.28 @ 18:07:01

Time Off Btm:

2013.11.28 @ 21:25:21

TEST COMMENT: 30- IF- Slow ly built to 2"
45- IS- No blow
60- FF- Built very slow ly to 2"
60- FSI- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1444.46	86.61	Initial Hydro-static
2	11.12	85.75	Open To Flow (1)
33	27.93	87.78	Shut-In(1)
77	431.96	89.95	End Shut-In(1)
78	29.70	89.77	Open To Flow (2)
138	53.01	94.26	Shut-In(2)
198	414.88	96.05	End Shut-In(2)
199	1358.47	96.19	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
100.00	MW, 60%W	0.49

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Mustang Energy Corp.

22-11s-19w Ellis, KS

PO Box 1121
Hays, KS 67601

M. R. Allen #14

Job Ticket: 55428

DST#: 1

ATTN: Herb Deines

Test Start: 2013.11.28 @ 15:43:01

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:

40000 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
100.00	MW, 60%W	0.492

Total Length: 100.00 ft Total Volume: 0.492 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

