



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1178078  
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: \_\_\_\_\_

1178078

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)*

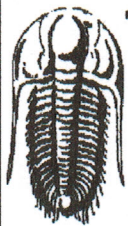
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

<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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**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Wilton Petroleum Inc

p.o. box 391  
Canton, Ks  
67428-0391  
ATTN: Mack Armstrong

33-15s-29w Gove, Ks

Dowell I #2

Job Ticket: 54657      DST#: 1

Test Start: 2013.11.05 @ 11:46:08

### GENERAL INFORMATION:

Formation: H  
Deviated: No      Whipstock: 0.00 ft (KB)  
Time Tool Opened: 14:09:38  
Time Test Ended: 21:05:08

Test Type: Conventional Bottom Hole (Initial)  
Tester: Shane McBride  
Unit No: 55

Interval: 3866.00 ft (KB) To 3910.00 ft (KB) (TVD)  
Total Depth: 3910.00 ft (KB) (TVD)  
Hole Diameter: 7.88 inches      Hole Condition: Fair

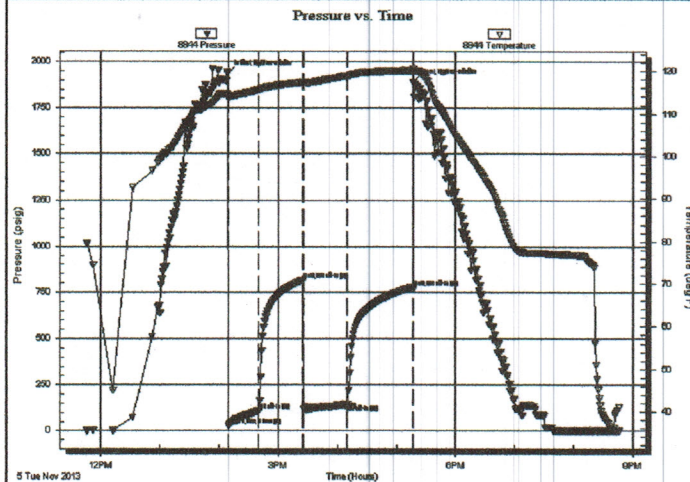
Reference Elevations: 2635.00 ft (KB)  
2625.00 ft (CF)  
KB to GR/CF: 10.00 ft

Serial #: 8844      Outside  
Press@RunDepth: 143.33 psig @ 3867.00 ft (KB)  
Start Date: 2013.11.05      End Date: 2013.11.05  
Start Time: 11:46:08      End Time: 20:46:08

Capacity: 8000.00 psig  
Last Calib.: 2013.11.05  
Time On Btm: 2013.11.05 @ 14:09:08  
Time Off Btm: 2013.11.05 @ 17:17:08

TEST COMMENT: B.O.B. in 13 1/2 min.  
No return  
B.O.B. in 16 1/2 min.  
No return

### PRESSURE SUMMARY



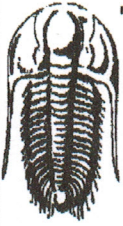
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1933.44	114.65	Initial Hydro-static
1	25.34	113.54	Open To Flow (1)
32	108.96	115.64	Shut-In(1)
77	814.55	117.37	End Shut-In(1)
78	115.98	117.19	Open To Flow (2)
122	143.33	118.94	Shut-In(2)
188	776.12	120.20	End Shut-In(2)
188	1887.55	120.51	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
180.00	g m c o 10g 25m 65o	0.89
80.00	g s m c o 10g 10m 80o	0.49
70.00	c g o 5g 95o	0.98
0.00	270' weak gas in pipe	0.00

### Gas Rates

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



**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Wilton Petroleum Inc

p.o. box 391  
Canton, Ks  
67428-0391  
ATTN: Mack Armstrong

33-15s-29w Gove, Ks

Dowell I #2

Job Ticket: 54658      DST#: 2

Test Start: 2013.11.06 @ 09:40:57

### GENERAL INFORMATION:

Formation: K  
Deviated: No      Whipstock: 0.00 ft (KB)  
Time Tool Opened: 11:45:42  
Time Test Ended: 17:40:27  
  
Interval: 3961.00 ft (KB) To 3984.00 ft (KB) (TVD)  
Total Depth: 3984.00 ft (KB) (TVD)  
Hole Diameter: 7.88 inches      Hole Condition: Fair

Test Type: Conventional Bottom Hole (Reset)  
Tester: Shane McBride  
Unit No: 55  
  
Reference Elevations: 2635.00 ft (KB)  
2625.00 ft (CF)  
KB to GR/CF: 10.00 ft

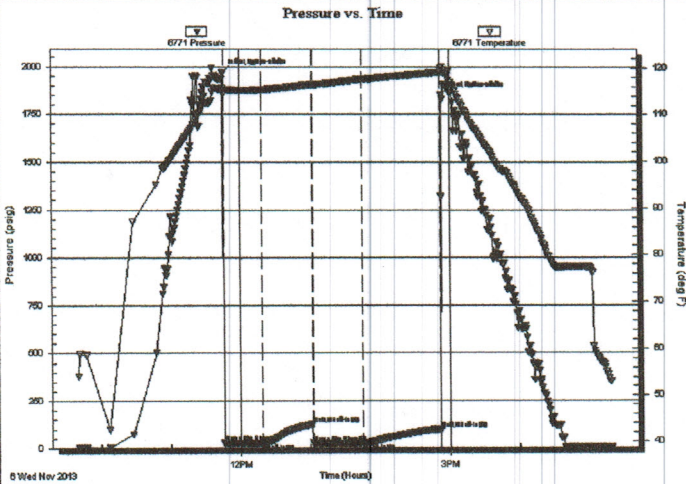
### Serial #: 6771

Inside

Press@RunDepth: 24.34 psig @ 3962.00 ft (KB)  
Start Date: 2013.11.06      End Date: 2013.11.06  
Start Time: 09:40:57      End Time: 17:40:27

Capacity: 8000.00 psig  
Last Calib.: 2013.11.06  
Time On Btm: 2013.11.06 @ 11:45:27  
Time Off Btm: 2013.11.06 @ 14:52:42

TEST COMMENT: Weak 1/8" in blow  
No return  
Weak surface blow died in 5 min.  
No return



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1966.15	115.64	Initial Hydro-static
1	26.32	114.43	Open To Flow (1)
33	22.06	115.30	Shut-In(1)
77	126.91	116.43	End Shut-In(1)
77	25.76	116.40	Open To Flow (2)
120	24.34	117.49	Shut-In(2)
187	98.10	119.01	End Shut-In(2)
188	1847.92	119.92	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
3.00	s o c m 3% o 97% m	0.01

### Gas Rates

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

\* Recovery from multiple tests



CHARGE TO: **WILTON Petroleum**  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

TICKET **25690**  
 PAGE 1 OF 2

SERVICE LOCATIONS: **Two City KS**

WELL/PROJECT NO: **#2** LEASE: **Duwell 1** COUNTY/PARISH: **cowe** STATE: **KS** CITY: **Shields** DATE: **Nov 7 2013** OWNER: \_\_\_\_\_

TICKET TYPE:  SERVICE  SALES CONTRACTOR: \_\_\_\_\_ RIG NAME/NO.: \_\_\_\_\_ ORDER NO.: \_\_\_\_\_

WELL TYPE: **Development** WELL CATEGORY: **#2** JOB PURPOSE: **conest long string** DELIVERED TO: **location** WELL PERMIT NO.: \_\_\_\_\_ WELL LOCATION: **33-15-29**

INVOICE INSTRUCTIONS: \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575					TRK 114	60	mi				6.00	360.00
578					Pump Charge	1	ea				1500.00	1500.00
402					Constr. Basher	5 1/2	in	7	ea		70.00	490.00
403					Conest Basket	5 1/2	in	2	ea		300.00	600.00
404					Post collar	5 1/2	in	1	ea		2900.00	2900.00
406					Latchdown plug 5/8 bebble	5 1/2	in	1	ea		275.00	275.00
407					Insect float shoe w/ WTD FILL	5 1/2	in	1	ea		375.00	375.00

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **Nov 7 2013** TIME SIGNED: \_\_\_\_\_

A.M.  P.M.

**REMIT PAYMENT TO:**

**SWIFT SERVICES, INC.**  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1	13,016.23
WE UNDERSTOOD AND MET YOUR NEEDS?				2	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					
<b>Subtotal</b>				1	128,745.20
<b>Gole TAX 7.9%</b>				2	741.73
<b>TOTAL</b>					13,016.23

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: \_\_\_\_\_

SWIFT OPERATOR: \_\_\_\_\_ APPROVAL: \_\_\_\_\_

Thank You!



**JOB LOG**

**SWIFT Services, Inc.**

DATE NOV 13 PAGE NO. 1

CUSTOMER WILTON Petroleum WELL NO. 2 LEASE Dowell JOB TYPE cement long string TICKET NO. 25690

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								200 sk EA-2 cement w/ 1/4" floccle 52" x 15.5# casing 97 joints TD = 4102 Baffle @ 4042' Centralize 2, 3, 4, 6, 8, 10 Bush 2, 49 Port Collar # 49 2020'
8 NOV	2200 0110							on loc TRK 114 start 52" x 15.5# casing in well
	0315							Drop ball - circulate
	0410	4 1/2	12			200		Pump 500 gal mud flush
		4 1/2	20			200		Pump 20 bbl KCL flush
	0420		7					Plug RH 30 sks MH 20 sks
	0425	4 3/4	40			200		Mix EA-2 cement 150 sk @ 15.3 ppm
								Drop latch down plug wash out pump & line
	0442	6 1/2				200		Displace plug
		6 1/2	89			700		
	0500	6 1/2	96			1520		Land plug
								Release pressure to truck - dried up
	0510							wash truck
								Back up
	0545							job complete
								Blaine Flint & ISAAC



CHARGE TO: WILTON PETROLEUM  
 ADDRESS: WILTON PETROLEUM  
 CITY, STATE, ZIP CODE:

TICKET 25922  
 PAGE 1 OF

1. SERVICE LOCATIONS: NESS CITY, KS  
 2. WELL/PROJECT NO. LEASE: DOWELL I & 2  
 COUNTY/PARISH: GOVE  
 STATE: KS  
 CITY: HEALY, KS.  
 DATE: 8/5/14  
 OWNER: 7N, 33E, N 1/2 10

3. TICKET TYPE: CONTRACTOR  
 ADDITIONAL SERVIC. RIG NAME/NO.  
 SHIPPED VIA: DELIVERED TO  
 ORDER NO.  
 WELL PERMIT NO.

4. WELL TYPE: DIL  
 WELL CATEGORY: DEVELOPMENT  
 JOB PURPOSE: CEMENT PORT BOLLAR  
 WELL LOCATION: 7N, 33E, N 1/2 10

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 115	60	MIL			60	3600.00
576 D					PUMP CHARGE	1500				1500	1500.00
276					FLOCEG	45	lbs			250	11250
290					D-AIR	2	SA			42.00	84.00
330					SMD CEMENT	175	bx			18.50	3237.50
581					CEMENT SERVICE CHARGE	250	bx			2.00	500.00
583					DRAYAGE	249	lbs			2.97	747.93

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 8/5/14 TIME SIGNED: 11:00 AM.  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY:  OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS?  OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE?  YES  NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 6541 45  
 TAX: 7.97% 271.29  
 TOTAL: 6812.74

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: [Signature]  
 APPROVAL: [Signature]

Thank You!



**JOB LOG**

**SWIFT Services, Inc.**

DATE 8 JAN 14 PAGE NO.

CUSTOMER WILTON PETROLEUM WELL NO. LEASE DOWELL I #2 JOB TYPE CEMENT PORT COLLAR TICKET NO. 25922

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0910							ON LOCATION
								PORT COLLAR @ 1978
	0934				✓		1000	TEST - HELD
	0937							OPEN PORT COLLAR
	0943	4	97		✓		850	MIX 175 SX EA-2
		3	7		✓		400	DISPLACE CEMENT
								CIRCULATE 20 SX TO PIT
	1014				✓		1000	CLOSE PORT COLLAR - TEST - HELD
								RWS JS.
	1028	3	22		✓		400	REVERSE CLEAN
	1115							JOB COMPLETE.
								THANKS #115
								JASON DAUE JUAN JARED