



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1181156
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: _____

1181156

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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. 7982

Date	2-14-13	Sec.	33	Twp.	13	Range	17	County	Ellis	State	KS	On Location	Finish
Location													Tulany F-70 12 16 SW E into

Lease	SAND 5	Well No.	1	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Discovery # 1	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	Rotary Plug	Charge To			
Hole Size	7 7/8	T.D.	3645	C.G. O.: 1	
Csg.		Depth		Street	

Tbg. Size	Depth	City	State	The above was done to satisfaction and supervision of owner agent or contractor.	
Tool	Depth				
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered		235 6/40 4/1662 1/4 #10	

Meas Line	Displace		
EQUIPMENT			
Pumptrk 17	No. Cementer 1	Common	141
	No. Helper	Poz. Mix	84
Bulktrk	No. Driver	Gel.	8
Bulktrk 10	No. Driver	Calcium	
	No. Driver	Hulls	

JOB SERVICES & REMARKS		
Remarks:	Salt	
Rat Hole 305K	Flowseal 60#	
Mouse Hole 155K	Ko-Seal	
Centralizers	Mud CLR 48	
Baskets	CFL-117 or CD110 CAF 38	
D/V or Port Collar	Sand	
1st 3528 505K	Handling 243	
2nd 1300 505K	Mileage	
3rd 650 805K	FLOAT EQUIPMENT	
4th 40 105K	Guide Shoe	
	Centralizer	8 7/8 Dry Hole Plug

<h1 style="font-size: 2em; opacity: 0.5;">Quality Oilwell Cementing</h1>	Pumptrk Charge plug Mileage 8 Tax _____ Discount _____ Total Charge _____
Signature	<i>Cliff Maxwell</i>

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. 7412

Date 7-7-13	Sec. 33	Twp. 13	Range 17	County Ellis	State KS	On Location	Finish 12:45 PM
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Location **I-70 & Toulon 1 N, 1 E, S 4 E n 2**

Lease S and J	Well No. 1	Owner 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.
Contractor Discovery	1	
Type Job Surface		Charge To C.G. Oil
Hole Size 12 1/4	T.D. 1242	Street
Csg. 8 5/8	Depth 1242	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. 42.26	Shoe Joint 42.26	Cement Amount Ordered 450 sx 6940 3% cc 2% gel
Meas Line	Displace 76 1/4 bbl	

EQUIPMENT

Pumptrk 15	No.	Cementer	Helper Nick	Common 270
Bulktrk 12	No.	Driver	Driver Billy	Poz. Mix 180
Bulktrk PU	No.	Driver	Driver Travis	Gel 9
		Driver		Calcium 16

JOB SERVICES & REMARKS

Remarks: cement did circulate	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling 475
	Mileage

FLOAT EQUIPMENT

Guide Shoe	AFU Inserts
Centralizer	Float Shoe
Baskets	Latch Down
1 Baffle plate	1 Rubber plug
Pumptrk Charge Long Surface	Mileage 8

Signature Ciff Maple	Tax	Total Charge
	Discount	



DRILL STEM TEST REPORT

C G Oil Inc
 PO Box 207
 Victoria KS 67671
 ATTN: Roger Fisher

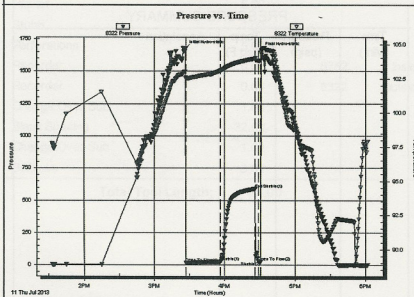
33-13s-17w Ellis, KS
S and J #1
 Job Ticket: 54311
 Test Start: 2013.07.11 @ 13:33:00
 DST#: 2

GENERAL INFORMATION:

Formation: LKC " E - G "
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 15:26:50
 Time Test Ended: 18:02:00
 Interval: 3372.00 ft (KB) To 3415.00 ft (KB) (TVD)
 Total Depth: 3415.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jim Svaty
 Unit No: 41
 Reference Elevations: 2028.00 ft (KB)
 2021.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 8322 Outside
 Press@RunDepth: 27.02 psig @ 3378.00 ft (KB)
 Start Date: 2013.07.11 End Date: 2013.07.11
 Start Time: 13:33:01 End Time: 18:01:50
 Capacity: 8000.00 psig
 Last Calib.: 2013.07.11
 Time On Btm: 2013.07.11 @ 15:26:40
 Time Off Btm: 2013.07.11 @ 16:31:00

TEST COMMENT: 30-IFP- Good Surge on Open Surface Blow in 5 min.
 30-ISIP- No Blow
 3-FFP- Pulled No Blow



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1673.12	103.04	Initial Hydro-static
1	19.19	102.52	Open To Flow (1)
30	27.02	103.11	Shut-In(1)
60	589.85	103.99	End Shut-In(1)
62	26.89	103.82	Open To Flow (2)
64	26.58	103.84	Shut-In(2)
65	1662.76	104.40	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
20.00	Mud 100%	0.28

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

X



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

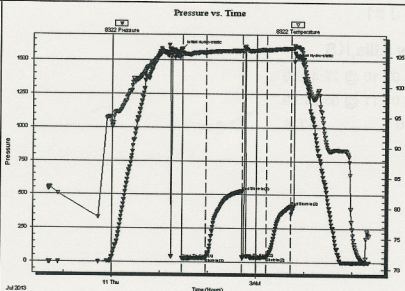
C G Oil Inc 33-13s-17w Ellis, KS
 PO Box 207 **S and J #1**
 Victoria KS 67671 Job Ticket: 54310 **DST#: 1**
 ATTN: Roger Fisher Test Start: 2013.07.10 @ 22:41:00

GENERAL INFORMATION:

Formation: **LKC " A - D "**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 01:27:30 Tester: Jim Svaty
 Time Test Ended: 05:21:00 Unit No: 41
 Interval: **3300.00 ft (KB) To 3370.00 ft (KB) (TVD)** Reference Elevations: 2028.00 ft (KB)
 Total Depth: 3370.00 ft (KB) (TVD) 2021.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 7.00 ft

Serial #: 8322 Outside
 Press@RunDepth: 37.73 psig @ 3333.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.07.10 End Date: 2013.07.11 Last Calib.: 2013.07.11
 Start Time: 22:41:01 End Time: 05:20:40 Time On Btm: 2013.07.11 @ 01:27:20
 Time Off Btm: 2013.07.11 @ 03:47:09

TEST COMMENT: 30-IFP- Surface Blow Building to 1/4 in. Surging Blow
 45-ISIP- No Blow
 30-FFP- No Blow on Open- Flushed- Weak Surface Blow in 23 min.
 30-FSIP- No Blow



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1583.05	106.00	Initial Hydro-static
1	28.52	105.14	Open To Flow (1)
30	32.61	105.52	Shut-In(1)
75	527.63	105.90	End Shut-In(1)
76	37.04	105.83	Open To Flow (2)
106	37.73	106.02	Shut-In(2)
136	418.98	106.28	End Shut-In(2)
140	1489.43	106.77	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
53.00	MUD 100%	0.74
0.00	Speck of Oil in Tool	0.00

Gas Rates			
Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)	