



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1183169  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1183169

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
--	---

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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Erica 1
Doc ID	1183169

Tops

Name	Top	Datum
KC	4398	-2966
STARK	4568	-3136
HUSH	4598	-3166
CHER SS	4818	-3386
MISS	4838	-3406
KIND SH	5146	-3714
WOOD SH	5220	-3778
MISE SS	5248	-3816
VIOL	5269	-3837



# ALLIED OIL & GAS SERVICES, LLC 059928

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>09/20/13</u>	SEC. <u>8</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Eica</u>	WELL # <u>1</u>	LOCATION <u>Hardner KS, East on South Edge town</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				by Fair Ground sign, South of T, Follow curve East, Turn by Fair Gate North, East, & North			

CONTRACTOR Va #5 OWNER Indian Oil

TYPE OF JOB Conductor  
 HOLE SIZE 17 1/2 T.D. 236 CEMENT AMOUNT ORDERED 225sx Class A + 3% cct 2% Gel  
 CASING SIZE 13 3/8 DEPTH 218  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH

TOOL DEPTH  
 PRES. MAX 350 MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 20ft  
 PERFS.  
 DISPLACEMENT 3 1/2 BBL, Fresh H<sub>2</sub>O

**EQUIPMENT**

PUMP TRUCK CEMENTER Jason Thinesch  
 #471/265 HELPER Justin Bower  
 BULK TRUCK  
 #421/250 DRIVER James Bower  
 BULK TRUCK  
 # DRIVER

COMMON	<u>A</u>	<u>135</u>	@	<u>17.90</u>	<u>2416.50</u>
POZMIX		<u>90</u>	@	<u>9.35</u>	<u>841.50</u>
GEL		<u>4</u>	@	<u>23.40</u>	<u>93.60</u>
CHLORIDE		<u>7</u>	@	<u>64.00</u>	<u>448.00</u>
ASC			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING		<u>241.81</u>	@	<u>2.48</u>	<u>599.68</u>
MILEAGE		<u>10.15/25/2.60</u>			<u>659.75</u>
TOTAL					<u>5059.03</u>

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SERVICE**

DEPTH OF JOB	<u>236'</u>		
PUMP TRUCK CHARGE	<u>1512</u>	<u>23</u>	
EXTRA FOOTAGE		@	
MILEAGE	<u>25</u>	@	<u>7.70</u> <u>192.50</u>
MANIFOLD		@	
	<u>LU 25</u>	@	<u>4.40</u> <u>110.00</u>
		@	

CHARGE TO: Indian Oil  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL 1814.75

**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 Randy Smith  
 SIGNATURE Randy Smith

# ALLIED OIL & GAS SERVICES, LLC 059606

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>9-25-13</u>	SEC. <u>8</u>	TWP. <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>4:30 A</u>
LEASE <u>Erica</u>	WELL # <u>#1</u>	LOCATION <u>Hutchins 3 blocks South 3 block East</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		Southwards well location then son leased Fourth into					

CONTRACTOR VAL #5  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 5320  
 CASING SIZE 5 1/2 DEPTH 5317  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 21  
 CEMENT LEFT IN CSG. 21  
 PERFS.  
 DISPLACEMENT 130 bbls  
 EQUIPMENT  
 PUMP TRUCK CEMENTER Jake Hanco Dean Franklin  
 # 471/245 HELPER Justin Power  
 BULK TRUCK  
 # 3104 DRIVER CJ Reckley  
 BULK TRUCK  
 # DRIVER

OWNER Indian Oil  
 CEMENT  
 AMOUNT ORDERED 50 sk 60:40:4  
135 sk ASC + Seal Kol Seal + 2% FT 160 Defoamer  
 COMMON 30 @ 17.90 537.00  
 POZMIX 20 @ 9.35 187.00  
 GEL 2 @ 23.40 46.80  
 CHLORIDE @  
 ASC 135 5x @ 20.90 2821.50  
Kol Seal 675 @ .98 661.50  
PI-160 25.38 @ 18.90 479.68  
Defoamer 18.9 @ 9.80 185.22  
Clapro 13 6als @ 34.40 447.20  
ASF 12 8bbs @ 58.70 704.40  
 @  
 @  
 @  
 HANDLING 225 @ 2.48 558.00  
 MILEAGE 9.72/25/2.60 631.80  
 TOTAL 7260.10

**REMARKS:**

Float Didn't hold Pipe on Bottom Break Circ  
Pump 3 bbl fresh 12 bbl ASF 3 bbl fresh Mix  
135 sk cont Shut Down Wash pump Lines  
Release plug Start Displacement 1 ft at 110 bbs  
Slow rate 3 bpm @ 115 bbl Pump plug 130 bbs  
Float Didn't hold repressured to 800 psi Shut in

**SERVICE**

DEPTH OF JOB 5317  
 PUMP TRUCK CHARGE 3099.25  
 EXTRA FOOTAGE @  
 MILEAGE 25 @ 7.70 192.50  
 MANIFOLD Hand Rental @ 275.00  
LV 25 @ 4.40 110.00  
 @

TOTAL 3676.75

CHARGE TO: Indian Oil  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

1-AFU Float shoe @ 339.30  
1-latch down plug @ 398.75  
8-centralizers @ 28.40 227.20  
 @  
 @

TOTAL 965.25

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 X ANTHONY FARRAR  
 SIGNATURE X [Signature]