



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183827
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: _____

1183827

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)*

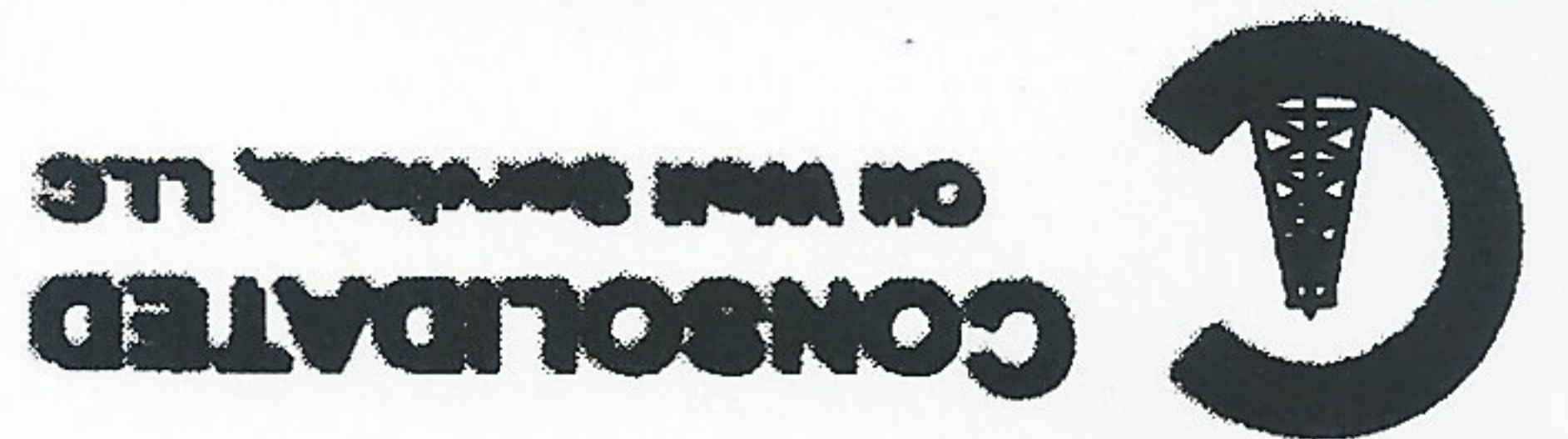
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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



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

FIELD TICKET & TREATMENT REPORT

CEMENT

APR 15-073-24190

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-13	4972	Beuchat # 25				

CUSTOMER		TRUCK #		DRIVER	
Lockard Petroleum Inc.		4975		Dave G	
MAILING ADDRESS		TRUCK #		DRIVER	
806 Meange Ct		667		Chris M	
Liberty		515		Colby N	
CITY		STATE		ZIP CODE	
Liberty		MO		64068	

JOB TYPE 4/5
 CASING DEPTH 1858' 90"
 DRILL PIPE
 SLURRY WEIGHT 12.8-13.6
 SLURRY VOL
 DISPLACEMENT PSI 600
 WATER gal/sk 8.0 + 9.0
 CEMENT LEFT IN CASING
 OTHER
 TUBING
 HOLE SIZE 6 3/4"
 HOLE DEPTH 1859'
 CASING SIZE & WEIGHT 4 1/2" @ 10.50#

REMARKS: Rig up to 4 1/2" casing, Break circulation w/ 5 Bbl H₂O, mixed 10 Bbl metasilicate pre flush, 5 Bbl dye H₂O, mixed 145 SK 60/40 Pozmix cement w/ 6% gel + 1/4 floccle/sk @ 12.8 #/gal as per lead cement. Tailed in w/ 80 SKS Thicket cement w/ 5# Kol-seal/sk @ 13.6 #/gal. Shut down wash out pump + lines, displace w/ 29' N₂Bbl H₂O. Final pumping pressure of 600 psi, bumped plug @ 1000 psi. Good circulation @ all times, 5 Bbl slurry to pt. Plug + float held. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
--------------	-------------------	------------------------------------	------------	-------

5401	1	PUMP CHARGE	1085.00	1085.00
5406	20	MILEAGE	4.20	84.00
1131	145 SKS	60/40 Pozmix cement lead	13.18	1911.10
118B	750 #	6% gel @ 60/sk	.22	165.00
1107	37 #	Floccle @ 1/4 #/sk cement	2.47	91.39
1126A	80 SKS	Thicket cement / Tail	20.16	1612.80
1110A	400 #	Kol-seal @ 5 #/sk cement	.46	184.00
1111A	50 #	metasilicate pre flush (10 Bbl)	2.10	105.00
5407	10.67 Tons	TON mileage bolk truck	M/C	368.00
4404	1	1/2 Top Rubber Plug	47.25	47.25
4129	4	1/2 centralizers	44.00	176.00
4156	1	1/2 flopper type float shoe	238.00	238.00
5611	1	Rental on 4 1/2" rotating head	100.00	100.00

ESTIMATED TOTAL	6498.62
SALES TAX	331.08
Sub Total	6167.54
DATE	9-5-13
TITLE	agent
AUTHORIZATION	<i>[Signature]</i>

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.

Copy

INVOICE #: 30598
 COMPANY Lockard Petroleum
 ADDRESS: 806 Melanie Ct
 Liberty, MO 64068
 ORDERED BY: Gale Mark
 DATE: 4/28/2012
 LEASE: Beuchat
 COUNTY: GW
 WELL 25
 API #: 15-073-24,190

SERVICE RATE UNITS

SERVICE	RATE	UNITS
Location Pit Charge	\$300.00 Per Hr	1
Set Surface Csg.	\$300.00 Per Hr	4
Cement Surface/W.O.C.	\$300.00 Per Hr	8
Drilling Charge	\$12.00 Per Ft	1859'
Circulating	\$300.00 Per Hr	4
Drill Stem Test	\$300.00 Per Hr	N/C
Logging	\$300.00 Per Hr	N/C
Core Samples	%500.00 Per Run	N/C
Water Hauling	\$40.00 Per Hr	N/C
Bit Charge (Lime W/O)	Cost + 10%	N/C
Drill Stem Lost	\$28.00 Per Ft	N/C
Trucking	\$40. per hr + \$1./ mi	N/C
Roustabout	\$23.00 Per Man Hr	N/C
Running Casing	\$300.00 Per Hr	6
Rigging Up	\$300.00 Per Hr	1
Rigging Down	\$300.00 Per Hr	1
Other Plugging	\$300.00 Per Hr	1
Fuel Assess.	\$300.00 Per Hr	N/C
Move Rig		
Material Provided:		
Cement	\$8.00 Per Sx	20
Sample Bags	\$28.00 Per Box	

TOTAL AMOUNT \$23,056.00

REMIT TO: RIG 6 DRILLING, INC
 PO BOX 227
 IOLA, KS 66749

THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!

Copy

COMPANY Lockard Petroleum
ADDRESS: 806 Melanie Ct.
Liberty, MO 64068
LEASE: Beuchat
COUNTY: Greenwood
LOCATION 1650'FSI/990'FEL
Sec 5/Twp24/Rgge12e

COMPLETED: 8/28/2013
WELL #: 25
API#: 15-073-24,190
STATUS: Oil Well
TOTAL DEPTH: 1859
CASING: 40'-8 5/8" cmt w/ 20 SX
1858'-4 1/2" CONSOL. Cmt.

DRILLERS LOG

1580	Sh dark	1615	Sh
1631	Sh w/ sa NO,NS	1770	Sh w/ ls strks
1771	Co	1771	Co
1777	Sh	1777	Sh
1779	Co	1779	Co
1784	Sh	1784	Sh
1815	Ls Miss.	1815	Ls Miss.
1820	Ls lt odor	1820	Ls lt odor
1823	Ls	1823	Ls
1832	Sa ls good odor/show	1832	Sa ls good odor/show
1859	Ls T.D.	1859	Ls T.D.
2	soil & clay	23	LS
42	Sa w/ cl	42	Sa w/ cl
71	Sh	71	Sh
76	Ls	76	Ls
104	Sh w/ ls strks	104	Sh w/ ls strks
119	Ls w/ sh brks	119	Ls w/ sh brks
139	Sh w/ ls strks	139	Sh w/ ls strks
145	Ls w/ shs trks	145	Ls w/ shs trks
302	Sh	302	Sh
430	Sh w/ ls strks	430	Sh w/ ls strks
526	Ls	526	Ls
576	Sh	576	Sh
826	Ls w/ sh brks	826	Ls w/ sh brks
961	Sh w/ sa sh	961	Sh w/ sa sh
1163	Ls	1163	Ls
1280	Sh	1280	Sh
1293	Ls w/ sa ls	1293	Ls w/ sa ls
1307	Sh	1307	Sh
1316	Ls	1316	Ls
1389	Sh	1389	Sh
1444	Ls w/sh brks	1444	Ls w/sh brks
1565	Sh	1565	Sh
1566	Co	1566	Co
1571	Sh	1571	Sh