



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184698
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: _____

1184698

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

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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LITHOLOGY STRIP LOG

WellSight Systems

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: T-Nelson #1-9
Location: W2-W2-NW-NE/4 Section 9 T15S-R31W
License Number: API: 15-063-22138-00-00
Spud Date: Oct. 2, 2013
Surface Coordinates: 660' FNL & 2475' FEL Section 9 T15S-R31W
Region: Gove County, KS
Drilling Completed: Oct. 11, 2013

Bottom Hole Coordinates:
Ground Elevation (ft): 2684' K.B. Elevation (ft): 2694'
Logged Interval (ft): 3400 To: TD Total Depth (ft): 4450' LTD
Formation: Topeka to Miss
Type of Drilling Fluid: Chemical mud Displaced at 3200'
Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Pelican Hill Oil & Gas
Address: 1401 E. El Camino Real Suite 207
San Clemente, CA 92672+5932

GEOLOGIST

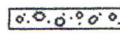
Name: Roger L. Fisher
Company: 2610 W. Rio Vista St.
Address: Wichita Kansas, 67204

COMMENTS

Integrity Drilling Co. Rig #7
Surface Casing: 266' of 8 5/8"
Production Casing: 4450' of 5 1/2"
Deviation Surveys:
1 degree at 3568"
Pipe Strap .97' Short to Board at 3568'
Mud System: Mud Co
DSTs: Trilobite Testing Inc.
OH Logs: ELI Wireline; DILL, CDL/CNL, Micro, Sonic, Frac Finder
Bluestem Gas Sniffer

ROCK TYPES

 Anhv

 Congl

 Lmst

 Black sh

ALLIED OIL & GAS SERVICES, LLC 061911

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend

DATE <u>10-2-13</u>	SEC <u>9</u>	TWP <u>15</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 am</u>	JOB FINISH <u>10:30 am</u>
LEASE <u>Nelson</u>	WELL # <u>1-9</u>	LOCATION <u>Scott City N to Dakota Rd</u>			COUNTY <u>Gove</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		East to dead end, North, Fints					

CONTRACTOR Integrity Drilling #7 OWNER _____
 TYPE OF JOB Surface
 HOLE SIZE 17 1/2 T.D. _____
 CASING SIZE 8 5/8 DEPTH 264.08
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15 Ft
 PERFS. _____
 DISPLACEMENT 15.86 bbls fresh water

CEMENT
 AMOUNT ORDERED 175 sks Class A
3 1/2 cc 7% gel

EQUIPMENT
 PUMP TRUCK CEMENTER Josh Isaac
 # 366 HELPER Ben Navel
 BULK TRUCK
 # 609-112 DRIVER Mike Scothorn
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>175</u>	@ <u>17.90</u>	<u>3,132.50</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>6</u>	@ <u>64.00</u>	<u>384.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>188.74</u>	@ <u>2.48</u>	<u>468.97</u>
MILEAGE	<u>8.62 X 30X</u>	@ <u>2.60</u>	<u>672.42</u>
TOTAL			<u>4,727.24</u>

REMARKS:

On location - Rig up
Run 8 5/8 casing
From circulation with Big mud
pump 5 bbls ahead
mix 175 sks class A 3 1/2 cc 7% gel
Displace 15.86 bbls fresh water
Shut in 10:15 pm
Rig down

CHARGE TO: Pelican Hill oil + gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE		@ <u>1512.25</u>	
EXTRA FOOTAGE		@	
MILEAGE Hum	<u>30</u>	@ <u>7.70</u>	<u>231.00</u>
MANIFOLD		@	
	<u>Lum 30</u>	@ <u>4.40</u>	<u>132.00</u>
TOTAL			<u>1,875.25</u>

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 X Todd E. Mensch
 SIGNATURE X Todd E. Mensch

Thank you!!

SALES TAX (if Any) _____
 TOTAL CHARGES 6,602.49
 DISCOUNT 1,320.89 IF PAID IN 30 DAYS
5,281.99