



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186125
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: _____

1186125

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	Carmichael 'B' 6
Doc ID	1186125

All Electric Logs Run

Phased Induction
Compensated Neutron
Bulk Density
PE
Micro
Sonic

ALLIED OIL & GAS SERVICES, LLC 054805

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell KS

DATE <u>10-10-8</u>	SEC. <u>18</u>	TWP. <u>11</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION <u>7:30pm</u>	JOB START <u>11:30pm</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Carmichael</u>	WELL# <u>B6</u>	LOCATION <u>Hays NW 3/4 E S into</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR American Eagle #3

TYPE OF JOB Long Surface

HOLE SIZE 12 1/4 T.D. 1088

CASING SIZE 8 5/8 23" DEPTH 1086

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 17

CEMENT LEFT IN CSG. 17ft

PERFS.

DISPLACEMENT 68 bbl

OWNER

CEMENT

AMOUNT ORDERED 330 60/40 87 gcl 37 cc

14 f/o

200 com 37 cc

COMMON	<u>200</u>	@	<u>17.90</u>	<u>3580.00</u>
POZMIX		@		
GEL		@		
CHLORIDE	<u>18.00</u>	@	<u>64.00</u>	<u>1152.00</u>
ASC		@		
<u>Flt-seal 82#</u>		@	<u>2.97</u>	<u>243.54</u>
<u>Allied lite #2 330</u>		@	<u>15.95</u>	<u>5263.50</u>
		@		
		@		
		@		
		@		
HANDLING	<u>599 f/o</u>	@	<u>2.48</u>	<u>1485.52</u>
MILEAGE	<u>382.50 t/m</u>		<u>2.60</u>	<u>994.50</u>
				TOTAL <u>12719.06</u>

EQUIPMENT

PUMP TRUCK CEMENTER Robert V

417 HELPER Woody O

BULK TRUCK

410 DRIVER Danny S

BULK TRUCK

423 DRIVER Joe G

REMARKS:

ran 26 jts of 8 5/8 23" casing receive circulation-circulate for 15 min mix 330 Allied lite 200 com 37 cc displace 68 bbl pump 40 skt to pit land plug at 750 shut in

cement did circulate to surface

Thank you

CHARGE TO: Empire Energy

STREET _____

CITY _____ STATE _____ ZIP _____

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 Derby Keever

SIGNATURE Derby Keever

SERVICE

DEPTH OF JOB	<u>1086</u>		
PUMP TRUCK CHARGE	<u>2058.50</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>15 HVMI</u>	@	<u>7.70 115.50</u>
MANIFOLD		@	<u>275.00 275.00</u>
	<u>15 LVMI</u>	@	<u>4.40 66.00</u>
		@	
TOTAL <u>2515.00</u>			

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Top Rubber plug</u>	@	<u>76.25</u>	<u>76.25</u>
<u>Base plate</u>	@	<u>67.50</u>	<u>67.50</u>
<u>3 centralizers</u>	@	<u>112.50</u>	<u>112.50</u>
	@	<u>31.50</u>	
	@		
TOTAL <u>256.25</u>			

SALES TAX (If Any) _____

TOTAL CHARGES 15490.31

DISCOUNT 4564.72 IF PAID IN 30 DAYS

Net \$ 10925.59

ALLIED OIL & GAS SERVICES, LLC 061150

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTH LAKE, TEXAS 76092

SERVICE POINT: Oakley KS

DATE <u>10/16/13</u>	SEC <u>18</u>	TWP. <u>11</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 a.m.</u>	JOB FINISH <u>10:30 p.m.</u>
LEASE <u>Carmichael</u>	WELL # <u>6</u>	LOCATION <u>Highs 13N to Salae River Rd</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)		3 1/4 E 1/4 S E into					

CONTRACTOR American Eagle OWNER Same

TYPE OF JOB <u>5 1/2 Production</u>	CEMENT AMOUNT ORDERED <u>180 sks ASC</u>
HOLE SIZE _____ T.D. <u>3500'</u>	<u>30 sks w/ 40 4 1/2 gal</u>
CASING SIZE <u>5 1/2 (15.5")</u> DEPTH <u>3493.10'</u>	
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	
MEAS. LINE _____ SHOE JOINT <u>44.07</u>	
CEMENT LEFT IN CSG. <u>44.07</u>	
PERFS. _____	
DISPLACEMENT <u>82.09 bbl water</u>	

COMMON <u>18</u>	@ <u>17.90</u>	<u>322.20</u>
POZMIX <u>12</u>	@ <u>9.35</u>	<u>112.20</u>
GEL <u>1</u>	@ <u>23.40</u>	<u>23.40</u>
CHLORIDE _____	@ _____	_____
ASC <u>180 sks</u>	@ <u>20.90</u>	<u>3762.00</u>
<u>gilsonite 900#</u>	@ <u>.98</u>	<u>882.00</u>
<u>FL-160 54#</u>	@ <u>18.90</u>	<u>1020.60</u>
<u>Deformer 25#</u>	@ <u>9.00</u>	<u>246.96</u>
<u>12 bbl super flush</u>	@ <u>58.70</u>	<u>704.40</u>

EQUIPMENT

PUMP TRUCK # <u>120</u>	CEMENTER <u>Paul Beaver</u>
BULK TRUCK # <u>566</u>	HELPER <u>Tyler Flipse</u>
BULK TRUCK # _____	DRIVER <u>Chris Helpingstone</u>
BULK TRUCK # _____	DRIVER <u>Adam Flipse</u>

HANDLING <u>275.15 ft³</u>	@ <u>2.48</u>	<u>682.37</u>
MILEAGE <u>11.81 hrs x 15 mi</u>	@ <u>2.00</u>	<u>460.59</u>
		TOTAL <u>8216.72</u>

REMARKS:
Best circulation drop ball. Ball # 300
mix 30 sks in R.H. Hook up to casing
pump 12 bbl mud flush (WFR-II)
mix 180 sks ASC down casing
release plug. Displace with
82.09 bbl water plug did land 10/30/13
lift pressure 800# - that did
hold

Thank you!

CHARGE TO: Empire Energy

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____	<u>3493.10'</u>
PUMP TRUCK CHARGE _____	<u>2558.75</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>15 mi</u>	@ <u>7.70</u> <u>115.50</u>
MANIFOLD <u>rotating Head</u>	@ _____ <u>475.00</u>
<u>MILV 15 mi</u>	@ <u>4.40</u> <u>66.00</u>
TOTAL <u>3215.25</u>	

PLUG & FLOAT EQUIPMENT

AFU Float Shoe _____	@ _____	<u>408.33</u>
Latch down Assembly + plug _____	@ _____	<u>224.09</u>
Centralizers <u>10</u>	@ <u>28.40</u>	<u>284.00</u>
Basket _____	@ _____	<u>397.29</u>

(BID) TOTAL 1410.91

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.

SALES TAX (If Any) _____
TOTAL CHARGES <u>12,842.68</u>
DISCOUNT <u>3,429.59</u> IF PAID IN 30 DAYS
<u>9,413.08</u>

PRINTED NAME Randy Wray

SIGNATURE Randy Wray