



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1179643
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: _____

1179643

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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Elite Drilling, LLC.

3105 Bent Creek Drive
Woodward, OK 73801

Phone: 580-571-5602

Fax: 580-256-1868



ELITE DRILLING

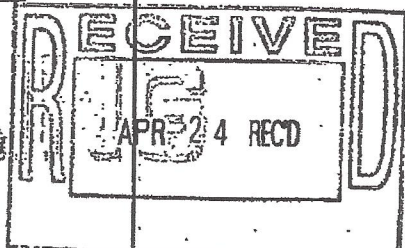
INVOICE

Bill To

Tug Hill Operating, LLC.
550 Bailey Avenue
Suite 510
Fort Worth, TX 76107

Date	Invoice #
4/10/2013	5636

Ordered By	Terms	Due Date	Lease	Legals & County Info
	Net 30	5/10/2013	Matthews 2-8H	
Description				Amount
Drilled mousehole and conductor hole on the Matthews 2-8H ^{15ND} Patterson Rig #172 on 03/16/2013 Materials Drilled 100' of 32" Conductor Hole Furnished 100' of 20" Conductor Pipe Drilled 75' of 16" mouse hole Furnished 75' of 16" pipe Dirt Removal Furnished Welder & Materials Furnished Water Truck Furnished 15 yds of grout Furnished mud truck Safety ring to fence off holes				9,500.00
Code 840.05 Sales Tax	Well Name <u>Matthews 2-8H</u> ^{15ND} AFE No. <u>13-1094</u> ACCNT No. <u>840.05</u> Name <u>CURTIS TURNER</u> Signature <u>[Signature]</u>			0.00
THANK YOU FOR YOUR BUSINESS!!!			Total	\$23,000.00



ALLIED OIL & GAS SERVICES, LLC 052038

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Liberals KS

DATE <u>12-15-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
<u>Mathews</u>					<u>9:00am</u>	<u>4:00am</u>	<u>6:00pm</u>
LEASE	WELL # <u>1-B3WD</u>	LOCATION <u>Vec Sharon KS</u>			COUNTY	STATE	
					<u>Parker</u>	<u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR

TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>8 3/4</u>	T.D.
CASING SIZE <u>7"</u>	DEPTH <u>5250</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>43.95</u>
CEMENT LEFT IN CSG. <u>1.68</u>	
PERFS.	
DISPLACEMENT <u>199.661</u>	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Lenny Baesa</u>
# <u>549-550</u>	HELPER <u>Ernie S.</u>
BULK TRUCK	
#	DRIVER <u>Ruben P.</u>
BULK TRUCK	
#	DRIVER <u>Alex A.</u>

REMARKS:

Mathews 1 SWD
AFE# 13-1098
Code# 830.50
Curt J.

CHARGE TO: Tug Hill Operating
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 Curtis Turner
SIGNATURE Curt J.

OWNER

CEMENT

AMOUNT ORDERED <u>3855k Class A 40% gel</u>		
<u>.14% defoamer .30% FL-160 2% app seal 2% Sodium</u>		
<u>1/4# No Seal 1005k Class A 40% gel .14% defoamer 1% Metasilicate</u>		
<u>2% app seal 2% Sodium Metasilicate 5# No Seal</u>		
COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
<u>AM-10 Cement Class A 485</u>	@ <u>25.90</u>	<u>12561.50</u>
<u>FL-160 135#</u>	@ <u>18.90</u>	<u>2570.40</u>
<u>FL Seal 96#</u>	@ <u>2.97</u>	<u>285.12</u>
<u>Powdered Defoamer 68#</u>	@ <u>9.80</u>	<u>666.40</u>
<u>Kol Seal 500#</u>	@ <u>.98</u>	<u>490.00</u>
	@	
<u>Super Flush 2066l</u>	@ <u>58.70</u>	<u>1174.00</u>
	@	
HANDLING <u>573.80</u>	@ <u>2.48</u>	<u>1423.02</u>
MILEAGE <u>254.75</u>	@ <u>2.60</u>	<u>662.35</u>
TOTAL		<u>19832.79</u>

SERVICE

DEPTH OF JOB <u>5001-6000</u>		
PUMP TRUCK CHARGE		<u>3,099.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>10</u>	@ <u>7.70</u>	<u>77.00</u>
MANIFOLD <u>1</u>	@	<u>275.00</u>
<u>Light Vehicle 10</u>	@ <u>4.40</u>	<u>44.00</u>
	@	

TOTAL 3495.25

PLUG & FLOAT EQUIPMENT

<u>Catchdown Plug 1</u>	@	<u>1275.95</u>
<u>Parker Shoe 1</u>	@	<u>6674.00</u>
<u>Centralizers 4</u>	@ <u>65.52</u>	<u>262.08</u>
<u>Cement basket 2</u>	@ <u>462.15</u>	<u>924.30</u>
	@	

TOTAL 9136.33

SALES TAX (If Any) _____
TOTAL CHARGES \$ 32,464.37
DISCOUNT _____ IF PAID IN 30 DAYS

Net \$ 24,348.28

ALLIED OIL & GAS SERVICES, LLC 059789

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>03/20/13</u>	SEC <u>8</u>	TWP <u>33</u>	RANGE <u>10N</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Mathews</u>	WELL # <u>15WD 28</u>	LOCATION <u>Sharon KS West Edge, South to</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>Old</u>				
			<u>3/4 Rd, 1/4 West South into</u>				

CONTRACTOR Patterson #172

TYPE OF JOB Surface

HOLE SIZE 12 1/4 I.D. 990

CASING SIZE 9 5/8 DEPTH 935

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1300

MEAS. LINE SHOE JOINT 41

CEMENT LEFT IN CSG. 41

PERFS.

DISPLACEMENT 70 BBL Fresh H₂O

OWNER Tag Hill

CEMENT

AMOUNT ORDERED 225x Class A + 3% @ + 2% S.M.S.T
2% Gypseal + 1/4 # Floreal, 150x Class A + 3% @
50 lbs Sugar

COMMON Class A	375x @	17.90	7249.50
POZMIX	145 @		
GEL	@		
CHLORIDE	14x @	64	896.00
ASC	@		
S.M.S	480lb @	3.30	1584.00
Gypseal	5x @	37.60	188.00
Floreal	64lb @	2.97	190.08
Sugar	50 @	1.50	75.00
	@		
	@		
	@		
	@		
HANDLING	492.28 cu ft @	2.48	1097.85
MILEAGE	20 hrs x 35mi x	2.60	1820.00

TOTAL 12413.03

EQUIPMENT

PUMP TRUCK CEMENTER Jean Thinesch

558/555 HELPER Scott Priddy

BULK TRUCK

561/553 DRIVER Brandon Boer

BULK TRUCK

DRIVER

REMARKS:

Dd circ cement

CHARGE TO: Tag Hill

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 Jose Corrales

SIGNATURE Jose Corrales

Card # 830-11 AFE # 13-1094

SERVICE

DEPTH OF JOB 999

PUMP TRUCK CHARGE 2058.50

EXTRA FOOTAGE @

MILEAGE 35mi @ 7.70 269.50

MANIFOLD + Head @ 2.75

LV 35mi @ 4.40 154

TOTAL 2757

PLUG & FLOAT EQUIPMENT

NA

1 Rubber plug @ 148.75

TOTAL 148.75

SALES TAX (if Any) _____

TOTAL CHARGES. 16,015.08

DISCOUNT _____ IF PAID IN 30 DAYS

Net 14,409.80

Well Name: Mathews 1 SWD

Contractor/Rig: Patterson-UTI 421

State: KS

County: Barber

SHL: 1520' FNL & 1364' FEL

Township:

As Ran

GL Elev: 1546' KB: KB Elev:

BHL:

AFE:

Permit Number: 15-007-23996-00-01

