



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1182756
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: _____

1182756

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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Form	ACO1 - Well Completion
Operator	Alton Oil LLC
Well Name	Frances 1
Doc ID	1182756

All Electric Logs Run

Dual Induction
Compensated Density
Micro
Gamma Neutro- Sonic Bond



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43645

LOCATION 180

FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API 15-035-24532-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
10/7/13	1128	Frances #1	21	33	4	Cowley																				
CUSTOMER Alton oil			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Bill H</td> <td></td> <td></td> </tr> <tr> <td>471</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Josh			502	Bill H			471	Jeff			702	Jacob		
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471	Jeff																									
702	Jacob																									
MAILING ADDRESS PO Box 117																										
CITY Winfield	STATE KS	ZIP CODE 67156																								

JG
BH

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 294 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 221 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.16 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 12 ft
DISPLACEMENT 14.60 DISPLACEMENT PSI 400 MIX PSI 200 RATE 6.4 bpm

REMARKS: Safety meeting, Run pipe, mix 80 sks class A 3 1/2 gel, 4 1/2 cc 11b poly per sks, displaced with 12.75 bbl, no cement Bedrock, Run 1" to soft mix 50 sks class A 3 1/2 gel 4 1/2 cc 11b poly per sks circulating cement to surface pull 1" top off Job complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	58	MILEAGE	4.20	243.60
5407A	58	x 5.6 ton mileage x	1.41	457.97
1104S	120	class A	15.70	1884.00
1118B	400	gel	.22	88.00
1102	450	calcium chloride	.78	351.00
1107	125	poly-Flake	2.47	308.75
4106	2	8 5/8 Baskets	336.00	672.00
4317	3	8 5/8 Lock Ring	45.00	135.00
			Subtotal	5010.39
			SALES TAX	220.08
			ESTIMATED TOTAL	5230.47

Ravin 3737

AUTHORIZATION M. Dan TITLE Tool Pusher DATE 10-7-13

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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43198

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24532

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-11-13	1128	FRANCIS #1	21	335	4E	Cowley
CUSTOMER <u>Alton OPI LLC</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 117</u>			DRIVER		TRUCK #	
CITY <u>Waffleton</u>			DRIVER		TRUCK #	
STATE <u>Ks</u>			DRIVER		TRUCK #	
ZIP CODE <u>67156</u>			DRIVER		TRUCK #	

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
<u>PROD B</u>	<u>7 1/8</u>	<u>3435</u>	<u>5 1/2</u>
CASING DEPTH	DRILL PIPE	TUBING	OTHER
<u>3431</u>			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
<u>120-148</u>	<u>96.43</u>		<u>11ft shoe off</u>
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
<u>81.42</u>	<u>1325</u>	<u>150</u>	<u>6.24 bbls</u>

REMARKS: Reamed up to 5 1/2 - Pumped 5 bbls to break circulation - MPROD
125 sks 60/40 Poz + 6% Gel + 2% CACH2 + 5lbs Kol-seal + 4 lb Poly - Treated
150 sks A + 3% Gel + 2% CACH2 + 5lbs Kol-seal - Freshed pump &
Plugs - Displaced Plug with 81.58 bbls to land plug at 1700 lbs - Released
Float hold.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	58	MILEAGE	4.20	243.60
5402	931	Footage	.23	214.13
1104S	150	sks A	15.70	2355.00
1131	125	sks 60/40 Poz-MPO	13.18	1647.50
1118B	1200	lbs Gel	.22	264.00
1102	500	lbs CACH2	.78	390.00
1110A	1350	lbs Kol-seal	.46	621.00
1107	50	lbs Poly-Flakes	2.47	123.50
5407A	58	Bulk Delivery x 14.44 tons	1.41	1180.90
5501C	4	WATER Transport	120.00	480.00
4159	1	5 1/2 AFU Float Shoe	361.00	361.00
4454	1	5 1/2 Latch down	266.75	266.75
4104	4	5 1/2 Cement Baskets	290.00	1160.00
4136	8	5 1/2 Tubing Cement	75.75	606.00
		<u>Subtotal</u>		<u>10998.38</u>
		SALES TAX		<u>499.85</u>
		ESTIMATED TOTAL		<u>11498.23</u>

Revin 3737

263287

AUTHORIZATION M. Staff TITLE Tool Pusher DATE 10-11-13

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.