

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1183213

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Paymit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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:

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an		Samp	
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Datur	n
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
				RECORD	☐ Ne					
				conductor, su	rface, inte	ermediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and P Additiv	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	357 23333									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)	(# 100 t)	
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cement			Depth
	. ,							,		
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	Gr	ravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL:	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIV IIV I LTIVAL.	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	My Place 1
Doc ID	1183213

Tops

Name	Тор	Datum
KC	4408	-2978
STARK	4560	-3130
HUSH	4597	-3167
CHRK	4774	-3344
CHRK SS	4820	-3390
MISS	4840	-3410
WOOD SH	5210	-3780
MISE	5252	-3822
VIOLA	5304	-3874

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	My Place 1
Doc ID	1183213

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
surface	17.5	13.375	48.00	209	class A		3% cc 2% gel
production	7.875	5.5	15.50	5362	60:40 & class A ASC	185	



CEMENTING LOG

STAGE NO.

Date 69/77		Acidizing Services		icket No. 5 f	170.	CEMENT DATA:			
Company To			!	ig Val 4 5	- (\ 	Spacer Type:	6.24		
Lease My				Vell No.		Amt. Sks Yield Sks Yield	it 3/s	sk Density	PPC
County Barb				tate K 3				ALC: 1	
Location V		(1	s F	ield St. "1";	15-	LEAD: Pump Time	hrs.		3% cc.
					 -	2%601		_ Excess	<u> </u>
CASING DATA:		Interme		Squeeze ☐ M oduction ☐ Lir		Amt. 2 7 5 Sks Yield 1.	74 ft ³	S/sk Density	PPC
Size 133	Туре			Collar		A Company		Excess	
<u> </u>			.g.n	Conar				/sk Density	
				,				gals/sk Total	
				·.		yarizii. Lodu <u>tz</u> gais	/ 31. 1411 (Jais/ Sk Tutal	DDIS
Casing Depths: To	on		Bottom	209		Pump Trucks Used 471/	265		
	ч					Bulk Equip. 381/252		2.38	À 100 100
\.\.\.						buik Equip.	*N.	100	
	**.								
Drill Pipe: Size		:- Weight		Collars	· ·			11 J. A. 14	
Open Hole: Size	17/2	T.D		P.B. to		Float Equip: Manufacturer			
CAPACITY FACTO			IL.			Shoe: Type		Depth	
Caracit racit			lin ft/F	3bl		Float; Type		Depth	
Open Holes:	4 4			3bl		Centralizers: Quantity	Dluge Top		
Drill Pipe:				3bl		Stage Collars	riugs lop	Bun	
Annulus:	and the second of the second			361		Special Equip.	- N		
Armulus.				3bl		Disp. Fluid Type F	A	Bbls. Weight	PPG
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renorations.	TOIN		·	II. AIII		vidd Type		vveignt	PPG
COMPANY REPR	ESENTATIVE	Ready	Sm. HL	4,		CEMENTER	Thinesch		V = 1/2/23
TIME	PRESSU	IRES PSI		JID PUMPED I	DATA		REMARKS		
АМ/РМ	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.		<u> </u>		·
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OWNER Tal. OOS STARE OOK FINNER	TOTAL		ervision of owner agent or	
CEMENT SPENCE DOS FINNESS LOS FINNES	(8		elper(s) to assist owner or	nd furnish cementer and he
COMMON C			rent cementing equipment	ou are hereby requested to
A/2 7/1 2 2 2 2 2 2 2 2 2			es, LLC.	o: Allied Oil & Gas Servic
1/2 1/2 1/3				
TRACTOR V.1	•			
171 172 173	QUIPMENT	PLUG & FLOAT E		
17/1 18/2 17/2				
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SEC 135 RANGE 135 RANGE 136	(9)			
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WELL CONTON AND START COUNTY WELL COUNTY AND START COUNTY AND START AND	@	G		DRIVER
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NEC. 135. RANGE. GOUNTY GRANGE. GOUNTY CELE one) LOCATION H. 11. A. COUNTY CEMENT LOCATION H. 11. A. COUNTY ORDERED 2.25. A 1.3%. DEPTH			A NOT	
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EXAMPLE IN THE COMMON GO START OF THE COMMON GO SHOE JOINT ORDER GO SHOE JOINT ORDER GO START GO STA	0			NT LEFT IN CSG.
RANGE COMMON SEARS				
RACTOR V. H. T. CEMENT OF JOB SIZE 133 DEPTH OEPTH DEPTH DEP			MINIMUM	RES. MAX 40°
RANGE			DEPTH	DRILL PIPE
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RANGE	5) V	NN	_ 🗸
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LOCATION H. That kis 3 th k, Stat, 381, 182.				LD OR YEW)(Circle one)
SEC 2 135. RANGE SEARS SECTION SOBSEARS	TALS ALVO	_		EASE A, Phy WELL #
	OB STARE JOB FINISH	ALLEDOUT MY MONITORATION IS	RANGE,	NTE 9/27/13 SEC.

ALLIES OIL & GAS SERVICES, LLC. 059980

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092 SERVICE POINT:

Medicine Lobers

DATE 10 . 2 - 2013	SEC.	TWP. 355	RANGE 12w	CALLED OUT	ON LOCATION	JOB START	JOB FINISH \$200 pm
LEASE My Place	_	1			14 -	COUNTY	STATE
				rbaner, 165	18 50Urn	Buber	Ks
OLD OR NEW (Cir	cie one)		eenling	0		╛	
CONTRACTOR L	Del H	_		OWNED 7	naisn Osl		
TYPE OF JOB P				OWNER 4	Meran OII		
HOLE SIZE 7	17/8		5365'	CEMENT			
	72		TH 5362'	AMOUNT O	RDERED 50.	5 4 60:40	: 4% Co,
TUBING SIZE		DEF	TH	135500	Class A ASC	+5#KC	USOC!
DRILL PIPE		DEF	TH	6% FLI	60 & Decorne	n 3/2 5515.	ASF, 13511
TOOL		DEF					•
	00		IIMUM	COMMON_	<u>30</u>		537.60
MEAS. LINE	ana	SHC	E JOINT 26'	POZMIX	20	_@ <u>_9.3S</u>	187.00
CEMENT LEFT IN	CSG.			GEL	_2	_@ <u>~23.40</u>	46-80
PERFS. DISPLACEMENT		11 0	70) 14.	CHLORIDE	120	_@	202/66
DISPLACEMENT			290 KIL NO.	For ASC	135	_@ <i>20-90</i>	202150
	EQU	PMENT		<u>Kols<i>ea</i></u> Fl-160	<u>L 67S</u> 28.38	_@ <u>*98</u> @/8:90	479.6
				- Detogue		_@ <i></i>	180 22
	CEMENTE			- Clapre		s @ 34.40	447-20
# 471- 2651	IELPER	Devis	<u>F </u>	- AsE	12 BBIS	@58.70	
BULK TRUCK # 364 I	MUED A	_ (100				
BULK TRUCK	KIVEKA	Gron Y	. / Deser	'aic		@	
	ORIVER					_ @ <i>a</i>	
<u>"</u>	NI V LIN			— HANDLING		@ <u>2.48</u>	558.60
				MILEAGE _	9.72/25/2		831-80
•	REM	IARKS:	• • •		/ /	TOTAL	7260-10
Pipe on basson 5	Lbresk C	rce/Chren	BOND 3PM "	3614			•
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mue Bis Comens					t-2/21		······
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bump Plus 24	127 LU	10 5 6 p	m 9+ 1/7 bb			3099.2	<u>></u>
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STREET			· · · · · · · · · · · · · · · · · · ·			IOIAL	<u> </u>
CITY	STA	TE	ZIP				
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				1-AFU FI	ost Shoc.	_@	339, 30
			•	1-Laten	Down Plus	_@	398.78
To: Allied Oil & C	Bas Servic	es, LLC.		8-Ceniis	1,2ers	<u>@28.40</u>	227.20
You are hereby red			enting equipmen	t			
and furnish cemen					<u> </u>	_@	·
contractor to do w		•		ıs			· Mr -
done to satisfactio				·		TOTAL	965.2
contractor. I have	-		_			_	
TERMS AND CO							
			Λ	i		1	

Last Fracture Date: 12/1/2013 County: BARBER API Number (14 Digits): 15-0007-24080-00-00 Operator Name: INDIAN OIL CO INC Well Name and Number: MY PLACE 1

1432

5320



Production Type: OIL & GAS
True Vertical Depth (TVD):
Total Base Fluid Volume (gal)*:

Latitude: Longitude:

Datum:

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
REQUIRED BEFORE	EC 2, 2013						
redients shown above	are subject to 29 CRF	= 1910.1200(i) and appear (on Material Safety Data Sheets (MSDS). I	ngredients shown b	l elow are Non-MSDS.		
	•		, , ,				
		1		1	l		

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).