



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1183213  
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: \_\_\_\_\_

1183213

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	My Place 1
Doc ID	1183213

Tops

Name	Top	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





# ALLIED OIL & GAS SERVICES, LLC

Federal Tax ID # 20-5575504

REMIT TO: P.O. BOX 93999, DALLAS, TX 75209-3999 TEL: 972-242-1600 FAX: 972-242-1601  
 SOUTH LAKE, TEXAS 76092  
 SERVICE POINT: McIntosh

DATE	SEC	TWP	RANGE	SECTION	CALLED OUT	LOCATION	JOB START	JOB FINISH
9/27/13	8	351	12N					
LEASE # <u>Phoe</u>	WELL # <u>1</u>	LOCATION <u>H. H. ...</u>	COUNTY <u>Rockwall</u>			STATE <u>TX</u>		
OLD OR NEW (Circle one)		F.O. Sub/Feed/Work etc.						

CONTRACTOR V.I. # 5 OWNER T. J. ... O.I.  
 TYPE OF JOB S.P.  
 HOLE SIZE 17 1/2" T.D. 229  
 CASING SIZE 13 3/8" DEPTH 209  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 400 MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 200  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 30 1/2 EQUIPMENT \_\_\_\_\_

PUMP TRUCK CEMENTER Jason Tharrich  
 # 471/265 HELPER Ron Gilky  
 BULK TRUCK DRIVER Ryan Rivers  
 BULK TRUCK # 281/252 DRIVER \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_  
 MILEAGE \_\_\_\_\_  
 MANIFOLD \_\_\_\_\_  
 TOTAL \_\_\_\_\_

CHARGE TO: T. J. ... O.I.

STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 Ron Rivers  
 SIGNATURE Ron Rivers  
 SALES TAX (if Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS \_\_\_\_\_

# ALLIED OIL & GAS SERVICES, LLC 059980

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge KS

DATE <u>10-2-2013</u>	SEC <u>8</u>	TWP <u>35S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>My Place</u>	WELL # <u>1</u>	LOCATION <u>Herbner, KS 1/2 south</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR (NEW) (Circle one)			<u>enlind</u>				

CONTRACTOR 1291 #15  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 5365'  
 CASING SIZE 5 1/2 DEPTH 5362'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 1700 MINIMUM  
 MEAS. LINE SHOE JOINT 20'  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT bbls of 290 KLL Water  
 EQUIPMENT

OWNER Indian Oil  
 CEMENT  
 AMOUNT ORDERED 50.5x 60' 40' 4% Co<sub>1</sub>  
13.55x Class A ASC + 5# Kalsec  
6% FL-160 + Deframer, 2 1/2 gals ASF, 13 gals C/Cpro  
 COMMON 30 @ 17.90 537.00  
 POZMIX 20 @ 9.35 187.00  
 GEL 2 @ 23.40 46.80  
 CHLORIDE @  
 ASC 135 @ 20.90 2821.50  
Kalsec 675 @ .98 661.50  
FL-160 25.38 @ 18.90 479.68  
Deframer 18.9 @ 9.80 185.22  
Clapper 13 Gals @ 34.40 447.20  
ASF 10 Bbls @ 58.70 704.40  
 @  
 @  
 @  
 HANDLING 225 @ 2.48 558.00  
 MILEAGE 9.72/25/2.60 631.80  
 TOTAL 7260.10

PUMP TRUCK CEMENTER Darin F.  
 # 471-265 HELPER David F.  
 BULK TRUCK  
 # 364 DRIVER Agon B. / DeBericic  
 BULK TRUCK  
 # DRIVER

**REMARKS:**

Pipe on bottom to break circulation, pump 3 bbls water,  
12 bbls ASF, 3 bbls water, plus washout must have  
mix 135x cement, shut down, wash pump lines  
Release plug, start displacement, lift pressure to  
98 bbls, slow rate to 3 bpm @ 117 bbls  
to pump plus 9 + 127 bbls 1,000-1700 psi  
plug at hold

**SERVICE**

DEPTH OF JOB 5362'  
 PUMP TRUCK CHARGE 3099.25  
 EXTRA FOOTAGE @  
 MILEAGE 28 @ 7.70 192.50  
 MANIFOLD Herbner + 91 @ 275.00  
LW 25 @ 4.40 110.00  
 @

CHARGE TO: Indian Oil  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL 3676.75

**PLUG & FLOAT EQUIPMENT**

5 1/2  
 1-APV Float Shoe @ 339.30  
 1-Latch Down Plug @ 598.75  
 8-Centrifizers @ 28.40 227.20  
 @  
 @

TOTAL 965.25

To: Allied Oil & Gas Services, LLC.  
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PRINTED NAME x Joscelyn Nittler  
 SIGNATURE x Joscelyn Nittler  
Thank you!!!

