



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186343
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: _____

1186343

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Western Operating Company
Well Name	LMS Land 1
Doc ID	1186343

Tops

Name	Top	Datum
Heebner	3626	-226
Lansing	3730	-330
Kansas City	3942	-542
Marmaton	4298	-898
Cherokee	4470	-1070
Atoka	4709	-1309
Morrow	5008	-1608
Morrow Lime	5290	-1890
Keyes Sand	5419	-2019
Mississippian	5449	-2049
St. Louis	5591	-2191

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 07, 2014

D. Scott Stapp
Western Operating Company
518 17TH ST STE 200
DENVER, CO 80202-4117

Re: ACO-1
API 15-187-21236-00-00
LMS Land 1
NW/4 Sec.22-29S-41W
Stanton County, Kansas

Dear D. Scott Stapp:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/17/2013 and the ACO-1 was received on February 03, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

ALLIED OIL & GAS SERVICES, LLC 052326

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal 21

DATE <u>8-30-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>LOIS LAND</u>	WELL # <u>1</u>	LOCATION <u>Johnson KS - 35-2W</u>			COUNTY <u>Stanton</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>15, 1/2 E S into</u>					

CONTRACTOR <u>Marfin 21</u>	OWNER _____
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u> T.D.	CEMENT
CASING SIZE <u>5 1/2 17</u> DEPTH <u>5720</u>	AMOUNT ORDERED <u>125 sk ASC (A) -</u>
TUBING SIZE _____ DEPTH _____	<u>5# Mol-Seal, .52 FL-160, .1400 Seamer</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT <u>30</u>	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>.696</u>	GEL _____ @ _____
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT <u>132</u>	ASC <u>125 sk</u> @ <u>20.⁹⁰</u>

EQUIPMENT

PUMP TRUCK CEMENTER <u>Billy H</u>
<u>530-484</u> HELPER <u>Harold Heriberto V</u>
BULK TRUCK
<u>562-524</u> DRIVER <u>Ricardo V</u>
BULK TRUCK
_____ DRIVER _____

Mol-Seal <u>625 LB</u>	@ <u>.98</u>
FL-160 <u>59 LB</u>	@ <u>18.⁹⁰</u>
Defoamer <u>17 LB</u>	@ <u>9.⁸⁰</u>
Gyp Seal <u>9 SK</u>	@ <u>37.⁰⁰</u>
Clu-Pro <u>13 Gal</u>	@ <u>34.⁴⁰</u>
Mud Flush <u>10 BBL</u>	@ <u>58.⁹⁰</u>
	@ _____
	@ _____
HANDLING <u>180 sq³</u>	@ <u>2.⁴⁸</u>
MILEAGE <u>365 Tm</u>	@ <u>2.⁰⁰</u>

REMARKS:

TOTAL

SERVICE

DEPTH OF JOB <u>5720 ft</u>	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>Heavy 50mi</u>	@ <u>7.⁹⁰</u>
MANIFOLD <u>1 Day</u>	@ <u>275.⁰⁰</u>
<u>Light Mileage 50mi</u>	@ <u>4.⁴⁰</u>
	@ _____

TOTAL

CHARGE TO: Western Operating
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>Weatherford</u>	
Guide Shoe <u>1EA</u>	@ <u>280.⁹⁰</u>
AEU Insert <u>1EA</u>	@ <u>244.³³</u>
Stop Collar <u>1EA</u>	@ <u>49.¹⁴</u>
Threadlock <u>1EA</u>	@ <u>83.⁰⁷</u>
Centralizers <u>9 EA</u>	@ <u>57.³³</u>
Top Plug	<u>85.⁴¹</u>
	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.

SALES TAX (if Any) _____
TOTAL CHARGES _____
DISCOUNT _____

PRINTED NAME Roger Pearson

SIGNATURE Roger Pearson