



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1188279
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: _____

1188279

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> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 062190

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dakley - K1

DATE <u>12-11-13</u>	SEC. <u>1</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30</u>	JOB FINISH <u>2:30</u>
LEASE <u>Harcos</u>	WELL# <u>2</u>	LOCATION <u>Dakley-165 2E 1S Winto</u>			COUNTY <u>Cotton</u>	STATE <u>K1</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR WW 12
 TYPE OF JOB OTA Rotary
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 8 7/8 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER Sam
 CEMENT
 AMOUNT ORDERED 205 60/40 400gl
1440

COMMON <u>123</u>	@ <u>17.92</u>	<u>2201.20</u>
POZMIX <u>82</u>	@ <u>9.25</u>	<u>766.50</u>
GEL <u>7</u>	@ <u>23.40</u>	<u>163.80</u>
CHLORIDE	@	
ASC	@	
<u>FluSeal 51 lb</u>	@ <u>2.22</u>	<u>151.42</u>
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>220.15 CF</u>	@ <u>2.48</u>	<u>545.27</u>
MILEAGE <u>20 mi / mile 20.00</u>	<u>700</u>	<u>500.00</u>
		TOTAL <u>4329.67</u>

EQUIPMENT

PUMP TRUCK CEMENTER Alan P. 402
 # 425-281 HELPER Kevin 402
 BULK TRUCK
 # 390 DRIVER Chris Hoppingstone
 BULK TRUCK
 # DRIVER

REMARKS:

25540 2415' 425-281 mixing
100540 1270' motor - clutch went out
40540 265' on 1st plug
20540 40' Went to get 402
30540 RH finish job
 Thank you Alan, Kevin, Chris

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>2483.55</u>
EXTRA FOOTAGE	@	
MILEAGE <u>20</u>	@ <u>7.20</u>	<u>154.00</u>
MANIFOLD	@	
<u>672666d 20</u>	@ <u>4.40</u>	<u>880.00</u>
	@	
		TOTAL <u>2725.59</u>

CHARGE TO: Pioneer Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8" 100000 Plug</u>	@	<u>107.67</u>
	@	
	@	
	@	
	@	
		TOTAL <u>107.67</u>

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 7,162.90
 DISCOUNT 1,622.70 IF PAID IN 30 DAYS
5,540.19 Net.

PRINTED NAME _____
 SIGNATURE [Signature]

ALLIED OIL & GAS SERVICES, LLC 062104

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Dakley, ks

DATE <u>12-10-13</u>	SEC. <u>1</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>12:03 PM</u>	JOB START <u>3:00 PM</u>	JOB FINISH <u>5:30 PM</u>
LEASE <u>Harms</u>	WELL # <u>2</u>	LOCATION <u>Dakley 205, 2E, 24.0</u>			COUNTY <u>Logan</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)				<u>Winto</u>			

CONTRACTOR WW 12

TYPE OF JOB Surface

HOLE SIZE 12 1/4 TD. 212'

CASING SIZE 8 7/8 DEPTH 212 4/8

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 151

PERFS. _____

DISPLACEMENT 2.8661

OWNER same

CEMENT AMOUNT ORDERED 1605 kcs com 380cc

280 gal

EQUIPMENT

PUMP TRUCK CEMENTER LaRoue E. Wentz

422 HELPER Wayne McGlughy

BULK TRUCK DRIVER Brandon Wilkison

818/287

BULK TRUCK DRIVER _____

COMMON	<u>1605 kcs @ 17.90</u>	<u>2864.00</u>
POZMIX	@	
GEL	<u>35 kcs @ 23.40</u>	<u>70.20</u>
CHLORIDE	<u>65 lb @ 56.90</u>	<u>3704.00</u>
ASC	@	
HANDLING	<u>173.01 @ 2.48</u>	<u>429.06</u>
MILEAGE	<u>2.9 hr x 25 x 2.60</u>	<u>513.50</u>
TOTAL		<u>4215.16</u>

REMARKS:

Mix 1605 kcs cement

Displace with water

Cement did circulate.

Thank you

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 1512.25

EXTRA FOOTAGE @ _____

MILEAGE MI 170 25 @ 7.70 192.50

MANIFOLD @ _____ 275.00

MI 20 25 @ 4.40 110.00

TOTAL 2089.75

CHARGE TO: Pioneer Resources

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 Colon P. [Signature]

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 6,304.91

DISCOUNT 1,450.12 IF PAID IN 30 DAYS

4,854.78 Net.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Pioneer Resources LLC.

1-14s-32w-Logan, KS

80 Windwill Dr.
Phillipsburg, KS 67661

Harms #2

Job Ticket: 54552

DST#: 1

ATTN: Cliff Ottaway

Test Start: 2013.12.14 @ 02:53:00

GENERAL INFORMATION:

Formation: **Lansing "C"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:31:00

Time Test Ended: 09:51:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Cornelio Landa III

Unit No: 46

Interval: 3980.00 ft (KB) To 4005.00 ft (KB) (TVD)

Reference Elevations: 2929.00 ft (KB)

Total Depth: 4005.00 ft (KB) (TVD)

2921.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 8.00 ft

Serial #: 8675 Inside

Press @ Run Depth: 41.77 psig @ 3982.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.12.14

End Date:

2013.12.14

Last Calib.: 2013.12.14

Start Time: 02:53:15

End Time:

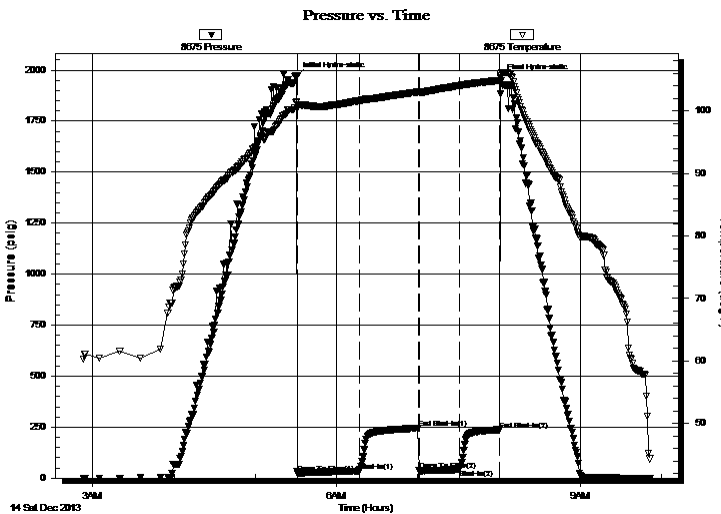
09:51:00

Time On Btm: 2013.12.14 @ 05:30:30

Time Off Btm: 2013.12.14 @ 08:01:00

TEST COMMENT: IF: 2 in. of blow
IS: Bled off 1 min.- No return
FF: No blow
FS: No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1967.85	101.41	Initial Hydro-static
1	24.42	100.93	Open To Flow (1)
46	35.12	101.65	Shut-In(1)
90	245.18	103.04	End Shut-In(1)
91	36.22	102.96	Open To Flow (2)
120	41.77	104.06	Shut-In(2)
150	237.45	104.91	End Shut-In(2)
151	1960.67	105.98	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
59.00	Mud 100m w/oil specs	0.29

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Resources LLC.

1-14s-32w-Logan, KS

80 Windwill Dr.
Phillipsburg, KS 67661

Harms #2

Job Ticket: 54552

DST#: 1

ATTN: Cliff Ottaway

Test Start: 2013.12.14 @ 02:53:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.40 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
59.00	Mud 100m w/oil specs	0.290

Total Length: 59.00 ft Total Volume: 0.290 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

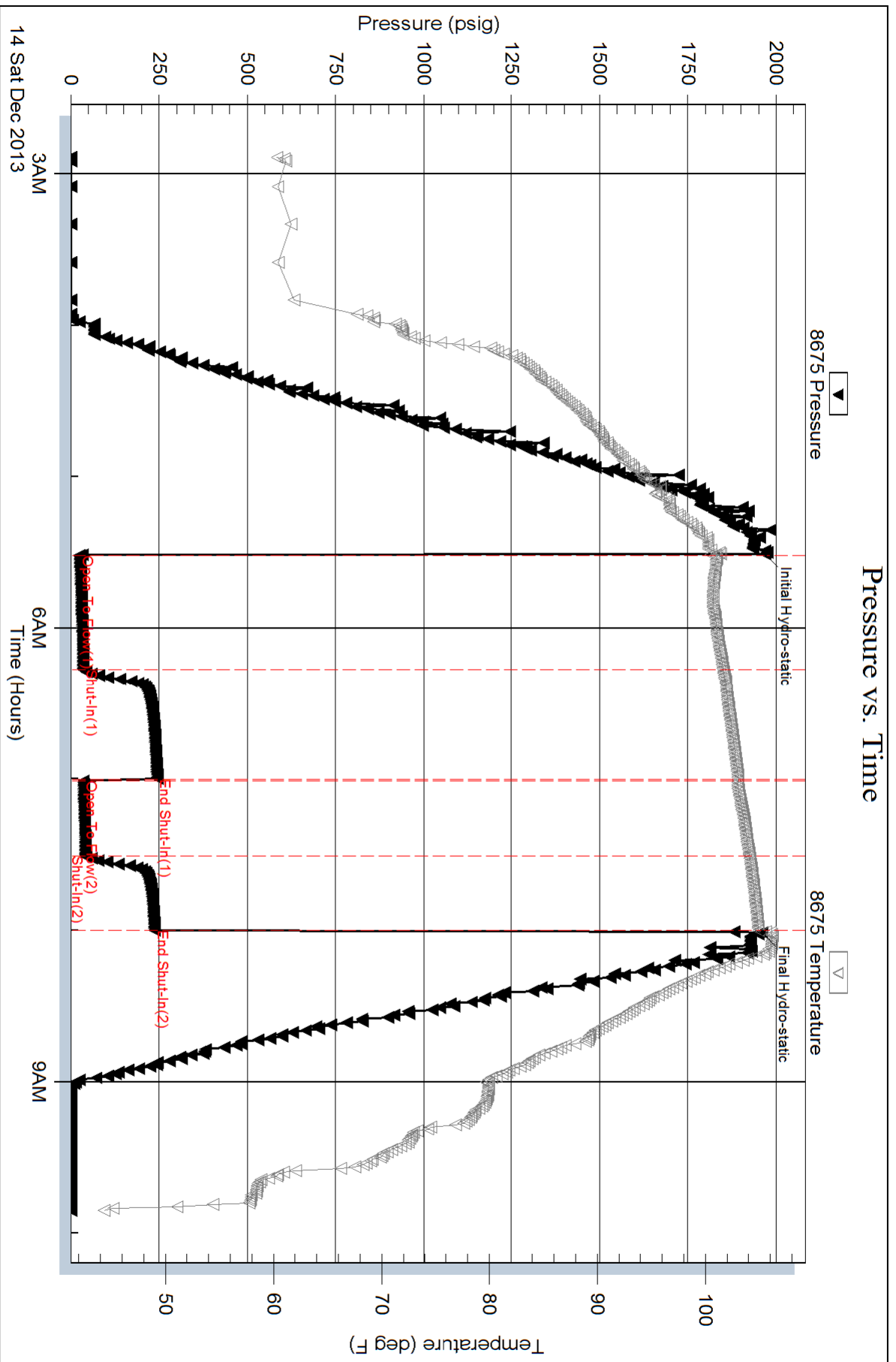
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

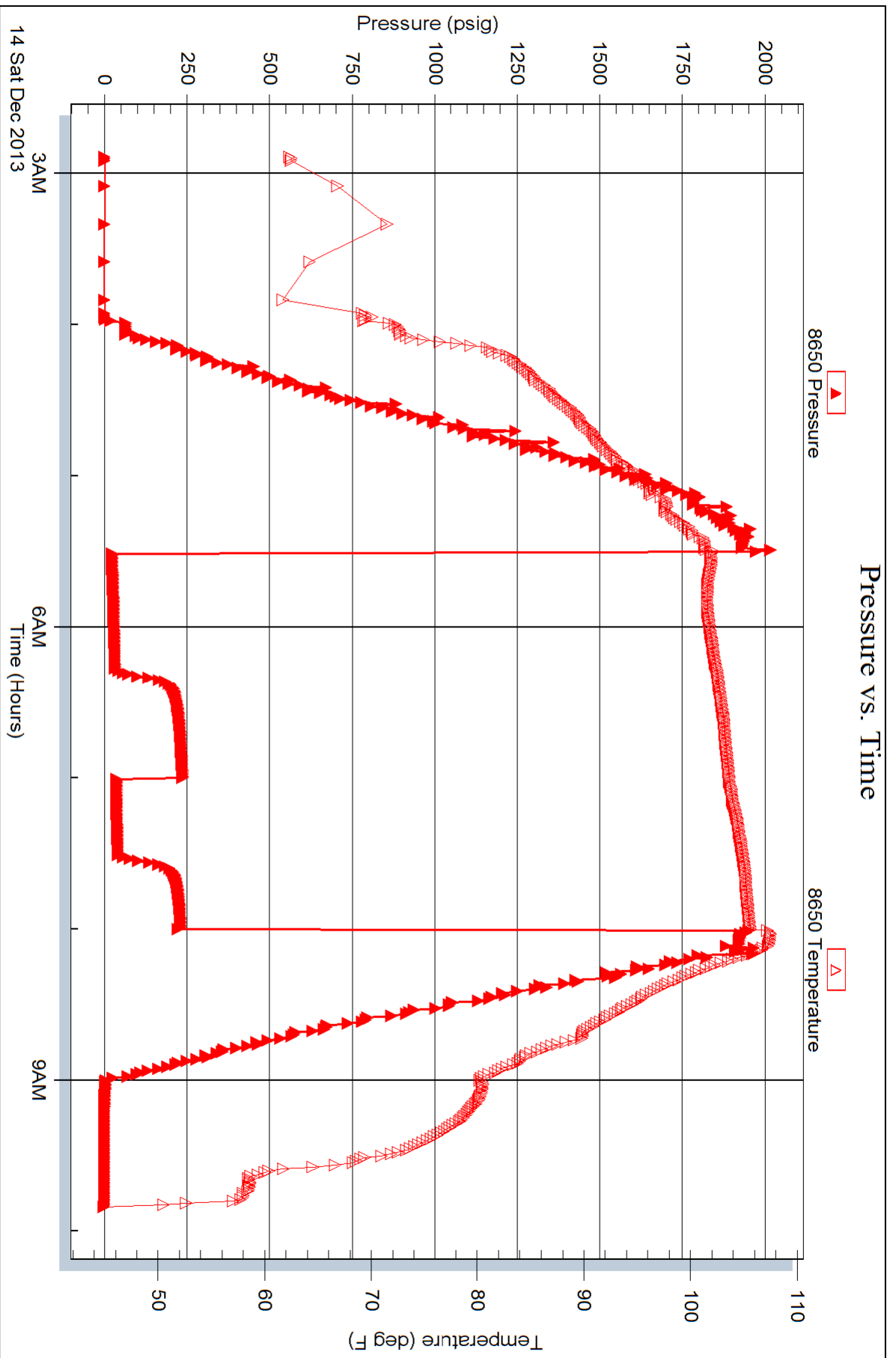


Serial #: 8650

Outside Pioneer Resources LLC.

Harms #2

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 54552

Printed: 2013.12.14 @ 15:57:16



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Pioneer Resources LLC.

1-14s-32w-Logan, KS

80 Windwill Dr.
Phillipsburg, KS 67661

Harms #2

Job Ticket: 54554

DST#: 3

ATTN: Cliff Ottaway

Test Start: 2013.12.16 @ 15:12:00

GENERAL INFORMATION:

Formation: **Cherokee-Johnson**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:22:30

Time Test Ended: 21:58:30

Test Type: Conventional Bottom Hole (Reset)

Tester: Cornelio Landa III

Unit No: 46

Interval: 4487.00 ft (KB) To 4546.00 ft (KB) (TVD)

Reference Elevations: 2929.00 ft (KB)

Total Depth: 4546.00 ft (KB) (TVD)

2921.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8650 Outside

Press @ Run Depth: 45.94 psig @ 4489.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.12.16

End Date: 2013.12.16

Last Calib.: 2013.12.16

Start Time: 15:12:15

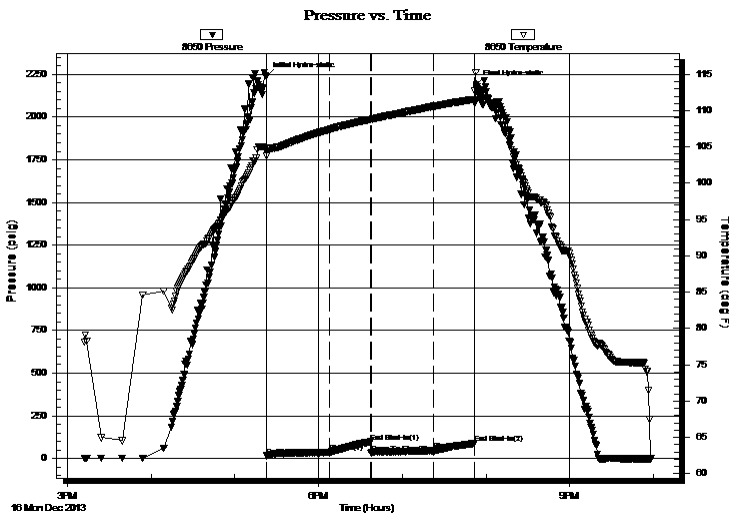
End Time: 21:58:30

Time On Btm: 2013.12.16 @ 17:22:15

Time Off Btm: 2013.12.16 @ 19:53:15

TEST COMMENT: IF: 9 1/4 in. of blow
IS: Bled off in 2 min.- No return
FF: 2 in. Immediately-Built to B.o.b. in 40 min.
FS: Bled off in 2 min.- No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2238.43	104.81	Initial Hydro-static
1	16.29	103.71	Open To Flow (1)
46	34.64	107.39	Shut-In(1)
75	97.97	108.77	End Shut-In(1)
76	32.43	108.75	Open To Flow (2)
120	45.94	110.57	Shut-In(2)
150	88.93	111.55	End Shut-In(2)
151	2190.16	113.32	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	Mud 100m	0.30

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Resources LLC.

1-14s-32w-Logan, KS

80 Windwill Dr.
Phillipsburg, KS 67661

Harms #2

Job Ticket: 54554

DST#: 3

ATTN: Cliff Ottaway

Test Start: 2013.12.16 @ 15:12:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.98 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
62.00	Mud 100m	0.305

Total Length: 62.00 ft Total Volume: 0.305 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

