

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1188959

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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ALLIED OIL & GAS SERVICES, LLC 059895

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>9-2-13</u>	SEC. <u>14</u>	TWP. <u>33S</u>	RANGE <u>1E</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Struthers</u>	WELL # <u>14-41</u>	LOCATION <u>South Haven 1166 E to Oliver Rd</u>			COUNTY <u>Sumner</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>9 mi to 70th 1/4 west Sinto</u>					

CONTRACTOR Tom Cat

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 9 7/8 DEPTH 314

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1000ps MINIMUM

MEAS. LINE SHOE JOINT 40ft

CEMENT LEFT IN CSG. 40ft

PERFS.

DISPLACEMENT 21 BBC

EQUIPMENT

PUMP TRUCK CEMENTER Jake Hendo

561/302 HELPER Jason T

BULK TRUCK

421/250 DRIVER James B

BULK TRUCK

DRIVER

REMARKS:

CMT Did Circ

See Job Log

CHARGE TO: Tom Cat

STREET

CITY STATE ZIP

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 X Carlos Ayala

SIGNATURE X Carlos Ayala

OWNER Source

CEMENT

AMOUNT ORDERED 1505x Class A + 3% CC

COMMON <u>Class A 1505x</u>	@ <u>17.90</u>	<u>2685.00</u>
POZMIX	@	
GEL	@	
CHLORIDE <u>55x</u>	@ <u>64.00</u>	<u>320.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>157cf</u>	@ <u>2.48</u>	<u>389.36</u>
MILEAGE <u>36.25</u> <u>100 mile x</u>	<u>2.60</u>	<u>942.50</u>
TOTAL		<u>4336.86</u>

SERVICE

DEPTH OF JOB 294 ft

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE 50 @ 7.70 385.00

MANIFOLD + HEND 275.00 275.00

L.V. 50 miles @ 4.40 220.00

TOTAL 2392.25

PLUG & FLOAT EQUIPMENT

Rubber plug @ 184.86 184.86

Thread loc @ 83.07 83.07

TOTAL 267.93

SALES TAX (If Any)

TOTAL CHARGES 6997.04

DISCOUNT IF PAID IN 30 DAYS

Net 5247.78



ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO.

Date 9-8-2013 District ML Ticket No. 59569
Company Source Rig Tonco H 2
Lease Stutners Well No. 14-41
County Sumner State KS
Location vic South Haven, KS Field 14-33s-1e

CASING DATA: Conductor ☐ PTA ☒ Squeeze ☐ Misc ☐
Surface ☐ Intermediate ☐ Production ☐ Liner ☐
Size 4 1/2 Type Drill Pipe Weight _____ Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
Open Hole: Size 8 3/4 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
Drill Pipe: Bbls/Lin. ft. .0142 Lin. ft./Bbl. 70.32
Annulus: Bbls/Lin. ft. .0085 Lin. ft./Bbl. 24.6
Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: _____
Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 60:40:49:60
Excess _____

Amt. 150 Sks Yield 1.40 ft³/sk Density 14.1 PPG

TAIL: Pump Time _____ hrs. Type _____
Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

WATER: Lead 6.7 gals/sk Tail _____ gals/sk Total 24 Bbls.

Pump Trucks Used 558-555

Bulk Equip. 561 553

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG

Mud Type D.S. 100 - 3 bbls water 42 min Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER DGlin Franklin

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
	400					Pipe on bottom Circulate bottom up
						1st Plug - 3950
	400			8 bbls	5	Pump 8 bbls water ahead
	400			9 bbls	5	mix 355x Cement
	400			50 bbls	5	Displace 3 bbls water 40 bbls mud
						2nd Plug - 340'
	200			9 bbls	5	Pump 9 bbls water
	200			9 bbls	5	mix 355x Cement
	200			3 bbls	5	Displace 3 bbls water
						3rd Plug - 60'
	100			6 bbls	3	mix 255x Cement
						4th Plug
	100			7 bbls	3	mix 305x Cement
						Mouse hole
	100			5 bbls	3	mix 205x Cement

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs.

THANK YOU

ALLIED OIL & GAS SERVICES, LLC 059569

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lake KS

DATE <u>9/8/2013</u>	SEC. <u>14</u>	TWP. <u>33S</u>	RANGE <u>1E</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>3:45 PM</u>
LEASE <u>Sturmers</u>	WELL # <u>14-41</u>	LOCATION <u>South Haven, KS, 155 mi. on Hwy 166 to Oliver Rd, S. 1/4, 31/2 N. 1/2</u>			COUNTY <u>Sumner</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Tomcat #2 OWNER Savice

TYPE OF JOB Reilly Plus

HOLE SIZE _____ T.D. _____ CEMENT

CASING SIZE _____ DEPTH _____ AMOUNT ORDERED 150s x 60.40 4 1/2 60s

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 3950'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 3 bbls water, 47 bbls mud

EQUIPMENT

PUMP TRUCK CEMENTER Dean J.

558-555 HELPER Scott P.

BULK TRUCK _____

561-553 DRIVER James B.

BULK TRUCK _____

_____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

TOTAL _____

REMARKS:

1st Plug - 3950 - 8 bbls water chase, mix 35s x cement

Displace 3 bbls water, 47 bbls mud

2nd Plug - 340' - 9 bbls water, chase, mix 35s x cement

Displace 2 bbls water

3rd Plug - 60' - mix 25s x cement

Regrind - mix 30s x cement

Maintenance - mix 20s x cement

SERVICE

DEPTH OF JOB 3905'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Tomcat

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.

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PRINTED NAME X

SIGNATURE X

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

Felix Estrada

\$6,171.97

Thank you!!!