



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189151
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: _____

1189151

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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LITHOLOGY STRIP LOG

WellSight Systems

Scale 1:240 (5"=100') Imperial
Measured Depth Log

#1-23

Well Name: T-Nelson #1-23
 Location: SW-NE-SW-SE/4 Section 23 T14S-R31W
 License Number: API: 15-063-22168-00-00
 Spud Date: Dec. 26, 2013
 Surface Coordinates: 775' FSL & 1700' FEL Section 23 T14S-R31W
 Region: Gove County, KS
 Drilling Completed: Jan. 9, 2014

Bottom Hole Coordinates:
 Ground Elevation (ft): 2800' K.B. Elevation (ft): 2810'
 Logged Interval (ft): 3400' To: TD Total Depth (ft): 4550'
 Formation: Topeka to Miss
 Type of Drilling Fluid: Chemical mud Displaced at 3415'

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Pelican Hill Oil & Gas
 Address: 1401 E. El Camino Real Suite 207
 San Clemente, CA 92672+5932


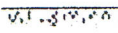


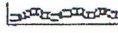
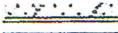
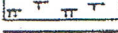
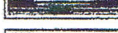
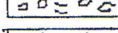


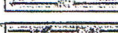
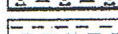


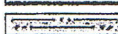

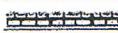





GEOLOGIST

Name: Roger L. Fisher
 Company: 2610 W. Rio Vista St.
 Address: Wichita Kansas, 67204

COMMENTS

Integrity Drilling Co. Rig #7
 Surface Casing: 273' of 8 5/8"
 Production Casing: 4550' of 5 1/2"
 Deviation Surveys:
 270' 1.25 degrees
 3750 1.25 degrees
 Pipe Strap 3.55' short to board at 4125'
 Mud System: Mud Co
 DSTs: Trilobite Testing Inc.
 OH Logs: ELI Wireline; DILL; CDL/CNL, Micro. Sonic, Frac Finder
 5 1/2" casing ws run to further test

ROCK TYPES

 Anhy	 Congl	 Lmst	 Black sh
 Bent	 Sdy dolo	 Mrlst	 Gry sh
 Brec	 Shy dolo	 Salt	 Shale
 Cht	 Dol	 Shale	 Shylstst
 Clyst	 Gyp	 Slstst	 Sltysh
 Coal	 Sdy lmst	 Ss	

ALLIED OIL & GAS SERVICES, LLC 062108

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, KS

DATE <u>12-16-13</u>	SEC. <u>23</u>	TWP. <u>14</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>6:10 p.m.</u>	JOB START <u>8:00 p.m.</u>	JOB FINISH <u>8:13 p.m.</u>
LEASE <u>Fulwider</u>	WELL# <u>1-23</u>	LOCATION <u>Oakley, KS 205, 4E, 2S</u>			COUNTY <u>Osage</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>1E, 1N 2S 34E 2S</u>			

CONTRACTOR <u>Integrity</u>	OWNER <u>Some</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/8</u>	T.D. <u>260'</u>
CASING SIZE <u>8 7/8</u>	DEPTH <u>262.3'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>15.83</u>	

CEMENT	AMOUNT ORDERED <u>245 sks</u>	CONC. <u>380cc</u>
	<u>2 bags</u>	
COMMON	<u>245 sks @ 17.90</u>	<u>4389.50</u>
POZMIX	@	
GEL	<u>9 sks @ 23.40</u>	<u>112.00</u>
CHLORIDE	<u>7.5 sks @ 64.00</u>	<u>576.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>264.93 sks</u>	@ <u>2.48</u>	<u>657.03</u>
MILEAGE <u>1209 km X 30 X 2.60</u>		<u>943.02</u>
TOTAL		<u>6628.55</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Lakene & Went</u>
# <u>431</u>	HELPER <u>Kelly Gabel</u>
BULK TRUCK	
# <u>396/306</u>	DRIVER <u>C.S.</u>
BULK TRUCK	
#	DRIVER

REMARKS:
Mix 245 sks cement
Displace with water
Cement did circulate
4 bbl to pit
Thank you

CHARGE TO: Pelican Hill
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>MIF</u> <u>30</u>	@ <u>7.70</u> <u>231.00</u>
MANIFOLD	@
<u>MIF</u> <u>30</u>	@ <u>4.40</u> <u>132.00</u>
	@
TOTAL <u>1875.25</u>	

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 Jim Morris
 SIGNATURE Jim Morris

SALES TAX (if Any) _____
 TOTAL CHARGES 8,553.80
 DISCOUNT 1,710.76 IF PAID IN 30 DAYS
6,843.04 Net.