

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1189156

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec	TwpS. R	East West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from I	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long: _	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	/ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	:
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total C	Depth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls
Dual Completion			Dewatering method used: _		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			1		
GSW	Permit #:		Operator Name:		
_ <del>_</del>			Lease Name:	License #:_	
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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 III Approved by: Date:

Page Two



Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	on (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es 🗌 No		Nam	9		Тор	L	Datum
Cores Taken Electric Log Run		☐ Y€								
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing : (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
									<u> </u>	
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	of Cement	# Sacks	Used		Type and I	Percent Additives		
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	n this well?	·			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC	)-1)
Shots Per Foot			ID - Bridge Plug Each Interval Perl				cture, Shot, Cemen		b	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOGITI	ON OF CAC			ACTUOD OF	COMPLE	TION		DDODUGT		
Vented Sold	ON OF GAS:  Used on Lease		N Open Hole	NETHOD OF $\Box$ Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	λΝ ΙΝΙΕΚ\	/AL:
(If vented, Sub			Other (Specify)		(Submit A		mit ACO-4)			

# ALLIED JIL & GAS SERVICES, LLC 059927

Federal Tax I.D.# 20-5975804 REMIT TO P.O. BOX 93999 SERVICE POINT: odge KJ SOUTHLAKE, TEXAS 76092 Medicine RANGE 12 m JOB FINISH 900AM TWP. CALLED OUT ON LOCATION JOB START DATE 09/19/13 COUNTY STATE WELL# LOCATION Ha LEASE Nusser OLD OR NEW (Circle one) #3 Mendenha OWNER CONTRACTOR aughn TYPE OF JOB Surface HOLE SIZE 12 Ju CASING SIZE 878 T.D. 393 CEMENT AMOUNT ORDERED 1351x65135:6%61+ DEPTH 393 39/10 + 1/4# Asset 2% Gel **TUBING SIZE** DEPTH , INDO Class A DRILL PIPE DEPTH TOOL DEPTH @17.90 1790.60 PRES. MAX 450 MINIMUM COMMON SHOE JOINT 42 MEAS. LINE **POZMIX** @23.40 46.80 CEMENT LEFT IN CSG. 42 GEL @ 64.00 PERFS. CHLORIDE DISPLACEMENT 22/4 BBL Fred ASC @ @ 16.50 2227.50 ALW Floseau EQUIPMENT 103.95 @2.97 @ CEMENTER JASCA **PUMPTRUCK** # XO 302 HELPER Davi @ @ BULK TRUCK # 364 @ DRIVER **BULK TRUCK** @ DRIVER HANDLING MILEAGE TOTAL 5559.46 REMARKS: SERVICE CI

			DEPTH OF JOB 393 PUMP TRUCK CHARGE /3/2 25
			EXTRA FOOTAGE @ 7.70 192.50  MANIFOLD Head Ventace 275.60
			MANIFOLD Head Newface 275.60 LV 25 @ 4.40 110.00
CHARGE TO:			TOTAL 2089.75
CITY	STATE	ZIP	DE LIG O DE CATE DOLUMENTO

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 NAM	ME	the state of the s		
SIGNATURE	Ealolia	Shelle	aΛ	

PLU	G &	FLOA	AT E	)UIP	MENT

Rubber Pluo	1 @	75.25
iver Dattle Plate	) @	91.25
Centralizers	3 @375	× 112.50
	@	
	@	

TOTAL 279.00

SALES TAX (If Any) 7928.21 TOTAL CHARGES. IF PAID IN 30 DAYS DISCOUNT -6398.36 NEF

### ALLI DOIL & GAS SERVIC 3, LLC 059931

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999

SIGNATURE

SERVICE POINT: SOUTHLAKE, TEXAS 76092 Medicine Lodge KS JOB FINISH TWP. RANGE CALLED OUT ON LOCATION JOB STARTION DATE 09/27/13 5:30 355 700 11 120 COUNTY STATE 4-16 LOCATION Hardher KS, In south I East North LEASE Nusser Barber OLD OR NEW (Circle one) CONTRACTOR Mendenhall #3 OWNER Vaughn Good TYPE OF JOB Production T.D. 5616 HOLE SIZE 7% CEMENT AMOUNT ORDERED 2001x Class H + 10% Gx psed+ DEPTH 5506 CASING SIZE 51/2 10% Salt +6# Kolseal + , 8% FL-160 **TUBING SIZE** DEPTH DRILL PIPE DEPTH TOOL DEPTH 200 SK @21.20 4240.00 PRES. MAX 1800 COMMON **MINIMUM** MEAS. LINE SHOE JOINT 42 POZMIX CEMENT LEFT IN CSG. 42 GEL CHLORIDE @ DISPLACEMENT 131 BPL Fresh 476 @ @ 37.60 Gypseal **EQUIPMENT** 22 5014 @26.35 1200 Kolscal @ .98 PUMP TRUCK CEMENTER Juson Thinged F1-160 150 @ 18.90 HELPER Ron Giller #471/265 @ **BULK TRUCK** @ DRIVER Agen # 281/252 @ **BULK TRUCK** @ DRIVER HANDLING 267 MILEAGE \_ REMARKS: TOTAL /0,958-33 5'hz chsin. SERVICE ron ball + Break circulation DEPTH OF JOB \_5506' in 500 Ral Mud Clean Mix 200 sx CASS A + Additive, wash Ame + lines PUMP TRUCK CHARGE 3099.25 freshwater EXTRA FOOTAGE displace with 131 Bb/s Bunn plug + float did not Hold @ 7.70 192.50 MILEAGE 275.00 @ MANIFOLD : @ 4.40 110-60 20 CHARGE TO: Vaughn Good TOTAL 3676.75 STREET \_\_\_\_ CITY\_\_\_\_STATE \_\_\_\_ ZIP\_ PLUG & FLOAT EOUIPMENT 15 @28.40 426.00 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 TOTAL 943.50 done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any) \_\_\_ TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES . 15 578. 50 PRINTED NAME V DISCOUNT \_\_\_\_\_ \_ IF PAID IN 30 DAYS NET - 12,651. 56

### Last Fracture Date: 10/20/2013 County: Barber API Number (14 Digits): 15-007-24060-00-00 Operator Name: Vaughn Good Oil Co. Well Name and Number: Nusser 4-16 Latitude: Longitude: Datum: Production Type: Oil & Gas True Vertical Depth (TVD): 5610' Total Base Fluid Volume (gal)\*:

411,600



#### Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
P-902	Consolidated	Friction reducer	Hydrotreated light distallate	064742-47-8	35%		
			Petroleum Distallate	64742-94-5	40		
.5% HCL Acid	3rd Party		11.1	7647.04.0		0.62	
5% FCL ACIU	Stu Party	-	Hydrogen Chloride	7647-01-0	38	0.62	
L-260	Consolidated	Acid inhibitor	Ethylene Glycol	107-21-1	20		
200	Consolidated	Acid minoroi	N,N-Dimethyl Formamide	68-12-2	20		
	-		2-Butoxyethanol	111-76-2	5		
Water a communication of the control of	-		2-Butoxyethanoi	111-76-2	3	<u> </u>	
R-445	Consolidated		Isopropanol	67-63-0	Confidential	N/A	
ORGANIZATION OF THE PROPERTY O							
Siostate 650	Consolidated		Methanol	67-56-1	20	0	
***************************************			Isopropanol	67-63-0	5		
lock salt (50lb) Med	Consolidated		Sodium Chloride	7647-14-5	100	0.12	
	1						
ngredients shown abovi	e are subject to 29 CF	RF 1910.1200(i) and appear	on Material Safety Data Sheets (MSDS)	. Ingredients shown	pelow are Non-MSDS.		
	<u> </u>						
The state of the s							
		<u> </u>					

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

Vaugh Good Oil Nusser #4

	8075
<b>建</b>	Chad Carter

	Cita Carter							
CHEMICAL ADDITIVES	INITIAL BID ANGUNT SALUS	DENSITY LBS/GAL	WEIGHT OF ADDITIVE LBS	COMPONENT	MAX PERCENT	CAS NUMBER	FRACTION OF PRAC	
	625	8.4	5250	Hydrotreated light distallate	35%	064742-47-8	0.04%	
FRICTION REDUCER (SP-902)				Petroleum Distallate	40%	64742-94-5	0.04%	
8				0	G%	0		
	9500	8.95	85025	Hydrogen Chloride	38%	7647-01-0	0.62%	
15% HCL ACID (3RD PARTY DELIVERED)	- 1, Mais 278, 10		0	0%	0			
	3,100			0	0%	0		
	10	8.8	88	Ethylene Glycol	20%	107-21-1	0.00%	
ACID INHIBITOR (AI-260)				N,N-Dimethyl Formamide	20%	68-12-2	0.00%	
	3.47			2-Butoxyethanol	5%	111-76-2	0.00%	
	163	8.18	1333.34	Isopropanol	Confidential	67-63-0	N/A	
SR-445	A PARAMETER.			0	0%	0		
				0	0%	0		
	152	7.75	1178	Methanol	20%	67-56-1	0.00%	
BIOSTAT 650				Isopropanol	5%	67-63-0	0.00%	
				0	0%	0		
	3000	2.16	6480	Sodium Chloride	100%	7647-14-5	0.12%	
ROCK SALT (50 LB) MED				0	0%	0		
				0	0%	0		
		0	0	0	0%	0		
	4 - 4 - 3 - 4 - 4			0	0%	0		
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SAND TYPE	AMOUNT ON BID (LBS)	COMPONENT	CAS NUMBER	PERCENT OF FRAC
40/70 WHITE SAND	15000	Quartz (Crystalline Silica)	14808-60-7	0.29%
16/30 BROWN SAND	73500	Quartz (Crystalline Silica)	14808-60-7	1.41%
				0.00%
				0.00%

14370	8.34	5033523.6	96.40%	
	et estate was an and an	A CONTRACTOR OF THE PARTY OF TH		
 		·		