



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189267
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: _____

1189267

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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MDCI
Walter 'A' OWWO #1-1
1980' FSL 2080' FEL
Sec. 1-T1S-R36W
3237' KB

Formation	Log Top	Datum
Anhydrite	3178	+59
B/Anhydrite	3210	+27
Neva	3657	-420
Red Eagle	3719	-482
Foraker	3767	-439
Topeka	3974	-737
Oread	4094	-857
Lansing	4193	-956
Stark	4407	-1170
BKC	4457	-1220
Pawnee	4574	-1337
Cherokee	4662	-1425
Mississippi	4865	-1628
Arbuckle	5012	-1775
Reagan Sd	5155	-1918
Granite Wsh	5226	-1989
RTD	5270	
LTD	5266	



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

Well Name: Walter 'A' OWWO #1-1
 Location: E2 W2 NW SE Sec 1 T1S R36W
 License Number: _____ Region: Rawlins County, KS
 Spud Date: 10/19/2013 Drilling Completed: 10/21/2013
 Surface Coordinates: 1980' FSL & 2080' FEL
 Bottom Hole Coordinates: _____
 Ground Elevation (ft): 3226 K.B. Elevation (ft): 3237
 Logged Interval (ft): 4940 To: TD Total Depth (ft): 5270
 Formation: _____
 Type of Drilling Fluid: Chemical Mud
 Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Murfin Drilling Co., Inc.
 Address: 250 N Water, Suite 300
 Wichita, KS 67202

GEOLOGIST

Name: Clayton Erickson
 Company: Erickson Wellsite Geology
 Address: 402 Palmer Street
 P.O. Box 294
 Loomis, NE 68958

DSTs

NO DSTs

COMMENTS

FORMATION TOPS

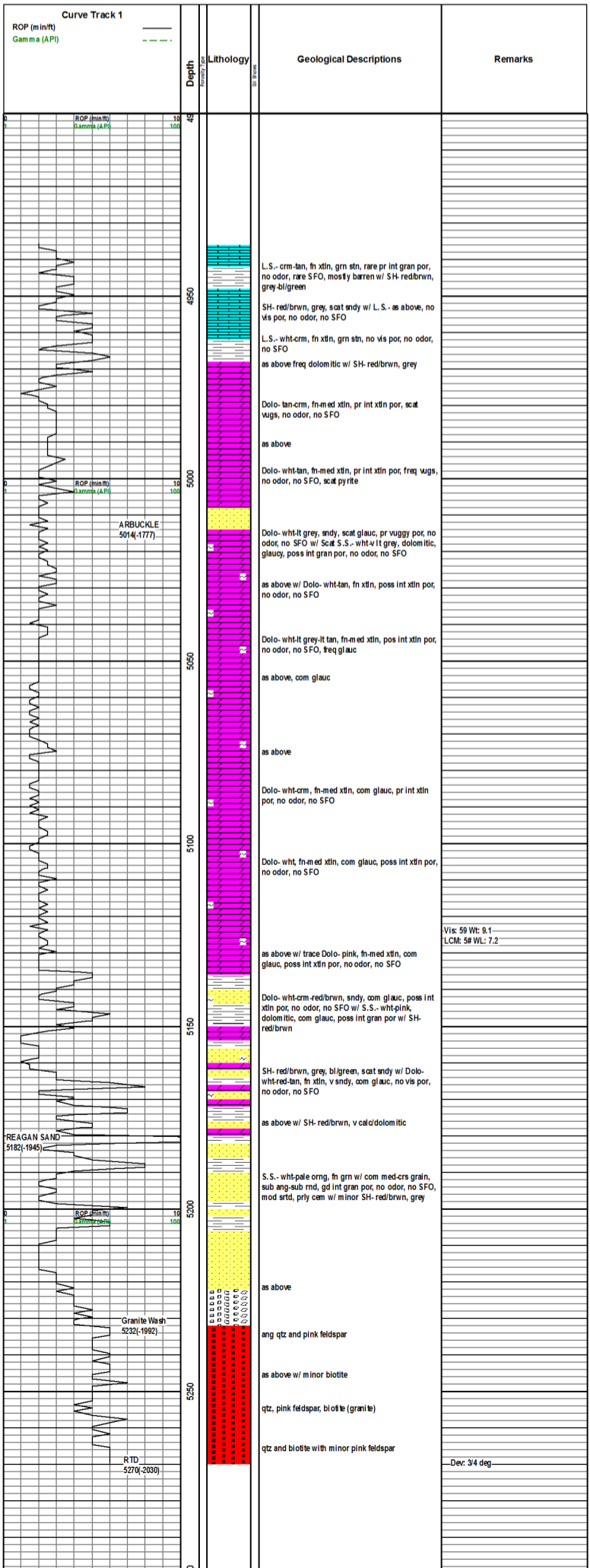
	Log Tops	Sample tops
ARBUCKLE	5012(-1775)	5014(-1777)
REAGAN SAND	5156(-1919)	5182(-1945)
GRANITE WASH	5228(-1988)	5232(-1992)
TD	5265(-2018)	5270(-2033)

ROCK TYPES

Anhy	Clyst	Gyp	Mist	Shgy
Bent	Carb. shale	Igne	Salt	Siltst
Brec	Arkose	Lmst	Shale	Ss
Cht	Dol	Meta	Shcol	Till

OTHER SYMBOLS

Oil Show Even	Spotted Ques	Dead	Interval Dst
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CONSOLIDATED
Oil Well Services, LLC

Accty -
cc: WF
cc: Liz
cc: L-1

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 263467

Invoice Date: 10/28/2013 Terms: 10/10/30,n/30

Page 1

MURFIN DRILLING
P.O. BOX 288
RUSSELL KS 67665
() -

WALTERS A OWWO 1-1
44363
1-1S-36W
10-23-2013
KS

USED FOR IC 103
APPROVED JLR

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	350.00	18.5500	6492.50
1126	OIL WELL CEMENT	250.00	23.7000	5925.00
1101	CAL SEAL	658.00	.5200	342.16
1102	CALCIUM CHLORIDE (50#)	658.00	.9400	618.52
1110A	KOL SEAL (50# BAG)	1250.00	.5600	700.00
1111A	SODIUM METASILICATE	658.00	2.5200	1658.16
1118B	PREMIUM GEL / BENTONITE	658.00	.2700	177.66
1142A	KCL SUB MB6875 CC3107 (1	2.00	41.1000	82.20
1107	FLO-SEAL (25#)	175.00	2.9700	519.75
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4454	5 1/2" LATCH DOWN PLUG	1.00	567.0000	567.00
4136	TURBOLIZER 5 1/2"	16.00	75.7500	1212.00
4104	CEMENT BASKET 5 1/2"	3.00	290.0000	870.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4315	ROTATING SCRATCHERS	10.00	94.5000	945.00
4310	5 1/2" ROTATING HEAD	1.00	150.0000	150.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-2119.37
9995-130	CEMENT EQUIPMENT DISCOUNT	-727.00

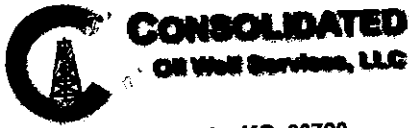
Description	Hours	Unit Price	Total
T-118 SINGLE PUMP	1.00	3175.00	3175.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	75.00	5.25	393.75
T-129 TON MILEAGE DELIVERY	1.00	1850.63	1850.63
566 TON MILEAGE DELIVERY	1.00	1850.62	1850.62

Amount Due 30138.01 if paid after 11/27/2013

Parts:	21193.70	Freight:	.00	Tax:	1506.88	AR	27124.21
Labor:	.00	Misc:	.00	Total:	27124.21		
Sublt:	-2846.37	Supplies:	.00	Change:	.00		

Signed _____

Date _____



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

263467

TICKET NUMBER 44363
LOCATION Oakley KS
FOREMAN Miles Shar
Fuzzy McCullick
KS

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-13	5406	Walters A over #1-1	1	15	36W	Radcliff
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Martin Drilling			490718	Jeremy R		
MAILING ADDRESS			59709	Tim W		
CITY			506	Steve O		
STATE						
ZIP CODE						

JOB TYPE Long strings HOLE SIZE 7 7/8" HOLE DEPTH 5270 CASING SIZE & WEIGHT 5 1/2" 15.5#
 CASING DEPTH 5260' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 11 1/2 SLURRY VOL 1142 WATER gal/sk _____ CEMENT LEFT in CASING 19.75'
 DISPLACEMENT 124% DISPLACEMENT PSI 1900 MIX PSI 2400 RATE _____

REMARKS: Safety Meeting and rig upon Martin Drilling rig #2. Flocc equipment
Turbulizers on 1, 5, 9, 13, 17, 20, 24, 22, 23, 24, 25, 27, 28, 29, 30, 47. Baskets on bottom of Job #
30, 51, 68. Circulate 30 min on sat cap. Run casing to bottom. Circulate casing 1 hr
and 300 lbs CMD Pump 5 bbls water mud flush 5 bbls water mix 300 lbs CMD down casing
tailed in with 250 lbs over 5" hole seal. Shutdown. Cleared pump & lines. Displaced plus
displaced 126 1/2 bbls water with 1900 psi lift 2400 psi placed and held
Cement did not circulate.

Thanks Miles crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175. ⁰⁰	3175. ⁰⁰
5406	75	MILEAGE	5.25	393.75
5407A	28.2 tons	Ten mileage delivery	16.75	2701.25
11045	350 sbs	Class A cement	18.55	6492.50
1136	250 sbs	OWC	23.70	5925. ⁰⁰
1101	658#	Cal seal	1.52	342.16
1102	658#	Calcium Chloride	.94	618.52
1110A	1250#	Kal Seal	1.56	700. ⁰⁰
1111A	658#	Metasilicate	2.52	1658.16
1118B	658#	Bentanto gel	.27	177.66
1142A	2 gal	KCl	41.10	82.20
1167	175#	Floccal	2.97	519.75
4159	1	5 1/2" AFU float shoe	433.75	433.75
4454	1	5 1/2" latch down	567. ⁰⁰	567. ⁰⁰
4136	16	Turbulizers 5 1/2"	75.75	1212. ⁰⁰
4104	3	5 1/2" Baskets	290. ⁰⁰	870. ⁰⁰
11446	500 gal	Mud Flush	1. ⁰⁰	500. ⁰⁰
4315	10	rotating scratchers 5'	94.50	945. ⁰⁰
4310	1	5 1/2" rotating head	150. ⁰⁰	150. ⁰⁰
Subtotal 28463.70			182. ⁰⁰	25617.33
less discount 2846.37			1506.88	1506.88
Subtotal 25617.33				27124.21
tax 7.9%				
ESTIMATED TOTAL				27124.21

completed

AUTHORIZATION Bruce Selas TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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 24, 2014

Francis Hitschmann
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: ACO-1
API 15-153-20404-00-01
Walter 'A' OWWO 1-1
SE/4 Sec.01-01S-36W
Rawlins County, Kansas

Dear Francis Hitschmann:

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 10/19/2013 and the ACO-1 was received on February 19, 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