



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189606
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: _____

1189606

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 <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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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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Date 2-4-14 District Great Bend #5 Ticket No. 62679
 Company Prospect Oil & Gas Rig Expresswell
 Lease Ankerhol 2 Well No. 1511
 County Price State KI
 Location Clafflin Ex 2 4R 75 Field
1E 125 Ex 2

CEMENT DATA:
 Spacer Type: Freshwater
 Amt. 150 Skys Yield 1.41 ft³/sk Density 6.34 PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 4 1/2 Type Non Weight 9.5 Collar GRJ

LEAD: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

Casing Depths: Top KB Bottom 3360

TAIL: Pump Time _____ hrs. Type 60/40 4 type
3/4 of 14. 6231 Excess _____
 Amt. 150 Skys Yield 1.41 ft³/sk Density 14.5 PPG

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 1/8 T.D. _____ ft. P.B. to _____ ft.

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.
 Pump Trucks Used 398 - Ben N
 Bulk Equip. 601-70 - Kevin W

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. .0163 Lin. ft./Bbl. 61.54
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. .0047 Lin. ft./Bbl. 211.87
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____
 Shoe: Type 2372 Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars 51.76
 Special Equip. _____
 Disp. Fluid Type Freshwater Amt. _____ Bbls. Weight 6.34 PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Dustin C

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						ON Location - Rig up Hodgatory meeting
				54		Run 4 1/2 casing circulate hole with 54 bbls water Hookup cement pump
			91.66	37.66		Mix 150 skys cement Cement did not circulate
						Shut down + wash plug + Pretense plug
			146.41	54.75		12's place 54.75 bbls Freshwater had circulation till end Shut down talker to company man wanted to pump 1 more BBL to land plug
			146.91	.5		pump 1/2 bbls Freshwater Landed plug 3550 II shut down pressure fell to 500 # company man said were done plug down 7:45 pm

ALLIED OIL & GAS SERVICES, LLC

062679

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Great Bend, KS

DATE <u>2-4-14</u>	SEC. <u>11</u>	TWP. <u>19S</u>	RANGE <u>10W</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30 pm</u>	JOB FINISH <u>2:30 pm</u>	
LEASE <u>Ankerhdz</u>	WELL # <u>1 SW 17</u>	LOCATION <u>Cliffline E 70 4 Rd 75</u>			COUNTY <u>Rice</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>1E 1/2 S E 10 RD</u>						

CONTRACTOR Express well service
 TYPE OF JOB 4 1/2 Liner
 HOLE SIZE 7 1/8 T.D.
 CASING SIZE 4 1/2 DEPTH 3360
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 1 ft
 PERFS.
 DISPLACEMENT 54.75 / .5

OWNER
 CEMENT
 AMOUNT ORDERED 150 SKS 60T. class A
40% po2 4% gel + 3/4 SF 16 CD-31

EQUIPMENT
 PUMP TRUCK CEMENTER Dustin Chambers
 # 398 HELPER Ben Newell
 BULK TRUCK
 # 681-170 DRIVER Kevin Weighas
 BULK TRUCK
 # DRIVER

COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 @
 @
 @
 @
 @
 @
 @
 @
 HANDLING @
 MILEAGE
 TOTAL

REMARKS:

pumped 56 bbl's freshwater ahead
mix 150 SKS cement + shut down
wash truck + Release plug
Displace 54.75 bbl's freshwater did not
circulate cement or land plug company man
said to pump more we pumped 1/2 bbl's
landed plug @ 3800# shut down pressure
fell to 500# shut in cement didn't circulate
plug down 1:45 pm

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @
 @
 @

CHARGE TO: Prospect Oil & Gas
 STREET
 CITY STATE ZIP

TOTAL

PLUG & FLOAT EQUIPMENT

@
 @
 @
 @
 @

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment
 and furnish cementer and helper(s) to assist owner or