



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189934
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: _____

1189934

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	AAS Oil Co., Inc.
Well Name	AAS 27-4
Doc ID	1189934

All Electric Logs Run

Dual compensated porosity log
Computer processed interpretation
Microresistivity log
Dual induction



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43627
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-035-24524-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/14/13	1091	AASO 27-4	27	34	3	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Aasoilco.			446	Josh G		
MAILING ADDRESS			502	Zevi A		
2508 Edgemont Dr. Ste #4			471	Jeff S		
CITY	STATE	ZIP CODE				
Arkansas city	KS	67005				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 316 CASING SIZE & WEIGHT 9 5/8
 CASING DEPTH 312.93 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 39.9 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 18.75 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Brake circ. Pumped 1655KS Class A cement
3% calcium 2% Gel 1/2 lb polyflake. Displaced with 18 3/4 bbl freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	68	MILEAGE	4.20	285.60 ✓
5407A	8 ton	Ton Mileage Delivery	1.41	767.04 ✓
11045	1655KS	Class A cement	15.70	2590.50 ✓
1102	396 lbs	calcium chloride	.78	308.88 ✓
1118B	330 lbs	Gel	.22	72.60 ✓
1107	75 lbs	Polyflake	2.47	185.25 ✓
			Sub total	5079.87
			SALES TAX	202.01 ✓
			ESTIMATED TOTAL	5281.94 ✓

Revin 3737 AUTHORIZATION m [Signature] TITLE Tool Pusher DATE 9-19-13

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.



ENTERED

TICKET NUMBER 43155
 LOCATION 180
 FOREMAN Harry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24524-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-13	1091	AAS # 27-4	27	34S	3E	Nowata
CUSTOMER <u>AAS OPI</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>2508 Edgemont Dr Ste #4</u>			<u>539</u>	<u>Harry</u>		
			<u>603</u>	<u>Jammy A</u>		
			<u>681</u>	<u>Zelp</u>		
			<u>692</u>	<u>IRAY</u>		
CITY	STATE	ZIP CODE				
<u>Arkansas City</u>	<u>KS</u>	<u>67005</u>				

JOB TYPE PROD B HOLE SIZE 7 7/8 HOLE DEPTH 3440 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 3438 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 59.17 WATER gal/sk 6.712 CEMENT LEFT in CASING 2ft
 DISPLACEMENT 54.63 DISPLACEMENT PSI 715 MIX PSI 100 RATE 6.24 bbl/s

REMARKS: 4 1/2 Casing - Rigged up broke circulation - Pumped 5 bbl Freshwater PAN - IMPROV 255sk CLASS A + 3% Gel + 2% CMC2 + 5 lbs Kol-seal - Flushed Pump & Lines - Displaced Plug with Fresh water. 180 pump - 52.14 Plug Landed at 1250 lbs - Released float held.

Consolidated 1-3-7-9-11-13-15-19-21
 Baskets 7-14-21

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	68	MILEAGE	4.20	285.60
5402	938	Footage	.23	215.74
1104S	225	5/sk A	15.70	3532.50
1102	320	10s CMC2	.78	249.60
1118B	675	10s Gel	.22	148.50
1110A	1125	10s Kol-seal	.46	517.50
5407A	68	Bulk Delivery X 10.58 X	1.41	1014.41
5502C		80 VAC	90.00	MC
4161	1	4 1/2 API Flare Shoe	300.50	300.50
4453	1	4 1/2 Hatch down	243.75	243.75
4139	8	4 1/2 Tubos	60.00	480.00
4129	2	4 1/2 Cent	44.00	88.00
4103	3	4 1/2 Baskets	275.00	825.00
	1	4 1/2 Collar & nipple	142.50	142.50
Subtotal				9128.60
			SALES TAX	417.17
			ESTIMATED TOTAL	9546.31

AUTHORIZATION Jay O TITLE Prod Supt. DATE _____
 262493

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 19, 2014

Dennis K. Shurtz
AAS Oil Co., Inc.
2508 EDGEMONT DR STE # 4
ARKANSAS CITY, KS 67005-3844

Re: ACO-1
API 15-035-24524-00-00
AAS 27-4
SW/4 Sec.27-34S-03E
Cowley County, Kansas

Dear Dennis K. Shurtz:

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 09/14/2013 and the ACO-1 was received on February 18, 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