



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189945
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: _____

1189945

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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Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1177742
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

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
County: _____
Lease Name: _____ Well #: _____
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: _____
Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Name of Party Responsible for Plugging Fees: _____
State of _____ County, _____, ss.

(Print Name) Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Global Cementing LLC dba SOS LLC

Invoice

18048 I-70 Road
Russell, KS 67665

Date	Invoice #
12/19/2013	1176

Bill To
CULBREATH OIL & GAS CO INC 1532 S PEORIA AVE TULSA,OK 74120

P.O. No.	Terms	Project
MINIUM 1-4	Net 30	

Quantity	Description	Rate	Amount
204	COMMON	15.50	3,162.00T
136	POZ	8.50	1,156.00T
12	GEL	23.50	282.00T
352	HANDLING	2.10	739.20
	BULK MILEAGE	1,014.00	1,014.00
1	TRI-PLEX PUMP CHARGE FOR PTA PLUG	1,200.00	1,200.00
72	PUMP TRUCK MILEAGE	6.50	468.00
72	PICKUP	2.50	180.00
6	HULLS	45.00	270.00T
12	GEL	23.50	282.00T
	DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE		
	"DAN" CO	8.30%	427.62

Thank you for your business.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Total \$9,180.82

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1176

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS - Home, KS

DATE <u>12-19-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>12:30pm</u>	JOB FINISH <u>1:30pm</u>
LEASE <u>Minimum</u>	WELL #. <u>1-4</u>	LOCATION			COUNTY <u>Shoerden</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Fc 721er
 TYPE OF JOB PTA
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5/8 DEPTH _____
 TUBING SIZE 2 3/8 DEPTH 3805
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1400ps' MINIMUM 300ps'
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS _____
 DISPLACEMENT _____
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Heath
 # P1 HELPER Cody
 BULK TRUCK DRIVER Mark
 # B3
 BULK TRUCK DRIVER _____
 # _____

OWNER _____
 CEMENT AMOUNT ORDERED 340sr 60/40 4%gel
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

REMARKS:
1st Plug @ 3805 = 80sr = 12sr gel = 200# hulls
2nd Plug @ 2190 = 110sr
3rd Plug @ 1100 = 135sr and Circulated
Came out of hole and top off casing with
10 sr
Pressure up back side to 300ps' with 5 sr
of cement

CHARGE TO: Culbreath Oil & Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

Schippers Oil Field Services, L.L.C.,
 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 _____
 SIGNATURE Mark Buller

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT
300# hulls @ _____
12sr gel @ _____
 TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 060119

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

DATE <u>3-3-13</u>	SEC. <u>4</u>	TWP. <u>9</u>	RANGE <u>26</u>	CALLED OUT	ON LOCATION	<u>Dakley</u>	
LEASE <u>minium</u>	WELL # <u>1-4 owwo</u>	LOCATION <u>Quinter 14N 1E 2N</u>			JOB START <u>2:00 PM</u>	JOB FINISH <u>6:20 PM</u>	
OLD OR <u>NEW</u> (Circle one)	<u>1/2 W N + W into</u>			COUNTY <u>Sheridan</u>	STATE <u>KS</u>		

CONTRACTOR <u>maverick 108</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production (2 stage)</u>	
HOLE SIZE <u>2 7/8</u>	T.D. <u>3960'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>3949.97'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <u>DV</u>	DEPTH <u>2140'</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>42.04</u>
CEMENT LEFT IN CSG. <u>42.04</u>	
PERFS. <u>Bottom water mud</u>	<u>TOP</u>
DISPLACEMENT <u>42.07</u>	<u>50.93</u>

EQUIPMENT	
PUMP TRUCK # <u>431</u>	CEMENTER <u>Andrew Forstner</u>
	HELPER <u>Dave Keteleff</u>
BULK TRUCK # <u>396</u>	DRIVER <u>David Scariano</u>
BULK TRUCK # <u>404</u>	DRIVER <u>ty Schrock</u>

CEMENT		
AMOUNT ORDERED <u>175 sks ASC 100 salt</u>		
<u>435 sks Lite 1/4" Flo-seal</u>		
<u>2900L super flush</u>		
<u>29 gal Cla-pro</u>		
COMMON	@	
POZMIX	@	
GEL <u>3 sks</u>	@	<u>23.40 70.20</u>
CHLORIDE	@	
ASC <u>125 sks</u>	@	<u>20.90 3657.50</u>
<u>salt 18 sks</u>	@	<u>26.35 474.30</u>
<u>Lite 435 sks</u>	@	<u>15.95 6938.25</u>
<u>Flo-seal 36#</u>	@	<u>2.97 108.75</u>
<u>super flush 2900L</u>	@	<u>58.20 1408.80</u>
<u>Cla-pro 29 gal</u>	@	<u>34.40 68.80</u>
HANDLING <u>698.44 gal/hr</u>	@	<u>2.48 1732.13</u>
MILEAGE <u>2.60 ton/mile</u>	@	<u>29.58 76.90</u>
		TOTAL <u>18324.13</u>

REMARKS:

Ramp 12 00L super flush, 2000L water, followed by 125 sks ASC, wash pump and line clean. Release plug start displacement with water, pump 12 00L water 52 00L mud, 700# LIFT, plug lands 1400'. Float held, open DV tool 1000', pump 12 00L super flush, plug mouse hole 15 lbs Rathole 30 sks, mix cement down 5/8 casing, wash pump and line. Clean, release plug and start displacement 500# LIFT and plug 1500' tool closed. Cement circulated. Thank you

CHARGE TO: Culbreath oil + Gas
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>3949.97'</u>		
PUMP TRUCK CHARGE	<u>2558.25</u>	<u>246.25</u>
EXTRA FOOTAGE	@	
MILEAGE <u>50 miles</u>	@	<u>2.20 385.00</u>
MANIFOLD <u>head</u>	@	<u>275.00</u>
<u>Light vehicle</u>	@	<u>4140 2201.80</u>
		TOTAL <u>5845.00</u>

PLUG & FLOAT EQUIPMENT

<u>1 1/2" float shoe</u>	@	<u>408.33</u>
<u>1 latch down plug Assy</u>	@	<u>324.09</u>
<u>1 DV tool</u>	@	<u>5335.26</u>
<u>2 Baskets</u>	@	<u>394.29 788.58</u>
<u>10 centralizers</u>	@	<u>52.33 523.30</u>
<u>40 Receptoring scratches</u>	@	<u>45.00 1840.00</u>
		TOTAL <u>9269.56</u>

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 _____
SIGNATURE [Signature]

SALES TAX (if Any) _____
TOTAL CHARGES 33418.69
DISCOUNT 7,686.29 IF PAID IN 30 DAYS
25,732.39 Net.