



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1191327
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: _____

1191327

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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Form	ACO1 - Well Completion
Operator	Royal Drilling Inc
Well Name	Smoky Hill River Unit 40
Doc ID	1191327

All Electric Logs Run

Dual Induction
Compensated Density
Neutron Log
Micro Log

Form	ACO1 - Well Completion
Operator	Royal Drilling Inc
Well Name	Smoky Hill River Unit 40
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Tops

Name	Top	Datum
Anhydrite	680	+1059
Base Anhydrite	702	+1037
Heebner	2812	-1073
Toronto	2830	-1091
Lansing	2895	-1156
Base Kansas City	3166	-1427
Arbuckle	3195	-1456
Regan Sand	3278	-1539
Granite Wash	3357	-1618
Granite	3389	-1650

ALLIED OIL & GAS SERVICES, LLC 055035

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell, KS

DATE <u>2.14.14</u>	SEC <u>32</u>	TWP <u>14</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>1:15</u>
LEASE <u>Small 4 1/2" 2 1/2" Unit</u>	WELL # <u>1</u>	LOCATION <u>Bunker Hill, KS</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>S to T rd 1/2 east south 1/2</u>					

CONTRACTOR Royal Drilling #1
 TYPE OF JOB Surface
 HOLE SIZE 9 5/8 T.D.
 CASING SIZE 9 5/8 DEPTH 695'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 19'
 CEMENT LEFT IN CSG. 17 - BUFF 1/2" PLATE
 PERFS.
 DISPLACEMENT 52.25 gal / 110

OWNER
 CEMENT AMOUNT ORDERED 465 sk com.
21 gal 1.31 cc

COMMON <u>465 sk</u>	@ <u>19.7</u>	\$ <u>9,323.5</u>
POZMIX	@	
GEL <u>776 lb</u>	@ <u>.24</u>	\$ <u>210.24</u>
CHLORIDE <u>1,314 lb</u>	@ <u>.80</u>	\$ <u>1,051.20</u>
ASC	@	
HANDLING <u>465 sk</u>	@ <u>2.42</u>	\$ <u>1,153.20</u>
MILEAGE <u>438</u>	<u>7/m</u>	\$ <u>1,131.70</u>

EQUIPMENT

PUMP TRUCK # 417 CEMENTER Andy Flannery
 # 431 HELPER Danny S
 BULK TRUCK # 431 DRIVER Joe B
 BULK TRUCK # DRIVER

REMARKS:

See Cementing Job Log
Correct to Surface
Marking
 CHARGE TO: Royal Drilling

TOTAL \$11,876.94

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		\$ <u>2,059.5</u>
EXTRA FOOTAGE	@	
MILEAGE <u>Heavy 20m</u>	@ <u>7.7</u>	\$ <u>154.00</u>
MANIFOLD <u>1 1/2" 20m</u>	@ <u>4.4</u>	\$ <u>88.00</u>

TOTAL \$2,300.50

PLUG & FLOAT EQUIPMENT

<u>1x 9 5/8 Baffle Plate</u>	@	-	\$ <u>196.70</u>
<u>1x 9 5/8 Top Rubber</u>	@	-	\$ <u>135.00</u>

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment

ALLIED OIL & GAS SERVICES, LLC 055038

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell, KS

DATE <u>2-17-17</u>	SEC. <u>32</u>	TWP. <u>14</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00 am</u>	JOB FINISH <u>6:00 pm</u>
LEASE <u>4</u>	WELL # <u>40</u>	LOCATION <u>Bunker Hill, KS</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>S to Tr 1 3 1/2 W S 1/4</u>					

CONTRACTOR <u>Roy P Drilling #1</u>	OWNER
TYPE OF JOB	
HOLE SIZE <u>8 1/4</u>	T.D.
CASING SIZE <u>7"</u>	DEPTH <u>3281.90</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>965</u>
CEMENT LEFT IN CSG. <u>765</u>	
PERFS.	
DISPLACEMENT <u>127.12" / 120</u>	

EQUIPMENT

PUMP TRUCK # <u>417</u>	CEMENTER <u>Roy P</u>
	HELPER <u>Darryl S</u>
BULK TRUCK # <u>377</u>	DRIVER <u>Jesse C</u>
BULK TRUCK # <u>431</u>	DRIVER <u>Joe B</u>

CEMENT AMOUNT ORDERED <u>150 sk eon</u>	
<u>200 sk ACON</u>	
COMMON <u>150 sk</u>	@ <u>17.75</u> = <u>2,655.00</u>
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
<u>ACON 200 sk</u>	@ <u>21.00</u> = <u>4,200.00</u>
HANDLING <u>373.35</u>	@ <u>2.43</u> = <u>925.11</u>
MILEAGE <u>343.66</u>	@ <u>2.60</u> = <u>893.52</u>
TOTAL \$ 8,704.41	

REMARKS:

See Cementer Job Log
Cement to Surface Operator

CHARGE TO: Roy P Drilling Co
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>3281.90</u>	
PUMP TRUCK CHARGE	<u>\$ 2,588.97</u>
EXTRA FOOTAGE	@
MILEAGE <u>Heavy 20m</u>	@ <u>7.7</u> = <u>1,540.00</u>
MANIFOLD <u>Light 20m</u>	@ <u>4.4</u> = <u>880.00</u>
TOTAL \$ 2,807.97	

PLUG & FLOAT EQUIPMENT

<u>1x 7" Guide Stone</u>	@ -	<u>2,315.00</u>
<u>2x 7" PVC Insert</u>	@ <u>316.00</u>	<u>1032.00</u>
<u>1x 1" BOP Stop</u>	@ -	<u>2,465.00</u>
<u>1x 7" Top Rubber Liner</u>	@ -	<u>2,100.00</u>

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment