



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186800
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: _____

1186800

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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7689

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-20-14	6	16	10	Ellsworth	KS		12:30 AM

Location *Wilson S to N Rd, 1/4 E, N#2*

Lease <i>Barclay</i>	Well No. <i>4</i>	Owner
Contractor <i>Royal #2</i>		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job <i>Surface</i>		Charge To <i>C&K Oil</i>
Hole Size <i>12 1/4</i>	T.D. <i>373</i>	Street
Csg. <i>8 5/8</i>	Depth <i>373.64</i>	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <i>20</i>	Cement Amount Ordered <i>180 SX COM 3% cc 2% gel</i>
Meas Line	Displace <i>22 1/4 bbl</i>	

EQUIPMENT

Pumptrk <i>5</i>	No.	Cementer	Common
		Helper <i>Lonnie W</i>	Poz. Mix
Bulktrk <i>14</i>	No.	Driver <i>David</i>	Gel.
Bulktrk <i>Ph</i>	No.	Driver <i>Travis</i>	Calcium

JOB SERVICES & REMARKS

Remarks: <i>Cement did circulate</i>	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage

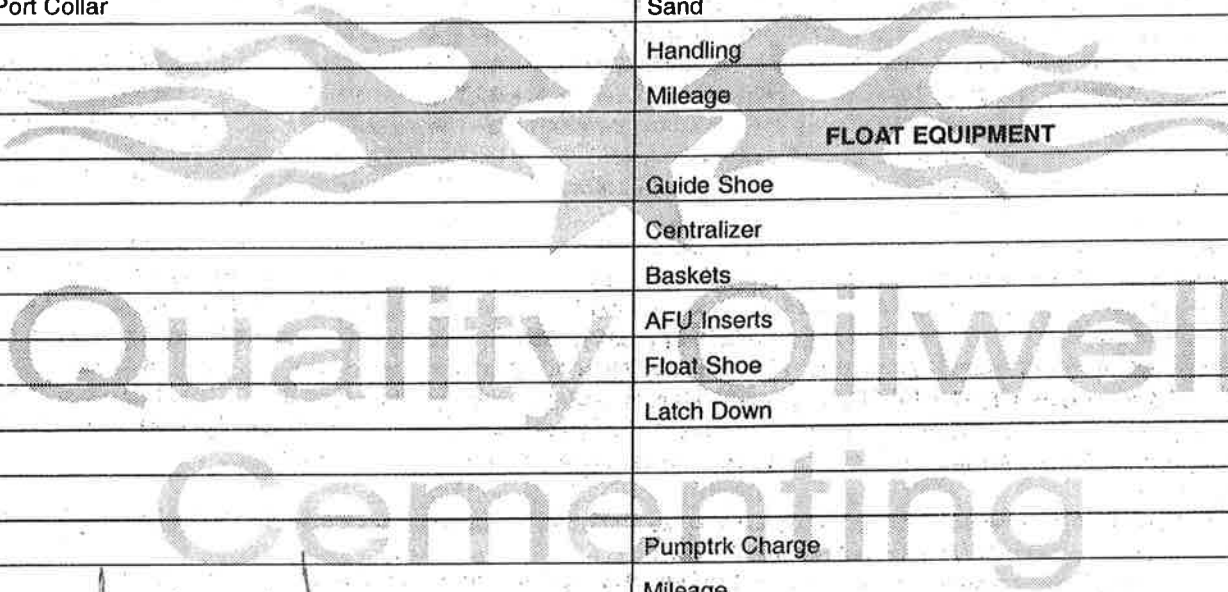
FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge
	Mileage

Tax
Discount
Total Charge

X Signature *[Handwritten Signature]*



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7648

Date	1-26-14	Sec.	E	Twp.	16	Range	10	County	Ellsworth	State	KS	On Location	3:00pm	Finish	7:00pm
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Lease	Barclay	Well No.	4	Location	Wilson Sta RD N 1/4 E	Owner	Minto
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Contractor	Royal	1	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
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Type Job	Long String	Charge To	C and K Oil
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Hole Size	7 7/8	T.D.	3430	Street	C and K Oil
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Csg.	5 1/2	Depth	3437	City	State
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Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.			
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Tool	Depth	Cement Amount Ordered	180 com 10% S.I.
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Cement Left in Csg.	10.18	Shoe Joint	10.18	Meas Line	Displace	81.5 BBL	5% gilsonite
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EQUIPMENT			Common
Pumptrk	5	No. Cementer	Matt
		Helper	
Bulktrk	9	No. Driver	Brett
		Driver	
Bulktrk	DU	No. Driver	Doug
		Driver	

JOB SERVICES & REMARKS

Remarks:	
Rat Hole	30 SKS
Mouse Hole	15 SKS
Centralizers	1, 2, 3, 4, 5, 6, 7, 8, 9
Baskets	3, 6
D/V or Port Collar	

Dropped Bell	Circulated
US min	Run mud flush
plug ball and mouse hole	
mix 155 down hole	
Displaced	81.5 BBL

Left	8.00 PSI
Load	1600 PSI

FLOAT EQUIPMENT

Guide Shoe	2
Centralizer	9 turbos
Baskets	2
AFU Inserts	
Float Shoe	2
Latch Down	1

Pumptrk Charge	
Mileage	
Tax	
Discount	
Total Charge	

X Signature *Ch H*



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BRCLY4DST1

TIME ON: 0620
TIME OFF: 1205

Company HOFFMAN, CHRIS dba C&K OIL COMPANY Lease & Well No. BARCLAY #4
Contractor ROYAL DRILLING, INC. RIG #2 Charge to HOFFMAN, CHRIS dba C&K OIL COMPANY
Elevation 1864 GL Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. M604
Date 1/25/2014 Sec. 6 Twp. 15 S Range 10 W County ELLSWORTH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 3280 ft. to 3352 ft. Total Depth 3352 ft.
Packer Depth 3275 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Packer Depth 3280 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3269 ft. Recorder Number 0063 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 3282 ft. Recorder Number E1150 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEM Viscosity 67 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4,800 P.P.M. Drill Pipe Length 3255 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 72 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. (62' DP) Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: A WEAK SB INC TO 2" (NO BB)
2nd Open: A VWSB THAT INC. TO 3" (NO BB)

Recovered 80 ft. of GIP GRAVITY: 40.4 @ 60°
Recovered ~5 ft. of CO 100% OIL
Recovered 40 ft. of OSM 2% GAS, 8% OIL, 90% MUD
Recovered 45 ft. of TOTAL FLUID

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>4% GAS, 4% OIL, 92% MUD</u>	Total

Time Set Packer(s) 8:00 A.M. A.M. P.M. Time Started Off Bottom 10:30 A.M. A.M. P.M. Maximum Temperature 93°F

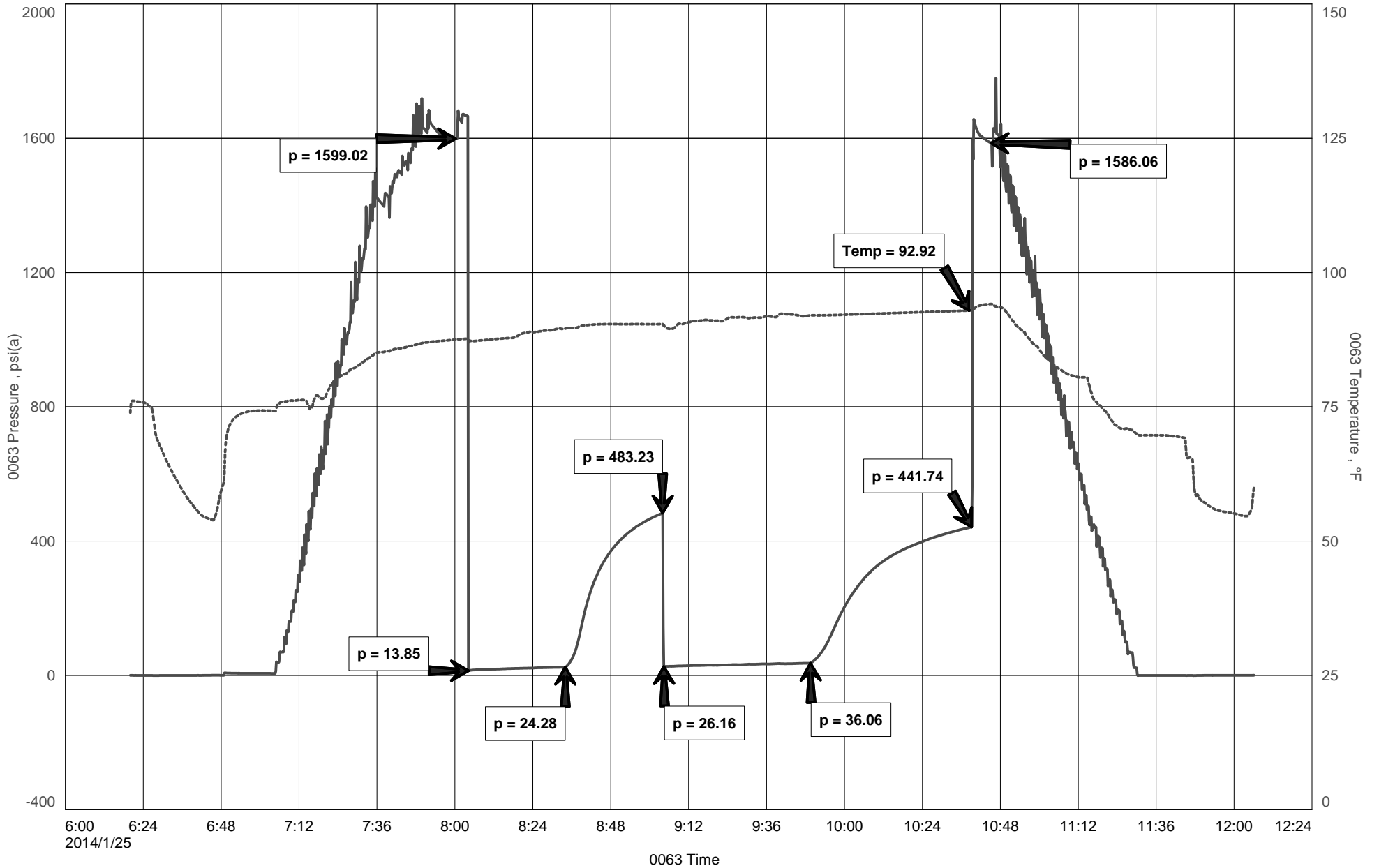
Initial Hydrostatic Pressure..... (A) 1599 P.S.I.
Initial Flow Period..... Minutes 30 (B) 14 P.S.I. to (C) 24 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 483 P.S.I.
Final Flow Period..... Minutes 45 (E) 28 P.S.I. to (F) 36 P.S.I.
Final Closed In Period..... Minutes 45 (G) 442 P.S.I.
Final Hydrostatic Pressure..... (H) 1586 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

HOFFMAN, CHRIS dba C&K OIL COMPANY
DST#1 3280-3352 ARBUCKLE
Start Test Date: 2014/01/25
Final Test Date: 2014/01/25

BARCLAY #4
Formation: DST#1 3280-3352 ARBUCKLE
Pool: WILDCAT
Job Number: M604

BARCLAY #4



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	HOFFMAN, CHRIS dba C&K OIL COMPANY	Job Number	M604
Well Name	BARCLAY #4	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3280-3352 ARBUCKLE	Well Operator	HOFFMAN, CHRIS dba C&K OIL COMPANY
Surface Location	SEC.6-15S-10W ELLSWORTH CO.KS.	Report Date	2014/01/25
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JIM MUSGROVE
		Test Unit	NO. 3

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3280-3352 ARBUCKLE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2014/01/25	Start Test Time	06:20:00
Final Test Date	2014/01/25	Final Test Time	12:05:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

80' GIP
~5 CO 100% OIL
40' OSM 2% GAS, 8% OIL, 90% MUD
45' TOTAL FLUID

GRAVITY: 40.4 @ 60 DEG

TOOL SAMPLE: 4% GAS, 4% OIL, 92% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: BRCLY4DST2

TIME ON: 1745
TIME OFF: 2340

Company HOFFMAN, CHRIS dba C&K OIL COMPANY Lease & Well No. BARCLAY #4
Contractor ROYAL DRILLING, INC. RIG #2 Charge to HOFFMAN, CHRIS dba C&K OIL COMPANY
Elevation 1864 GL Formation ARBUCKLE Effective Pay _____ Ft. Ticket No. M605
Date 1/25/2014 Sec. 6 Twp. 15 S Range 10 W County ELLSWORTH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative MIKE COCHRAN

Formation Test No. 2 Interval Tested from 3347 ft. to 3367 ft. Total Depth 3367 ft.
Packer Depth 3342 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Packer Depth 3347 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 3336 ft. Recorder Number 0063 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 3349 ft. Recorder Number E1150 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEM Viscosity 63 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.4 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 5,000 P.P.M. Drill Pipe Length 3322 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number NA Test Tool Length 25 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 20 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB, BOB 10 1/2 MIN (1"BB)
2nd Open: WSB, BOB 15 1/2 MIN (1"BB)

Recovered <u>180</u> ft. of <u>GIP</u>	GRAVITY:40.8 @ 60°
Recovered <u>83</u> ft. of <u>CO 100% OIL</u>	
Recovered <u>359</u> ft. of <u>GSOSMW 1% GAS, 1% OIL, 91% WTR, 7% MUD</u>	
Recovered <u>442</u> ft. of <u>TOTAL FLUID</u>	
Recovered _____ ft. of <u>PH: 7.0</u>	
Recovered _____ ft. of <u>CHLOR: 10,000 PPM</u>	Price Job
Remarks: <u>RW: .60 @72 DEG</u>	Other Charges
<u>TOOL SAMPLE: 1% GAS, 11% OIL, 68% WTR, 20% MUD</u>	Insurance
	Total

Time Set Packer(s) 7:15 P.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 9:45 P.M. ^{A.M.}/_{P.M.} Maximum Temperature 102°F

Initial Hydrostatic Pressure..... (A) 1626 P.S.I.
Initial Flow Period..... Minutes 30 (B) 20 P.S.I. to (C) 104 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 629 P.S.I.
Final Flow Period..... Minutes 45 (E) 106 P.S.I. to (F) 200 P.S.I.
Final Closed In Period..... Minutes 45 (G) 634 P.S.I.
Final Hydrostatic Pressure..... (H) 1623 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	HOFFMAN, CHRIS dba C&K OIL COMPANY	Job Number	M605
Well Name	BARCLAY #4	Representative	MIKE COCHRAN
Unique Well ID	DST#2 3347-3367 ARBUCKLE	Well Operator	HOFFMAN, CHRIS dba C&K OIL COMPANY
Surface Location	SEC.6-15S-10W ELLSWORTH CO.KS.	Report Date	2014/01/25
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JIM MUSGROVE
		Test Unit	NO. 3

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 3347-3367 ARBUCKLE		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2014/01/25	Start Test Time	17:45:00
Final Test Date	2014/01/25	Final Test Time	23:40:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

180' GIP
83' CO 100% OIL
359' GSOSMW 1% GAS, 1% OIL, 91% WTR, 7% MUD
442' TOTAL FLUID

GRAVITY: 40.8 @ 60 DEG

CHLOR: 10,000 PPM
PH:7.0
RW: .62 @ 72 DEG

TOOL SAMPLE: 1% GAS, 11% OIL, 68% WTR, 20% MUD

HOFFMAN, CHRIS dba C&K OIL COMPANY
DST#2 3347-3367 ARBUCKLE
Start Test Date: 2014/01/25
Final Test Date: 2014/01/25

BARCLAY #4
Formation: DST#2 3347-3367 ARBUCKLE
Pool: WILDCAT
Job Number: M605

BARCLAY #4

