



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1188702

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 Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: _____

1188702

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	M G Oil Inc
Well Name	Chrisler A 2
Doc ID	1188702

All Electric Logs Run

dual induction log
compensated density nuetron
cbl
ccl

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. 7694

Date 1-29-14	Sec. 34	Twp. 11	Range 16	County Ellis	State KS	On Location	Finish 1:30AM
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Location *Walker N to Homestead Rd 1/4 N, E 2*

Lease <i>Chrisler A</i>	Well No. 2	Owner 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.
Contractor <i>Royal #1</i>		
Type Job <i>Surface</i>		
Hole Size <i>12 1/4</i>	T.D. <i>979</i>	Charge To <i>M.G. Oil</i>
Csg. <i>8 5/8</i>	Depth <i>979</i>	Street
Tbg. Size	Depth	City State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg:	Shoe Joint <i>40.41</i>	Cement Amount Ordered <i>375 com, 3% cc, 2% gel</i>
Meas Line	Displace <i>59 3/4 4661</i>	

EQUIPMENT

Pumptrk 17	No. Cementer	Common
	Helper <i>Nick</i>	Poz. Mix
Bulktrk 13	No. Driver	Gel.
	Driver <i>Claton</i>	
Bulktrk <i>PH</i>	No. Driver	Calcium
	Driver <i>Travis</i>	

JOB SERVICES & REMARKS

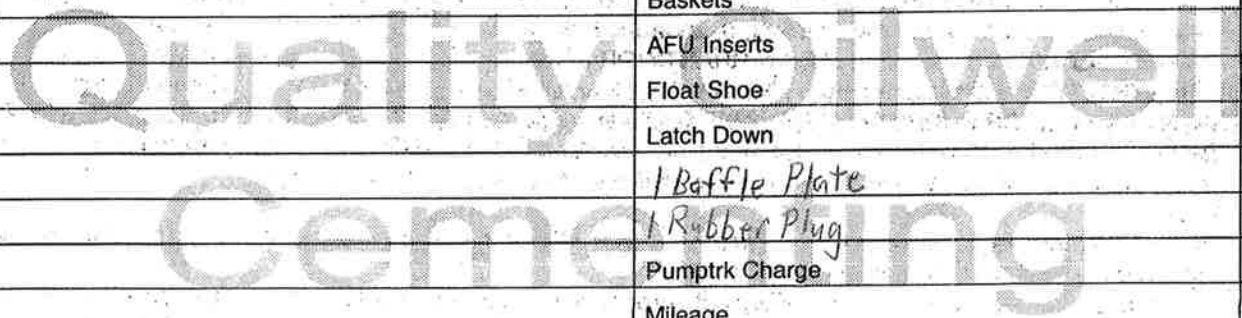
Remarks: <i>Cement did circulate</i>	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	<i>1 Baffle Plate</i>
	<i>1 Rubber Plug</i>
	Pumptrk Charge
	Mileage

Tax
Discount
Total Charge

X Signature *Wong Bucz*



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. 7721

Date	2-23-14	Sec.	Twp.	Range	County	State	On Location	Finish
					Ellis	KS		

Location: Blue Hill School rd to Homestead RD 1/4 NE into

Lease	Chrysler A	Well No.	2	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Royal #1	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	Production String				
Hole Size	7 7/8	T.D.	3600'	Charge To	M & O:1
Csg.	5 1/2	Depth	3460	Street	
Tbg. Size		Depth		City	State
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	22'	Shoe Joint	22'	Cement Amount Ordered	20000m 10% Salt 5/ Gilsomite
Meas Line		Displace	81 3/4 BBL		500gal mud clear

EQUIPMENT

Pumptrk	18	No.	Cementer Craig	Common
			Helper	Poz. Mix
Bulktrk		No.	Driver	Gel.
			Driver	Calcium
Bulktrk	1	No.	Driver Dave	

JOB SERVICES & REMARKS

Remarks:		Hulls
Rat Hole	30SK	Salt
Mouse Hole	15SK	Flowseal
Centralizers		Kol-Seal
Baskets	11	Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38

5 1/2 set @ 3460 - In set @ 3438
Est. Completion. Pump string mud clear
10 BBL spacer. Plug bathole & mouse hole.
Cement 5 1/2 with 155SK. Clear
lines & displace plug.

FLOAT EQUIPMENT

Guide Shoe	5 1/2
Centralizer	8 Turbo's
Baskets	2
AFU Inserts	
Float Shoe	1
Latch Down	1

Pumptrk Charge	
Mileage	

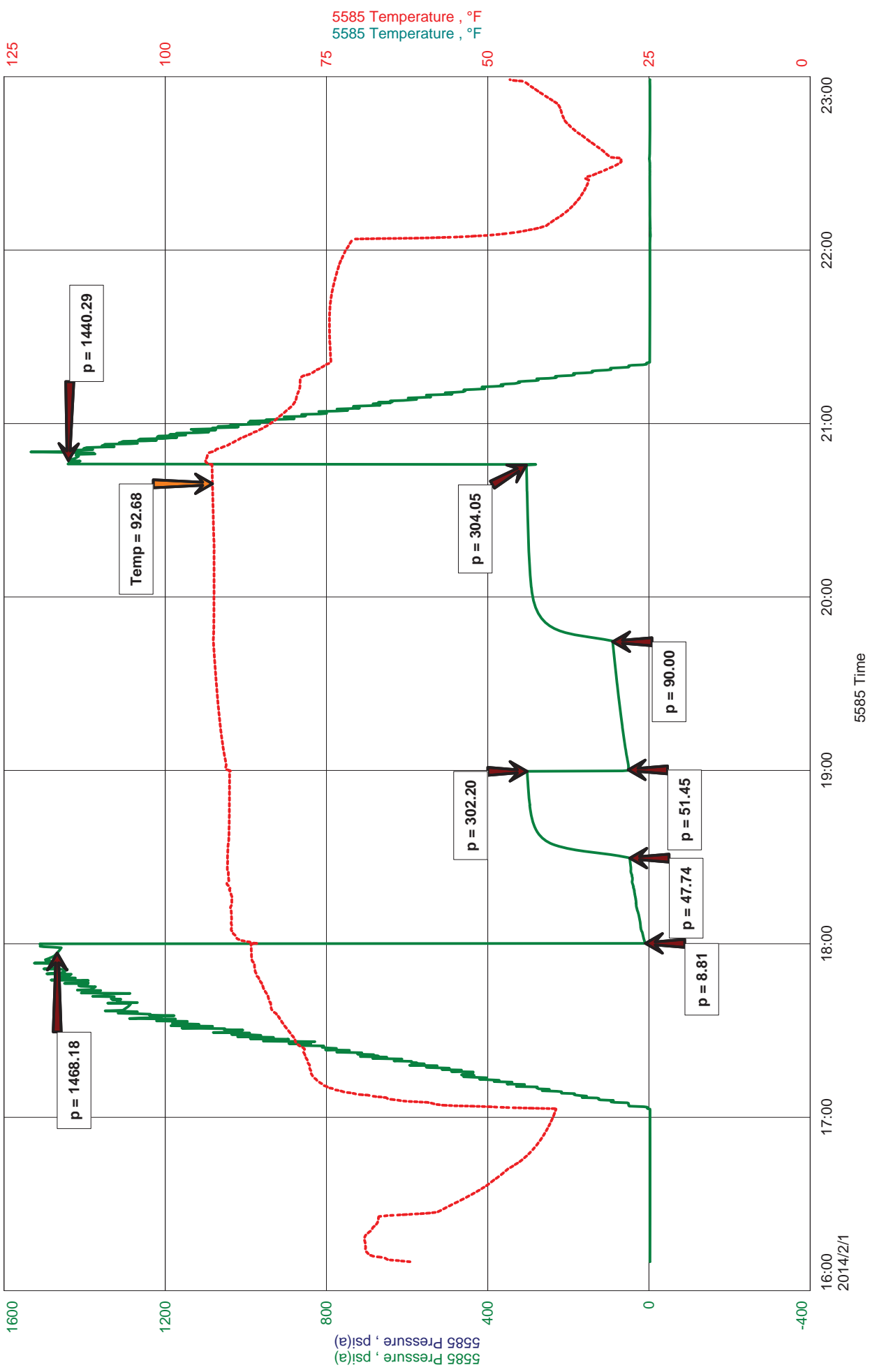
X Signature *Stan Kihunt*

Tax	
Discount	
Total Charge	

MG OIL INC.
DST#1 LKC"D-F" 3066-3116
Start Test Date: 2014/02/01
Final Test Date: 2014/02/01

CHRISLER A #2
Formation: DST#1 LKC"D-F" 3066-3116
Pool: WILDCAT
Job Number: A013

CHRISLER A #2



DIAMOND TESTING, LLC

TESTER : ANDY CARREIRA
CELL # 620-617-7202

General Information

Company Name	MG OIL INC.	CURTIS COUNTS	Job Number	A013
Contact		CHRISLER A #2	Representative	ANDY CARREIRA
Well Name		DST#1 LKC"D-F" 3066-3116	Well Operator	MG OIL INC,
Unique Well ID		sec 34-11s-16w ELLIS CTNY KS.	Report Date	2014/02/01
Surface Location			Prepared By	ANDY CARREIRA
Well License Number				
Field		WILDCAT		
Well Type		Vertical		

Test Information

Test Type	CONVENTIONAL
Formation	DST#1 LKC"D-F" 3066-3116
Well Fluid Type	01 Oil
Test Purpose	Initial Test

Start Test Date	2014/02/01	Start Test Time	16:10:00
Final Test Date	2014/02/01	Final Test Time	22:59:00

Gauge Name	5585
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Test Results

RECOVERY:	252'	GIP
	126'	W&MCGO 5%gas, 60%oil, 10%water, 25%mud
	63'	OCMW 5%oil, 60%water, 35%mud
	189'	TOTAL FLUID
		Chlorides 60000
		Ph 7
		RW .17 @ 54

TOOL SAMPLE: 3%oil, 97%water



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: CHRISLER A2 DST1

TIME ON: 16:10
TIME OFF: 22:59

Company MG OIL INC. Lease & Well No. CHRISLER A#2
Contractor ROYAL #2 Charge to MG OIL INC.
Elevation 1808 Formation LKC"D-F" Effective Pay _____ Ft. Ticket No. A013
Date 2-1-14 Sec. 34 Twp. 11 S Range 16 W County ELLIS State KANSAS
Test Approved By _____ Diamond Representative ANDY CARREIRA

Formation Test No. 1 Interval Tested from 3066 ft. to 3116 ft. Total Depth 3116 ft.
Packer Depth 3061 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3066 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3054 ft. Recorder Number 5585 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 3068 ft. Recorder Number 8471 Cap. 10,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 50 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4000 P.P.M. Drill Pipe Length 3036 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number - Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 11 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: BOB IN 10 MIN. (INTbb)
2nd Open: BOB IN 11 MIN. (Wbb)

Recovered 252 ft. of GIP
Recovered 126 ft. of W&MCGO 5%gas, 60%oil, 10%water, 25%mud
Recovered 63 ft. of OCMW 5%oil, 60%water, 35%mud

Recovered <u>189</u> ft. of <u>TOTAL FLUID</u>	<u>CHLORIDES 60000</u>	
Recovered _____ ft. of _____	<u>Ph 7</u>	Price Job
Recovered _____ ft. of _____	<u>RW .17 @ 54</u>	Other Charges
Remarks: _____		Insurance
<u>TOOL SAMPLE: 3%OIL, 97%WATER</u>		Total

Time Set Packer(s) 6:00 PM A.M. P.M. Time Started Off Bottom 8:45 PM A.M. P.M. Maximum Temperature 93

Initial Hydrostatic Pressure..... (A) 1468 P.S.I.
Initial Flow Period..... Minutes 30 (B) 0 P.S.I. to (C) 48 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 302 P.S.I.
Final Flow Period..... Minutes 45 (E) 51 P.S.I. to (F) 90 P.S.I.
Final Closed In Period..... Minutes 60 (G) 304 P.S.I.
Final Hydrostatic Pressure..... (H) 1440 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.