



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189537
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 |
|-----------------------------------|-----------------|---|

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: _____

1189537

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: _____ _____ |
|--|---|---|

ALLIED OIL & GAS SERVICES, LLC

Federal Tax ID # 20-8551475

REMAIL TO: P.O. BOX 99999
SOUTH LAKE, TEXAS 76092

SERVICE POINT: Midland, TX

| | | | | | | | | | | | | | | | |
|------------|---------------|--------|------------|----------|-----------------------------------|-------|--------|----------------|---------|-------------|---------|-----------|---------|------------|----------|
| DATE | 1/22/13 | SEC | 15 | TWP | 35S | RANGE | 12W | CALLED OUT | 4:30 AM | ON LOCATION | 6:30 AM | JOB START | 1:00 PM | JOB FINISH | 12:00 PM |
| LEASING | <u>Kallos</u> | WELL # | <u>1</u> | LOCATION | <u>244 P. J. Rd 1/2 mi. W. 14</u> | | COUNTY | <u>Roberts</u> | STATE | <u>KS</u> | | | | | |
| OLD OR NEW | (Circle one) | | <u>NEW</u> | | | | | | | | | | | | |

CONTRACTOR W1 # 5
 TYPE OF JOB P.A.I.
 HOLE SIZE 5 7/8 TD. 5080
 CASING SIZE 5 1/2 DEPTH 5064
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 21
 CEMENT LEFT IN CSG. 21
 PERFS.
 DISPLACEMENT 122 BBL, 2% KCl
 EQUIPMENT

OWNER Indian Oil
 CEMENT AMOUNT ORDERED 50% 60:40:4% G.O.I
100% Class A ASC 15" KCl 11.5% FL-110 + Debris
1288.5 SF, 13 Gal KCl

PUMP TRUCK CEMENTER Jason Thirach
 # 471/265 HELPER Ron Gilley
 BULK TRUCK # 421/290 DRIVER Carl Rackley
 BULK TRUCK DRIVER _____
 # _____ DRIVER _____

REMARKS:
Press test Pump P. Sl. Pl. RH/MH
Address TV cement, R. Pl. Pl. Disp.
Bump plugs Release, Plug in 11 Disp.

CHARGE TO: Indian Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 Larry Smith
 SIGNATURE Larry Smith

| | | | | | | | | | | | | | | | |
|------------------------|---|--------|---|-----|---|----------|---|-----|---|----------|---|---------|---|-------|-------|
| COMMON | @ | POZMIX | @ | GEL | @ | CHLORIDE | @ | ASC | @ | HANDLING | @ | MILEAGE | @ | TOTAL | TOTAL |
| SERVICE | | | | | | | | | | | | | | | |
| PLUG & FLOAT EQUIPMENT | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|-----------------------------------|---|-------------------|---|---------------|---|---------|---|----------|---|-------|-------|
| DEPTH OF JOB | @ | PUMP TRUCK CHARGE | @ | EXTRA FOOTAGE | @ | MILEAGE | @ | MANIFOLD | @ | TOTAL | TOTAL |
| SALES TAX (If Any) _____ | | | | | | | | | | | |
| TOTAL CHARGES _____ | | | | | | | | | | | |
| DISCOUNT _____ IF PAID IN 30 DAYS | | | | | | | | | | | |

ALLIED OIL & GAS SERVICES, LLC 059947

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

| | | | | | | | | |
|----------------------------------|-----------------|--|---|---------------------------|----------------------------|---------------------------|------------------------------|--|
| DATE <u>11/16/13</u> | SEC. <u>15</u> | TWP. <u>35s</u> | RANGE <u>12e</u> | CALLED OUT <u>5:30 AM</u> | ON LOCATION <u>8:30 AM</u> | JOB START <u>11:00 AM</u> | JOB FINISH <u>12:00 Noon</u> | |
| LEASE <u>BK Olson</u> | WELL # <u>1</u> | LOCATION <u>281 + Roundup Rd, 1 South + State hwy,</u> | | | COUNTY <u>Barber</u> | STATE <u>KS</u> | | |
| OLD OR <u>(NEW)</u> (Circle one) | | | <u>1/2 West, North into on West Side of House</u> | | | | | |

CONTRACTOR Val #5
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 780
 CASING SIZE 8 3/8 DEPTH 772
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 500 MINIMUM
 MEAS. LINE SHOE JOINT 42
 CEMENT LEFT IN CSG. 42
 PERFS.
 DISPLACEMENT 47 BBLs Fresh H₂O

OWNER Indian Oil
 CEMENT
 AMOUNT ORDERED 250sx 65.35:6% Gel + 3% cc
1/4 # Floeal 175 sx Class A + 3% cc

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thibouch
 # 471/265 HELPER Justin Bower
 BULK TRUCK
 # 421/252 DRIVER Ron Giley
 BULK TRUCK
 # DRIVER

| | |
|--|----------------|
| COMMON <u>Class A 175 sx @ 17.90</u> | <u>3132.50</u> |
| POZMIX @ | |
| GEL @ | |
| CHLORIDE <u>14 oz @ 64.00</u> | <u>896.00</u> |
| ASC @ | |
| <u>ALW 250 sx @ 16.50</u> | <u>4125.00</u> |
| <u>Floeal 62.5 lbs @ 2.97</u> | <u>185.62</u> |
| @ | |
| @ | |
| @ | |
| @ | |
| HANDLING <u>47.36 cuft @ 2.48</u> | <u>1168.97</u> |
| MILEAGE <u>12.14 hrs x 2.5 mi x 2.60</u> | <u>1244.10</u> |

TOTAL 10,752.19

REMARKS:
Press test, Pump Refill, Mix Pump hd/TK cement,
Displace, Pump plug, did circ cement

SERVICE

| | |
|--|---------------|
| DEPTH OF JOB 772 <u>772</u> | |
| PUMP TRUCK CHARGE <u>2058.50</u> | |
| EXTRA FOOTAGE @ | |
| MILEAGE <u>25 mi @ 7.70</u> | <u>192.50</u> |
| MANIFOLD <u>1 Head @ 2.75</u> | <u>2.75</u> |
| <u>LV 25 mi @ 4.40</u> | <u>110.00</u> |
| @ | |

TOTAL 2636.00

CHARGE TO: Indian Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

| | |
|-----------------|---------------|
| <u>8 3/8</u> | |
| Rubber Plug 1 @ | <u>262.25</u> |
| Bucket 1 @ | <u>226.50</u> |
| @ | |
| @ | |
| @ | |

TOTAL 302.75

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.

SALES TAX (If Any) _____
 TOTAL CHARGES 13,690.94
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Pandy Smith
 SIGNATURE Pandy Smith