

Conf	identia	lity i	Requested:
Ye	es	No	

Kansas Corporation Commission Oil & Gas Conservation Division

1189709

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

PERATOR: License #			API No. 15					
Name:			Spot Description:					
Address 1:			Sec.	TwpS. R	East _ West			
Address 2:			Feet from North / South Line of Section					
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:					
Phone: ()			□ NE □ NW	V □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:	, Long:				
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84				
Purchaser:			County:					
Designate Type of Completion:			Lease Name:	W	ell #:			
	e-Entry	Workover	Field Name:					
	_		Producing Formation:					
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:				
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:			
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet			
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No			
If Workover/Re-entry: Old Well I			If yes, show depth set:					
Operator:			If Alternate II completion, c	cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.			
Original Comp. Date:								
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan				
Plug Back	Conv. to G		(Data must be collected from to					
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls			
Dual Completion			Dewatering method used:_					
SWD			Location of fluid disposal if	hauled offsite:				
ENHR	Permit #:							
GSW	Permit #:		Operator Name:					
			Lease Name:					
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West			
Recompletion Date		Recompletion Date	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 Approved by: Date:

Page Two



Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t	ving and shut-in presson to surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	itic pressures, bott d.	tom hole tempe	erature, fluid r	recovery,
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 P Additiv	
		ADDITIONAL	OFMENTING / OOL					
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa		
Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)	
	=	raulic fracturing treatment ex	xceed 350,000 gallons		= ' '	p question 3)	,	
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dep				Depth
	Сроспу Г	octago of Laon morvari of	ioratou	(>1	mount and rand or ma	teriar Good)		<u> Борин</u>
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN							
Fotimeted Day 1 2	0" -	Flowing			Other (Explain)) O" D "		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	Gas-Oil Ratio	Gr 	ravity
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled			
	bmit ACO-18.)	Other (Specify)	(Submit)	ACO-5) (Sub	omit ACO-4)		-	

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Resort 99 Springs 1
Doc ID	1189709

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
surface	12.25	8.625	23	310	class A	original completion report does not have # sacks
production	7.875	5.5	15.50	4520	60:40/clas s A	4% gel; 2%gel, 10%salt,6 %gyp, kolseal

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Fracture Date:	11/27/2013	
County:	Barber	
Operator Name:	Indian Oil	
Well Name and Number:	Resort 99 Springs #1	
Total Base Fluid Volume (gal)*:	369900	

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25%	0.0175047%
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10%	0.0025142%
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50%	0.0125710%
Claymax	Chemplex	Clay Stabalizer	No hazardous ingredient			
Chemplex AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0004900%
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0014118%
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.5000000%
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0.6000000%
Frac Sand	Uniman	Propant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	19.3%

CARD MUST BE TYPED	N	OTICE (OF INTE	NTION	ТО	DRILL		C	ARD MUST F	BE SIGNED
			(see rules on i	reverse side)					-00-01	
Starting Date: .7-15	-85			API Nu	mber	15- 1 5	-007-	21 0	53 -X	
	month day	year				1	7-007-	-21,0	00 -	[East
OPERATOR: License #	5087			SW	SE	SW .	25	т.30	. s, Rge ?	- East
Name	Texas Ene	rgies,	Inc.	(1	location)		<i>,</i>	т жр	. o, nge	· XX West
Address	P.O. Box	947			3	30	Ft North	h from So	utheast Corne	er of Section
City/State/Zip	Pratt, Ka	nsas 6	7124		3	630	. Ft Wes	t from So	utheast Corne	r of Section
Contact Person	Brian G.	Fisher			()	Note: Loc	ate well on S	ection Plat	on reverse side)	
Phone	316-263-4	777		Monroet	lonco	on mult be	umdam Ka		330	
CONTRACTOR: License				County	lease	Barbe	er	ie	330	Ieef.
Name Wheatst				Loon N	· · · · · ·	Sprin	igs		Well#	I-25
City/State P.ra.tt, Well Drilled For:	Well Class:	Type Equ				within 33(XX no	
				Municip	pal wel	l within or	ie mile :	yes	XX no	
XQII Swd	☐ Infield	XXMud R							100	
Gas Inj		Air Rot	ary	Depth to	o Bott	om of fres	sh water .		ermian	feet
	⊠ Wildcat	Cable		Lowest	usable	water for	mation		200	
If OWWO: old well info as fo			4	Depth to	o Botte	om of usa	ble water		200	feet
Operator Pan-We				Surface	pipe by	y Alternate	e: 1 🛚	X 2 .	210	
Well Name #.19.9.				Surface	pipe t	o be set			 ЭТО	feet
Comp Date 1.2./.9./.	Old Total De	epth438.	7	Conduct	tor pip	e if any r	equired		1725	feet
Projected Total Depth	1450		feet	Ground	Surrac	e cievalio				. icer W.S.
Projected Total Depth 4450 feet Projected Formation at TD Mississippian Expected Producing Formations Mississippian				This Au	thoriz:	ation Exp	ires	/2:	27-85	
Expected Producing Formatic	ons Mississi	opian					_	-27-	0-	
I certify that we will comply wit	th K.S.A. 55-101, et se	q., plus eventu	ally plugging l	nole to K.C.C	. spec	ifications.	Qual.	1	15 (2	2.00
		A	24:	A		Ja.	HIN	-/VOI	TE 6- 2	775
pateJune. 27,198	Ignature of Operator	or Agent (Sicon	((.)		Tit	le XPLC)KA'I'I (ON MANA	m C-1 4/84

STATE CORPORATION COMMISSION

CONSERVATION DIVISION AGENT REPORT

245 North Water Wichita, KS 67202 API Number 15-007-21,053-00-00
Operator's Full Name Pan-Western Petroleum, Inc.
Complete Address 1408 Douglas Bldg., Wichita, Kansas 67202
Lease Name "99" Sproings Well No. 1
Location SW SE SW Sec. 25 Twp. 30S Rge. 12 (EXEX.) (West)
County Barber Total Depth 4387
Abandoned Oil Well Gas Well Input Well SWD Well D & A _ X
Other well as hereafter indicated
Plugging Contractor Gabbert-Jones, Inc. & HOWCO
Address 830 Sutton Place, Wichita, Kansas License No.
Operation Completed: Hour 7:45 Day 4 Month 12 Year 1980
The above well was plugged as follows:
Filled hole with mud and spotted 25 sx cement at 280.
Filled hole with mud to 40' and 1/2 sx hulls, plug, and
10 sx cement to bottom of celler.
10 sx cement in rat hole.
Plugging orders from Corp. Comm. Office.
2101 06 9 7 /011 0
310' of 9 5/8" surface casing cement circ.
<u> </u>
hereby certify that the above well was plugged as herein stated. Signed: Duans (Rankin)
Conservation Division Agent

80 GAS SERVICES, 061867

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

PRINTED NAME X ANDONE FARE	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	To: Allied Oil & Gas Services, LLC.	CHARGE TO:STATEZIP	RAN 20 BBI DE 1100 SHAT DOWN MIX 30 SKS IN PH 100 SHAT DOWN MY 30 SKS IN PH MIX 20 SKS BO MELENSE MANH MIX 150 SKS ASC Kelense Mus Dins BO 1600 ps Relense Mand Dins BO 1600 ps Relense Mines BIONT Hello	# HELPER BULK TRUCK # DRIVER BULK TRUCK # DRIVER # DRIVER # REMARKS:	N E S	DATE LEASE WELL # LOCATION CONTRACTOR CONTRACTOR	
DISCOUNT IF PAID IN 30 DAYS	SALES TAX (If Any)	E-12-	PLUG & FLOAT EOUIPMENT	DEPTH OF JOB		CEMENT AMOUNT ORDERED COMMON @ POZMIX @ CHLORIDE @ ASC @ @ @ @ @ @ @ @ @ @ @ @ @	OWNER ON LOCATION JOB START JOB FINISH COUNTY STATE	

SIGNATURE