



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190403
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: _____

1190403

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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ALLIED OIL & GAS SERVICES, LLC 062663

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley

DATE <u>2-18-14</u>	SEC <u>27</u>	TWP <u>11S</u>	RANGE <u>29W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Gilispic just</u>	WELL# <u>1-27</u>	LOCATION <u>Gove 10N to Rd 2, 2W, 15N</u>		COUNTY <u>Gove</u>	STATE <u>TX</u>		
OLD OR NEW (Circle one) <u>NEW</u>			West into				

CONTRACTOR Pickard

TYPE OF JOB Surface

HOLE SIZE 12 1/2 T.D.

CASING SIZE 8 5/8 DEPTH 221

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 FT

PERFS.

DISPLACEMENT 13,12 bbl fresh water

EQUIPMENT

PUMP TRUCK CEMENTER Just 150cc

398 HELPER Kevin Kelly

BULK TRUCK

871-112 DRIVER Brian Long

BULK TRUCK

DRIVER

OWNER

CEMENT

AMOUNT ORDERED 200 SK's Class A 39cc

2% gel

COMMON	<u>200</u>	@ <u>17.90</u>	<u>3580.00</u>
POZMIX		@	
GEL	<u>4</u>	@ <u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>564</u>	@ <u>.80</u>	<u>451.20</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>216.66</u>	@ <u>2.48</u>	<u>537.31</u>
MILEAGE	<u>9.88 x 22 x</u>	<u>2.60</u>	<u>565.13</u>
TOTAL			<u>5,227.24</u>

REMARKS:

On location - 1st up - had safety meeting
run 8 5/8 casing, break circulation
run 5 bbl fresh water
mix 200 SK's class A 39cc 2% gel
displace 13,12 bbl fresh water
shut in 12:45 am
Cement deposited
RTS

SERVICE

DEPTH OF JOB	<u>221</u>		
PUMP TRUCK CHARGE		<u>1512.25</u>	
EXTRA FOOTAGE		@	
MILEAGE	<u>Hum 22</u>	@ <u>7.70</u>	<u>169.40</u>
MANIFOLD		@	
	<u>Lum 22</u>	@ <u>4.40</u>	<u>96.80</u>
		@	

TOTAL 1,778.45

CHARGE TO: Colbalt Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL			

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 X Mike Kern

SIGNATURE X Mike Kern

Thank you!!

SALES TAX (If Any) _____

TOTAL CHARGES 7,005.69

1,401.13

DISCOUNT _____ IF PAID IN 30 DAYS

5,604.55

ALLIED OIL & GAS SERVICES, LLC 062664

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Orkney

DATE <u>2-18-14</u>	SEC <u>27</u>	TWP. <u>11</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION	JOB START <u>5 AM</u>	JOB FINISH <u>5:30 AM</u>
LEASE <u>Gillespie</u>	WELL # <u>1-27</u>	LOCATION <u>Box 10 N to 2nd 2 west</u>			COUNTY <u>Boone</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>X 2 N Vinto</u>				

CONTRACTOR Pickrell 10

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 9 5/8 DEPTH

TUBING SIZE 1 inch DEPTH 601

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 200 sks Class A 3% gel

2% gel

COMMON	<u>200</u>	@ <u>17.90</u>	<u>3580.00</u>
POZMIX		@	
GEL	<u>4</u>	@ <u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>564</u>	@ <u>.80</u>	<u>451.20</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>216.66</u>	@ <u>2.48</u>	<u>537.31</u>
MILEAGE	<u>9.88 x 22 x</u>	<u>2.60</u>	<u>565.13</u>
TOTAL			<u>5,227.24</u>

EQUIPMENT

PUMP TRUCK CEMENTER Josita Ligae

398 HELPER Kevin Eddy

BULK TRUCK DRIVER Brian Long

871 112

BULK TRUCK DRIVER

#

REMARKS:

Run 60' pm each

mix 200sk Class A 3% gel

displace the 601 track water

Cement did circulate 5:00 AM

2% gel down

CHARGE TO: Cobalt Energy

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB 601

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

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 X Mike Rera

SIGNATURE X Mike Rera

Thank you

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL

SALES TAX (if Any)

TOTAL CHARGES 5,227.24

1,045.24

DISCOUNT IF PAID IN 30 DAYS

4,181.79

ALLIED OIL & GAS SERVICES, LLC 062501

Federal Tax I.D. # 20-8651475

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

SERVICE POINT Oakley, TX

DATE <u>2-20-14</u>	SEC. <u>27</u>	TWP. <u>11</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION <u>8:30am</u>	JOB START <u>9:00am</u>	JOB FINISH <u>2:30pm</u>
LEASE <u>Gillette</u>		WELL # <u>127</u>		LOCATION <u>Grainfield 3S, 2W</u>		COUNTY <u>Cove</u>	STATE <u>TX</u>
OLD OR NEW (Circle one)				<u>2nd, into</u>			

CONTRACTOR Pickrell
 TYPE OF JOB Surface
 HOLE SIZE 12 1/8 T.D. 2231
 CASING SIZE 8 7/8 DEPTH 2191
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 13,000 lbs

OWNER _____
 CEMENT AMOUNT ORDERED 200 sks com 3200
 COMMON 100 sks @ 17.90 1790.00
 POZMIX @ _____
 GEL @ _____
 CHLORIDE 4 sks @ 69.00 276.00
 ASC @ _____
 HANDLING 210 sks @ 2.48 520.80
 MILEAGE 7677 x 27 @ 2.60 207.66
 TOTAL 3246.34

EQUIPMENT
 PUMP TRUCK CEMENTER Lakae Ederick
 # 431 HELPER Andrew Forstner
 BULK TRUCK DRIVER Juan Tamez (TOS)
 # 818/287
 BULK TRUCK DRIVER _____

REMARKS:
mix 100sks cement
Displace with water
Cement did circulate

CHARGE TO: Cobalt Energy
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB 2191
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @ _____
 MILEAGE MFL 27 @ 7.70 207.90
 MANIFOLD Head 275.00
MFL 27 @ 4.40 118.80
 TOTAL 2113.25

PLUG & FLOAT EQUIPMENT
Woodcup Plug @ 167.64
 @ _____
 @ _____
 @ _____
 TOTAL 167.64

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 Kirk F Dunning
 SIGNATURE Kirk F Dunning

SALES TAX (If Any) _____
 TOTAL CHARGES 5,467.93
 DISCOUNT 1,072.05 IF PAID IN 30 DAYS
4,395.87 Net.

