



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1192850
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: _____

1192850

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Marie 20-1
Doc ID	1192850

All Electric Logs Run

Geologist's Well Report
Dual Induction Log
Compensated Density/Neutron Log
Micro Log

Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	Marie 20-1
Doc ID	1192850

Tops

Name	Top	Datum
Anhydrite	942	+884
B-Anhydrite	976	+850
Topeka	2679	-853
Heebner Shale	2924	-1098
Toronto	2950	-1124
LKC	2987	-1161
Arbuckle	3322	-1496
Total Depth	3472	-1646



DRILL STEM TEST REPORT

Prepared For: **IA Operating Inc**

9915 W. 21st st STE B
Wichita KS 67205

ATTN: Jeff Mowry / Herb Di

Marie #20-1

20-11s-15w Russell,KS

Start Date: 2014.01.25 @ 12:35:42

End Date: 2014.01.25 @ 18:58:51

Job Ticket #: 56232 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.01.27 @ 15:38:55



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

IA Operating Inc

20-11s-15w Russell,KS

9915 W. 21st st STE B
Wichita KS 67205

Marie #20-1

Job Ticket: 56232

DST#: 1

ATTN: Jeff Mow ry / Herb Di

Test Start: 2014.01.25 @ 12:35:42

GENERAL INFORMATION:

Formation: **LKC "J"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:29:52

Time Test Ended: 18:58:51

Test Type: Conventional Bottom Hole (Initial)

Tester: Ray Schwager

Unit No: 70

Interval: 3144.00 ft (KB) To 3190.00 ft (KB) (TVD)

Reference Elevations: 1826.00 ft (KB)

Total Depth: 3190.00 ft (KB) (TVD)

1818.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8369

Inside

Press@RunDepth: 34.51 psig @ 3154.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.01.25

End Date:

2014.01.25

Last Calib.:

2014.01.25

Start Time: 12:35:42

End Time:

18:58:51

Time On Btm:

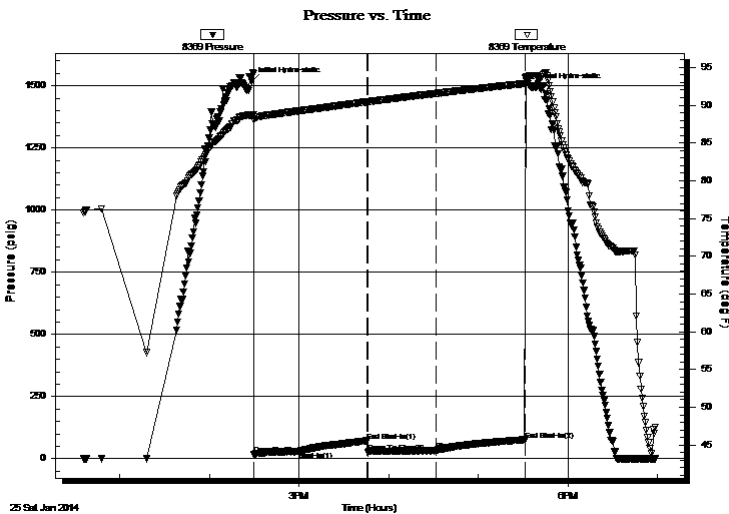
2014.01.25 @ 14:28:07

Time Off Btm:

2014.01.25 @ 17:36:51

TEST COMMENT: 30-IFP-w k bl thru-out 1/2" to 3/4" bl
45-ISIP-no bl
45-FFP-w k bl thru-out 1 1/4" to 2 "bl
60-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1517.89	88.65	Initial Hydro-static
2	18.13	88.08	Open To Flow (1)
32	29.67	89.23	Shut-In(1)
78	72.50	90.44	End Shut-In(1)
78	24.42	90.44	Open To Flow (2)
124	34.51	91.54	Shut-In(2)
183	76.63	92.84	End Shut-In(2)
189	1492.47	93.90	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	60'GIP	0.00
35.00	SOCM 2%O98%M	0.22

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

IA Operating Inc

20-11s-15w Russell,KS

9915 W. 21st st STE B
Wichita KS 67205

Marie #20-1

Job Ticket: 56232

DST#: 1

ATTN: Jeff Mowry / Herb Di

Test Start: 2014.01.25 @ 12:35:42

Tool Information

Drill Pipe:	Length: 3098.00 ft	Diameter: 3.80 inches	Volume: 43.46 bbl	Tool Weight:	2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer:	25000.00 lb
Drill Collar:	Length: 30.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose:	55000.00 lb
			<u>Total Volume: 43.61 bbl</u>	Tool Chased	0.00 ft
Drill Pipe Above KB:	5.00 ft			String Weight: Initial	46000.00 lb
Depth to Top Packer:	3144.00 ft			Final	46000.00 lb
Depth to Bottom Packer:	ft				
Interval between Packers:	46.00 ft				
Tool Length:	67.00 ft				
Number of Packers:	2	Diameter: 6.75 inches			

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3124.00	
Shut In Tool	5.00			3129.00	
Hydraulic tool	5.00			3134.00	
Packer	5.00			3139.00	21.00 Bottom Of Top Packer
Packer	5.00			3144.00	
Stubb	1.00			3145.00	
Perforations	9.00			3154.00	
Recorder	0.00	8369	Inside	3154.00	
Recorder	0.00	8700	Outside	3154.00	
Blank Spacing	33.00			3187.00	
Bullnose	3.00			3190.00	46.00 Bottom Packers & Anchor

Total Tool Length: 67.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

IA Operating Inc

20-11s-15w Russell,KS

9915 W. 21st st STE B
Wichita KS 67205

Marie #20-1

Job Ticket: 56232

DST#: 1

ATTN: Jeff Mow ry / Herb Di

Test Start: 2014.01.25 @ 12:35:42

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 8.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	60'GIP	0.000
35.00	SOCM 2% O98%M	0.218

Total Length: 35.00 ft Total Volume: 0.218 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

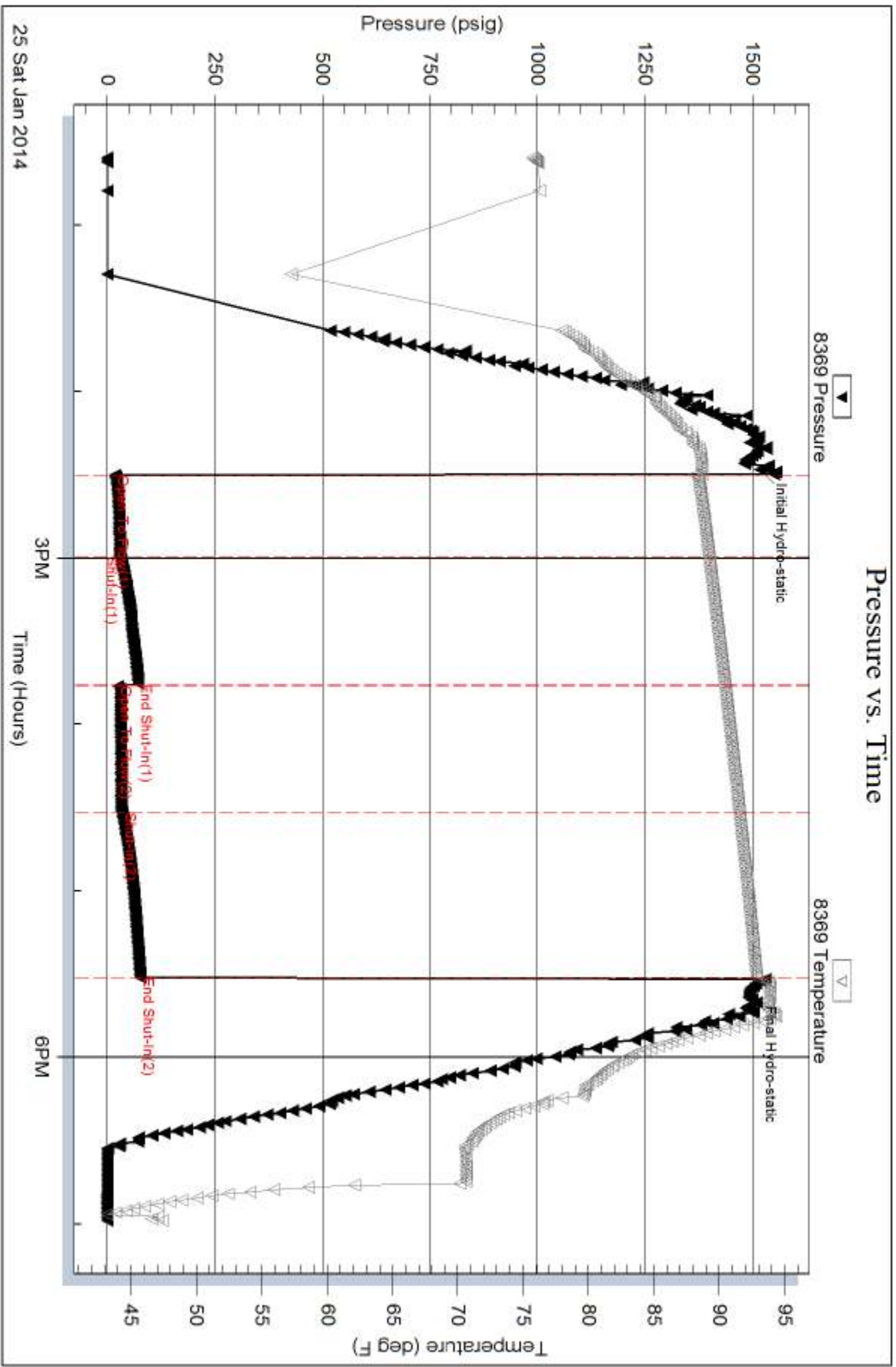
Serial #: 8369

Inside

JA Operating Inc

Marie #20-1

DST Test Number: 1

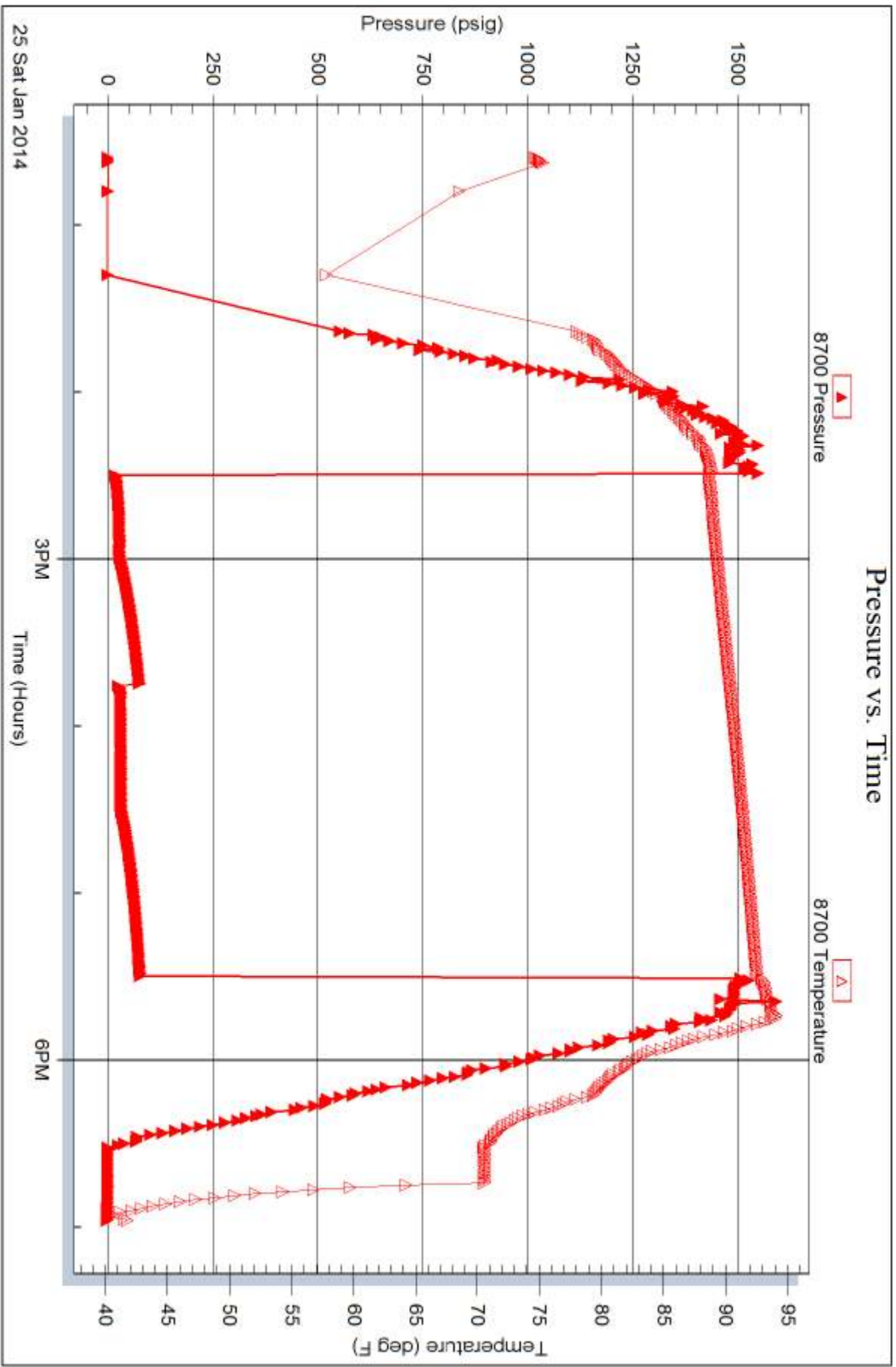


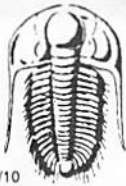
Serial #: 8700

Outside IA Operating Inc

Marie #20-1

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 56232

Well Name & No. MARIE #20-1 Test No. 1 Date 1-25-14
 Company IA Operating, Inc Elevation 1826 KB 1818 GL
 Address 9915 W. 21ST ST. STE B WICHITA, Ks 67205
 Co. Rep / Geo. Herb Dienes Rig Discovery rig 2
 Location: Sec. 20 Twp. 11^S Rge. 15^W Co. Russell State Ks

Interval Tested 3144-3190 Zone Tested LKC "J"
 Anchor Length 46 Drill Pipe Run 3098 Mud Wt. 8.5
 Top Packer Depth 3139 Drill Collars Run 30 Vis 51
 Bottom Packer Depth 3144 Wt. Pipe Run - WL 2.6
 Total Depth 3190 Chlorides 1800 ppm System LCM 2[#]
 Blow Description IFP - Weak Blow Thru-out 1/2" to 3/4" Blow
ISIP - NO Blow
FFP - Weak Blow Thru-out 1 1/4" to 2" Blow
FSIP - NO Blow

Rec	Feet of	%gas	%oil	%water	%mud
<u>60</u>	<u>6IP</u>				
<u>39</u>	<u>50CM</u>		<u>2</u>		<u>98</u>

Rec Total 39 BHT 93 Gravity - API RW - @ - F Chlorides - ppm

(A) Initial Hydrostatic <u>1517</u>	<input checked="" type="checkbox"/> Test <u>1150</u>	T-On Location <u>0950</u>
(B) First Initial Flow <u>18</u>	<input type="checkbox"/> Jars	T-Started <u>1235</u>
(C) First Final Flow <u>29</u>	<input type="checkbox"/> Safety Joint	T-Open <u>1430</u>
(D) Initial Shut-In <u>72</u>	<input type="checkbox"/> Circ Sub	T-Pulled <u>1730</u>
(E) Second Initial Flow <u>24</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>1858</u>
(F) Second Final Flow <u>34</u>	<input checked="" type="checkbox"/> Mileage <u>62 RT</u> 192.20	Comments <u>Tool released 1-26-14</u>
(G) Final Shut-In <u>76</u>	<input type="checkbox"/> Sampler	<u>1645</u>
(H) Final Hydrostatic <u>1492</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer
	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Packer
Initial Open <u>30</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Extra Copies
Initial Shut-In <u>45</u>	<input type="checkbox"/> Extra Recorder	Sub Total <u>0</u>
Final Flow <u>45</u>	<input type="checkbox"/> Day Standby	Total <u>1342.20</u>
Final Shut-In <u>60</u>	<input type="checkbox"/> Accessibility	MP/DST Disc't
	Sub Total <u>1342.20</u>	

Approved By _____

Our Representative RAY SCHWAGER THANK YOU

TriLOBite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.

ALLIED OIL & GAS SERVICES, LLC 054971

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>1-26-14</u>	SEC. <u>20</u>	TWP. <u>11</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 pm</u>	JOB FINISH <u>12:00 AM</u>
LEASE <u>Magic</u>	WELL # <u>20-1</u>	LOCATION <u>Gorham KS 1E 14N 1/4W</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>4N Winto</u>			

CONTRACTOR Discovery #2
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. 3472
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 16.6 DEPTH 3301
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER
 CEMENT
 AMOUNT ORDERED 210 6 3/4 492 gal 1/4 #510
 COMMON 126 @ 17.90 2255.40
 POZMIX 84 @ 9.35 785.40
 GEL 8 @ 23.40 187.20
 CHLORIDE @
 ASC @
810-sec 1 50" @ 2.97 148.50
 @
 @
 @
 @
 @
 @
 HANDLING 226.67 5.73 @ 2.48 562.13
 MILEAGE 236.375 4/m @ 2.60 614.58
 TOTAL 4553.21

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y
 # 409 HELPER Kevin R
 BULK TRUCK
 # 473 DRIVER Jesse C
 BULK TRUCK
 # DRIVER

REMARKS:

See log
plug down 11:15 pm
Thanks !!!

SERVICE

DEPTH OF JOB 3301
 PUMP TRUCK CHARGE 2600.47
 EXTRA FOOTAGE @
 MILEAGE 25 HUMTX2 @ 7.70 385.00
 MANIFOLD @
25 LVAI @ 4.40 110.00
 @
 TOTAL 3095.47

CHARGE TO: I.A. Operation
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT.

8 5/8 Wooden plug @ 110.00 110.00
 @
 @
 @
 @
 TOTAL 110.00

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 7758.68
 DISCOUNT 1529.74 IF PAID IN 30 DAYS

PRINTED NAME
 SIGNATURE [Signature]

net \$ 6228.94

ALLIED OIL & GAS SERVICES, LLC 055019

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell, KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
<u>1/22/14</u>	<u>20</u>	<u>11</u>	<u>15</u>			<u>3:00 PM</u>	<u>3:30 AM</u>
LEASE <u>Main</u>	WELL # <u>20-1</u>	LOCATION <u>Graham, KS</u>		COUNTY <u>Russell</u>	STATE <u>KS</u>		
OLD OR (NEW) (Circle one)				<u>ON ON Blacktop to cur in West on 176.</u>			

CONTRACTOR Discovery Drilling OWNER _____

TYPE OF JOB Surface Cementing

HOLE SIZE 12 1/4 ID _____

CASING SIZE 8 5/8 DEPTH 211.49' AMOUNT ORDERED 150 SK

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 12.51 ^{ppg}

CEMENT AMOUNT ORDERED 150 SK

2.1 gal 3% cc

COMMON	<u>150 SK</u>	@	<u>17.9</u>	<u>\$ 2,685.00</u>
POZMIX		@	<u>3.42</u>	
GEL	<u>2.82 SK</u>	@	2.2	<u>67.68</u>
CHLORIDE	<u>8.46 SK</u>	@	5.5	<u>\$ 338.40</u>
ASC		@	<u>80</u>	
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>150</u>	<u>F/B</u>	<u>2.48</u>	<u>372.00</u>
MILEAGE	<u>176.25</u>	<u>4/m</u>	<u>2.6</u>	<u>458.25</u>
				TOTAL <u>\$ 3,921.33</u>

EQUIPMENT

PUMP TRUCK # 417 CEMENTER Donny P.

HELPER Danny S.

BULK TRUCK # 378 DRIVER Kevin R.

BULK TRUCK # _____ DRIVER _____

REMARKS:

See Cementing Job Log.

Cement Circulated to Surface.

CHARGE TO: FA Operating

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 _____

SIGNATURE [Signature]

SERVICE

DEPTH OF JOB 211.49'

PUMP TRUCK CHARGE \$1,512.25

EXTRA FOOTAGE @ _____

MILEAGE Heavy 80m @ 1.7 \$ 385.00

MANIFOLD Light 25m @ 4.4 \$ 110.00

TOTAL \$ 2,007.25

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (if Any) _____

TOTAL CHARGES \$ 5,928.58

DISCOUNT \$ 1,482.14 IF PAID IN 30 DAYS

Net 4446.44