



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1193088
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: _____

1193088

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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Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Bieber-Beltz 1-28
Doc ID	1193088

Tops

Name	Top	Datum
Anhy	1452	806
Topeka	3432	-1174
Heebner	3791	-1533
Lansing	3841	-1583
Stark	4088	-1830
Marm	4164	-1906
Ft. Scott	4340	-2082
Cherokee	4366	-2108
Miss	4417	-2159
Miss Por	4430	-2182

P.002/008



CHARGE TO: RED DAK ENERGY
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
20139

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>NESS CITY, KS</u>	WELL/PROJECT NO: <u>1-28</u>	LEASE <u>BEERER - BELTZ</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY <u>BAZINE, KS</u>	DATE <u>10 FEB 11</u>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>EXPRESS WELL SERV.</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CEMENT PORT COLLAR</u>	WELL PERMIT NO.	WELL LOCATION <u>3E, 12S 1/2W, N 1250</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
575		1			MILEAGE # 110	30	MIL	5.00		150.00
576S		1			PUMP CHARGE	1	JOB	750.00		750.00
288		1			SAND 20/40	1	SX	22.00		22.00
581		1			SERVICE CHARGE CEMENT	200	SX	1.50		300.00
583		1			DRAYAGE	19970	lbs	299.55	TM	299.55
<u>11 FEB 11</u>										
575		1			MILEAGE # 110	30	MIL	5.00		150.00
576D		1			PUMP CHARGE	1	JOB	1100.00		1100.00
105		1			PORT COLLAR OPENING TOOL	1	JOB	300.00		300.00
275		1			COTTONSEED HULLS	6	SXS	25.00		150.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

X
DATE SIGNED 2-10-11 TIME SIGNED 0900

A.M.
 P.M.

REMIT PAYMENT TO:

 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL #1	3221.55
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#2	3829.55
WE UNDERSTOOD AND MET YOUR NEEDS?				subtotal	7051.10
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	233.23
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				less 6.3%	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	7284.33
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR TACON J. D... APPROVAL

Thank You!

(FAX)

03/26/2012 13:09



COMPANY NO. RED OAK ENERGY
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET
20140

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>NESS CITY</u>	WELL/PROJECT NO. <u>1-28</u>	LEASE <u>BEIBER-BELTZ</u>	COUNTY/PARISH <u>NESS</u>	STATE <u>KS</u>	CITY <u>BAZINE, KS.</u>	DATE <u>14 FEB 11</u>	OWNER
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>EXPRESS WELL SERV.</u>	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>SQUARE PERFS @ 700'</u>	WELL PERMIT NO.	WELL LOCATION <u>3 E, 12 S, 2 W, N INTO</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #110	30		MIL		5.00	150.00
577		1			Pump CHARGE	1		JOB	700	850.00	850.00
290		1			D-AIR	1/2		SAL		35.00	17.50
276		1			FLUXE	13		lbs		1.50	19.50
330		1			SWIFT MULTI DENSITY STANDARD	50		SX		15.00	750.00
581		1			SERVICE CHARGE CEMENT	150		SX		1.50	225.00
582		1			MINIMUM DRAYAGE	14978		lbs	224.67	1.70	250.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED 14 FEB 11 TIME SIGNED _____
 A.M.
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS. 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2262.50
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	2311.58

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR James E. Radloff

APPROVAL _____

Thank You!



STORAGE TV. ADDRESS **RED OAK ENERGY**
 CITY, STATE, ZIP CODE

TICKET
20142

PAGE 1 OF 1

SERVICE LOCATIONS
 1. **NESS CITY, KS.** WELL/PROJECT NO. **1-28** LEASE **BEIBER-BELTZ** COUNTY/PARISH **NESS** STATE **KS.** CITY **BAZINE, KS.** DATE **15 FEB 11** OWNER
 2. TICKET TYPE SERVICE SALES CONTRACTOR **EXPRESS WELL SERV.** RIG NAME/NO. SHIPPED VIA DELIVERED TO LOCATION ORDER NO.
 3. WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **SQUEEZE PERFS @ 5'00'** WELL PERMIT NO. WELL LOCATION **3E, 12S, Y2W, N 120**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #110	30		MIL		5.00	150.00
577		1			Pump CHARGE	1	500	FT		850.00	850.00
276		1			FLOXOLE	25		LBS		1.50	37.50
290		1			D-AIR	1		Gal		35.00	35.00
330		1			SWIFT MULTI DENSITY STANDARD	100		SX		15.00	1500.00
582		1			MINIMUM DRAYAGE	9985	149.77	Ton		257.00	257.00
581					Service Charge Cement	100		SX		1.50	150.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED **15 FEB 11** TIME SIGNED **1300** A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL

NESS TAX 10.3% 99.07

3071.57

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

P. 0077008 (FAX) 13:10 U372572012



CHARGE TO: **RED DAK ENERGY**

ADDRESS

CITY, STATE, ZIP CODE

TICKET
18932

PAGE 1 OF 2

SERVICE LOCATIONS
1. **NESS CITY, KS**

WELL/PROJECT NO. **BIEBER-BELZ 1-28** LEASE **NESS** COUNTY/PARISH **NESS** STATE **KS** CITY **BAZINE, KS.** DATE **22 AUG 10** OWNER

TICKET TYPE SERVICE SALES CONTRACTOR **MAVERICK DRILLING RIG 108** RIG NAME/NO. **LOCATION** ORDER NO.

WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **5 1/2 LONGSTRING.** WELL PERMIT NO. WELL LOCATION **3E, 12S, 2W, N1W10**

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 110	30	MIL			5.00	150.00
578		1			PUMP CHARGE	1	SB	4434	FT	1400.00	1400.00
402		1			CENTRALIZER	9	EA.			55.00	495.00
403		1			CEMENT BASKET	2	EA.			200.00	400.00
404		1			PORT COLLAR	1	EA.	1420	FT	1900.00	1900.00
405		1			FORMATION PACKER SHOE	1	EA.			1250.00	1250.00
406		1			LATCH DOWN PLUG & BAFFLE	1	EA.			225.00	225.00
281		1			MUD FLUSH	500	gal			1.00	500.00
221		1			LIQUID KCL	2	gal			25.00	50.00
290		1			D-AIR	2	gal			35.00	70.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED **22 AUG 10** TIME SIGNED **2200** A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE 1	6440.00
WE UNDERSTOOD AND MET YOUR NEEDS?				PAGE TOTAL	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				PAGE 2	3409.65
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				sub total	9849.65
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				7.85% TAX 6.3%	489.07
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	10,338.72

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!