



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194756
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: _____

1194756

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> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 062620

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: great Bend

2-14-14	SEC 27	TWP 16	RANGE 19	CALLED OUT 4:30 am	ON LOCATION 7:00 am	JOB START 11:30 am	JOB FINISH 12:30 pm
DATE							
LEASE	WELL # 1	LOCATION 15 south of Libantial			COUNTY Rush	STATE TX	
OLD OR <input checked="" type="radio"/> NEW (Circle one)	W to 200rd 15 W chnt						

CONTRACTOR <u>White Knight Drilling</u>	OWNER <u>same</u>
TYPE OF JOB <u>Rotary Plug</u>	
HOLE SIZE <u>7 3/8</u>	T.D. <u>3760</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>1310</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT			
AMOUNT ORDERED	<u>190 lbs cement</u>	<u>601.40</u>	
<u>41.9 gal of gel</u>			
COMMON	<u>114</u>	@ <u>17.90</u>	<u>2,040.60</u>
POZMIX	<u>76</u>	@ <u>9.35</u>	<u>710.60</u>
GEL	<u>7</u>	@ <u>23.40</u>	<u>163.80</u>
CHLORIDE		@	
ASC		@	
<u>Fluocel</u>	<u>48</u>	@ <u>2.97</u>	<u>142.56</u>
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>204.86</u>	@ <u>2.48</u>	<u>508.05</u>
MILEAGE	<u>8.54 X 24 X</u>	<u>2.60</u>	<u>532.80</u>
TOTAL			<u>4,098.50</u>

EQUIPMENT	
PUMP TRUCK # <u>366</u>	CEMENTER <u>Charles Kingen</u>
	HELPER <u>Kevin Eddy</u>
BULK TRUCK # <u>871-112</u>	DRIVER <u>Dan Casper</u>
BULK TRUCK #	DRIVER

REMARKS:
1st plug 5x @ 1310' 10 BBI H2O ahead
Mix 7.97 displac 3.5 BBI H2O + 11.88 mud
2nd plug 40.24 @ 500' 10 BBI H2O ahead
Mix 6.38 displac 3.5 BBI H2O + 1 BBI mud
3rd plug 50.4 @ 240' 3 BBI H2O ahead
Mix 7.97 BBI displac .17 H2O
4th plug 20.4 @ 60' mix 3.19 BBI
+ top off Rat hole mix 30 lbs

SERVICE			
DEPTH OF JOB	<u>1310</u>		
PUMP TRUCK CHARGE		<u>2249.84</u>	
EXTRA FOOTAGE	@		
MILEAGE	<u>Hum 24</u>	@ <u>7.70</u>	<u>184.80</u>
MANIFOLD	@		
	<u>Lum 24</u>	@ <u>4.40</u>	<u>105.60</u>
	@		
TOTAL			<u>2,540.24</u>

CHARGE TO: Castle Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT			
	@		
	@		
	@		
	@		
	@		
TOTAL			

Thank you!
 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
 SIGNATURE X Gary Crand

SALES TAX (If Any) _____
 TOTAL CHARGES 6,638.74
 DISCOUNT _____ IF PAID IN 30 DAYS

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1202

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:
Russell, KS

DATE <i>2-8-14</i>	SEC. <i>27</i>	TWP. <i>16</i>	RANGE <i>19</i>	CALLED OUT	ON LOCATION	JOB START <i>10:00am</i>	JOB FINISH <i>10:30am</i>
LEASE <i>Stremel unit</i>	WELL #. <i>1</i>	LOCATION			COUNTY <i>Rush</i>	STATE <i>KS</i>	
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR *White Knight*

TYPE OF JOB *Surface*

HOLE SIZE *12 3/4* T.D. *220*

CASING SIZE *8 5/8* DEPTH *218'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *300ps* MINIMUM *100ps*

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *254*

PERFS

DISPLACEMENT *12 3/4 bbl*

OWNER

CEMENT AMOUNT ORDERED *175sx com 3% bcc 2% gel*

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER *Heath*

81 HELPER *Lady*

BULK TRUCK DRIVER *Eric*

84

BULK TRUCK DRIVER

#

REMARKS:

Run 5 lts of 8 5/8 casing and landing it

Est Circulation

Look up and mix 175sx and disp 12 3/4 bbl of H2O - shut in @ 300ps

Cement Did Circulate!

CHARGE TO: *Castle Resources*

STREET

CITY STATE ZIP

Schippers Oil Field Services, L.L.C.,
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 *Terry Austin*

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT

IF PAID IN 30 DAYS