



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194962
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: _____

1194962

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
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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 054743

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell Ks.

DATE <u>1-2-14</u>	SEC. <u>18</u>	TWP. <u>10 S</u>	RANGE <u>17 W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30 PM</u>	JOB FINISH <u>4:00 PM</u>
LEASE <u>Paradise</u>	WELL # <u>B-2</u>	LOCATION <u>Plainville Ks, 1 E (RD 19)</u>				COUNTY <u>ROOKS</u>	STATE <u>KANSAS</u>
OLD OR <u>(NEW)</u> (Circle one)			<u>3 1/4 S 1/4 E T1N10</u>				

CONTRACTOR <u>APS, Well Service</u>	OWNER
TYPE OF JOB <u>Circ. Cement (Open Port Collor)</u>	CEMENT
HOLE SIZE _____ T.D. _____	AMOUNT ORDERED <u>2.75 sx ALW.</u>
CASING SIZE <u>5 1/2</u> DEPTH <u>3994'</u>	<u>65/35 68 GEL</u>
TUBING SIZE <u>2 7/8</u> DEPTH _____	<u>1/4" # F10 Seal per sx</u>
DRILL PIPE <u>Day's Factor 5845'</u> DEPTH <u>Jassy D.</u>	COMMON _____ @ _____
TOOL PORT Collar DEPTH <u>1435'</u>	POZMIX _____ @ _____
PRES. MAX <u>800#</u> MINIMUM <u>200#</u>	GEL 1" _____ @ _____
MEAS. LINE _____ SHOE JOINT _____	CHLORIDE _____ @ _____
CEMENT LEFT IN CSG. - <u>0</u>	ASC _____ @ _____
PERFS. _____	<u>2.75 68/35 Class A Type 1</u> @ <u>16.50</u> <u>4537.50</u>
DISPLACEMENT <u>T-8.30 BBL</u>	<u>F10 Seal 765 lbs</u> @ <u>2.97</u> <u>222.75</u>
EQUIPMENT _____	_____ @ _____
PUMP TRUCK CEMENTER <u>Glenn</u>	_____ @ _____
# <u>409</u> HELPER <u>Nathan</u>	_____ @ _____
BULK TRUCK _____	_____ @ _____
# <u>481</u> DRIVER <u>Jassy</u>	_____ @ _____
BULK TRUCK _____	_____ @ _____
# _____ DRIVER _____	_____ @ _____

HANDLING 290 TON SX @ 2.48 719.20
MILEAGE 20 mi @ 2.00 834.60
112.84 TON TOTAL 6314.05

REMARKS:

TEST CSG. & PC. TO 800# (Held)
Open Port Collor & Received Good Circ.
MIXED @ TOTAL O.F. 2.75 SX ALW.
& Displaced 7 BBL H₂O Bottom, Closed
P.C. & Reclock to 800# (Held)
Ran 5 JTS 278 & CIRCULATED
Hole Clean Short way w/ 20 BBL H₂O
Cement Did Circulate To Surface

SERVICE

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____ 2249.84
EXTRA FOOTAGE _____ @ _____
MILEAGE 2.6 MI @ 7.70 199.50
MANIFOLD _____ @ _____
2.6 Bulk MI @ 7.70 199.50
2.6 L+ MI @ 4.40 110.00

TOTAL 2744.84

CHARGE TO: Black Tea Oil Co.
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

* STATE Rep. Pat Padova (Kec)
ON Location, Cement Did Circulate
TO Surface

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

To: Allied Oil & Gas Services, LLC. THANK'S
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 9058.89

PRINTED NAME Garrett Akala

DISCOUNT 20% 1811.78 IF PAID IN 30 DAYS

SIGNATURE Garrett Akala

\$7247.12

ALLIED OIL & GAS SERVICES, LLC 056849

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell Kr

DATE <u>12.26.13</u>	SEC. <u>18</u>	TWP. <u>10</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>10:20 Am</u>	JOB FINISH <u>1:35 Am</u>
LEASE <u>Paradise</u>	WELL # <u>"B"</u>	LOCATION <u>Plainville Ks</u>		COUNTY <u>Butler</u>	STATE <u>Ks</u>		
OLD OR NEW (Circle one)		<u>2 east to 19 rd / South</u>					

CONTRACTOR <u>SKI TOP</u>	OWNER
TYPE OF JOB <u>Font Collins production</u>	CEMENT
HOLE SIZE <u>7 7/8 @ 45.5</u> T.D.	AMOUNT ORDERED <u>190 SK ASC</u>
CASING SIZE <u>5 1/2 @ 45.5</u> DEPTH <u>3991'</u>	<u>+ #5 Bitsgrade Per SK.</u>
TUBING SIZE	
DRILL PIPE	
TOOL	
PRES. MAX	COMMON @
MEAS. LINE	POZMIX @
CEMENT LEFT IN CSG. <u>1937'</u>	GEL @
PERFS.	CHLORIDE @
DISPLACEMENT <u>94.52 @ 120</u>	ASC <u>190 SK</u> @ <u>20.9</u> \$ <u>3,971.50</u>

EQUIPMENT		
PUMP TRUCK CEMENTER <u>Tony P.</u>	<u>Bitsgrade 9 19 SK =</u>	@
# <u>417</u> HELPER <u>Danny S</u>	<u>950 lbs.</u>	@ <u>.98</u> \$ <u>931.00</u>
BULK TRUCK	<u>Mud Flush 12 @ 50</u>	@ <u>58.7</u> \$ <u>704.40</u>
# <u>378</u> DRIVER <u>Joe G</u>	<u>Kel 2 gal</u>	@ <u>34.4</u> \$ <u>68.80</u>
BULK TRUCK		@
#	DRIVER	
	HANDLING <u>237.27 @ 2.48</u>	\$ <u>588.43</u>
	MILEAGE <u>252.54 @ 2.60</u>	\$ <u>656.60</u>
	TOTAL \$ <u>6,920.23</u>	

REMARKS:
 * Ran Float Equip - @ 3991'
 * Circulated Hole For 1 hr
 * Dropped Ball
 * Ran 12 @ mud Flush
 * Ran RATHOLED 30sk = 5.16 @ 120
 * Ran Mouse Hole @ 16sk = 2.60 @ 120
 * Ran 2 gal Kel in 20 @ 120 with
 10 @ SK ASC @ 24.96 @ 120
 * Displaced 5/2 Latch Down Assy
 @ 94.52 @ 120

CHARGE TO: Black Tea Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____
 TOTAL \$ 3,033.95

PLUG & FLOAT EQUIPMENT	
<u>1 X 5 1/2 Float Stac</u>	@ - \$ <u>339.30</u>
<u>1 X 5 1/2 LATCH DOWN</u>	@ - \$ <u>398.75</u>
<u>1 X 5 1/2 Larson P.C.</u>	@ - \$ <u>683.25</u>
<u>7 X 5 1/2 Turbalizers</u>	@ <u>48.80</u> \$ <u>338.10</u>
<u>3 X 5 1/2 BASKET</u>	@ <u>159.40</u> \$ <u>478.20</u>
TOTAL \$ <u>3,385.60</u>	

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 \$ 13,339.78
 DISCOUNT \$ 2,488.55 IF PAID IN 30 DAYS
 Net 10,851.23

PRINTED NAME _____
 SIGNATURE John U...