



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196140
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: _____

1196140

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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MDCI Mary Ann #4-1 900' FNL 1855' FWL Sec. 1-T1S-R36W 3161' KB							MDCI Mary Ann #2-1 330' FNL 1520' FWL Sec. 1-T1S-R36W 3095' KB	
Formation	Sample top	Datum	Ref	Log Top	Datum	Ref	Log Top	Datum
Anhydrite	3093	+68	Flat	3094	+67	-1	3027	+68
B/Anhydrite	3124	+37	+2	3127	+34	-1	3060	+35
Neva	3564	-403	+9	3571	-410	+2	3507	-412
Red Eagle	3629	-468	+7	3633	-472	+3	3570	-475
Foraker	3675	-514	+7	3679	-518	+3	3616	-521
Topeka	3892	-731	+2	3893	-732	+1	3828	-733
Oread				4005	-844	+1	3940	-845
Lansing				4108	-947	+2	4044	-949
Lans D				4157	-996	+3	4260	-1165
Stark				4324	-1163	+2	4314	-1219
BKC				4375	-1214	+5	4420	-1325
RTD	4485	-1324					4410	-1315
LTD				4489	-1328			



*acct
Prod-LH*

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 140146

Invoice Date: Dec 4, 2013

Voice: (817) 546-7282
Fax: (817) 246-3361

Page: 1

Bill To:
Murfin Drlg. Co., Inc. 250 N. Water STE #300 Wichita, KS 67202

Customer ID	Field Ticket #	Payment Terms	
Murfin	62162	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Dec 4, 2013	1/3/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Mary Ann #4-1		
245.00	CEMENT MATERIALS	Class A Common	17.90	4,385.50
9.00	CEMENT MATERIALS	Chloride	64.00	576.00
257.25	CEMENT SERVICE	Cubic Feet Charge	2.48	637.98
889.50	CEMENT SERVICE	Ton Mileage Charge	2.60	2,312.70
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
75.00	CEMENT SERVICE	Pump Truck Mileage	7.70	577.50
1.00	CEMENT SERVICE	Swedge Manifold Rental	275.00	275.00
75.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	330.00
1.00	EQUIPMENT OPERATOR	Paul Beaver		
1.00	EQUIPMENT OPERATOR	Tyler Flipse		

Subtotal	10,606.93
Sales Tax	391.96
Total Invoice Amount	10,998.89
Payment/Credit Applied	
TOTAL	10,998.89

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 3,712.42

ONLY IF PAID ON OR BEFORE
Dec 29, 2013

- 3712.42

OK

ALLIED OIL & GAS SERVICES, LLC 062162

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley KS

DATE <u>12-4-13</u>	SEC. <u>1</u>	TWP. <u>1</u>	RANGE <u>36</u>	CALLED OUT	ON LOCATION <u>12:00a.m.</u>	JOB START <u>3:00p.m.</u>	JOB FINISH <u>7:30p.m.</u>
LEASE <u>Mary Ann</u>	WELL# <u>4-1</u>	LOCATION <u>Beardsley N to AA W 3rd</u>	COUNTY <u>Rawlins</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)	7 3N W + W into						

CONTRACTOR Murfin 2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 265'
 CASING SIZE 8 5/8 DEPTH 263.15'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 15.81 bbls water
 EQUIPMENT _____

OWNER Same
 CEMENT AMOUNT ORDERED 245 Com 3%CC
 COMMON 245 sks @ 17.90 4385.50
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE 9 sks @ 64.00 576.00
 ASC _____ @ _____
 HANDLING 257.25 @ 2.48 637.98
 MILEAGE 11.81 tons x 75 mi @ 2.60 2312.76
 TOTAL 7912.18

PUMP TRUCK CEMENTER Paul Beaver
 # 120 HELPER Tyler Flipse
 BULK TRUCK # 600 DRIVER Tuan (TWS)
 BULK TRUCK # _____ DRIVER _____

REMARKS:
Mix 245 sks Com 3%CC
Displace w/ water (15.81 bbls)
Cement did circulate
Thank you!

SERVICE
 DEPTH OF JOB 265'
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE _____ @ _____
 MILEAGE MILV 75 @ 7.70 577.50
 MANIFOLD swedge @ 275.00
 MILV 75 @ 4.40 330.00

CHARGE TO: Murfin Drlg. Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 2694.75

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

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.

TOTAL _____

PRINTED NAME Armando Cabezas
 SIGNATURE Armando Cabezas

SALES TAX (If Any) _____
 TOTAL CHARGES 10,606.93
 DISCOUNT 3,712.42 IF PAID IN 30 DAYS
6,894.50 Net.



CONSOLIDATED
Oil Well Services, LLC

REMITTANCE
Consolidated Oil Well
Dept. 97
P.O. Box 4
Houston, TX 770

Healy
cc: WF
cc: Liz
cc: L-1

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 264626

Invoice Date: 12/11/2013 Terms: 10/10/30,n/30

Page 1

MURFIN DRILLING
P.O. BOX 288
RUSSELL KS 67665
() -

MARY ANN 4-1
44553
1-18-36W
12-08-2013
KS

USED FOR 12-10-13
APPROVED [Signature]
FH

Part Number	Description	Qty	Unit Price	Total
1104D	CLASS "A" CEMENT CMD	300.00	27.9200	8376.00
1126	OIL WELL CEMENT	200.00	23.7000	4740.00
1110A	KOL SEAL (50# BAG)	1000.00	.5600	560.00
1107	FLO-SEAL (25#)	150.00	2.9700	445.50
1142A	KCL SUB MB6875 CC3107 (1	2.00	41.1000	82.20
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4104	CEMENT BASKET 5 1/2"	3.00	290.0000	870.00
4136	TURBOLIZER 5 1/2"	15.00	75.7500	1136.25
4159	FLOAT SHOE AFU 5 1/2"	1.00	433.7500	433.75
4310	ROTATING HEAD	1.00	150.0000	150.00
4315	ROTATING SCRATCHERS	5.00	94.5000	472.50
4454	5 1/2" LATCH DOWN PLUG	1.00	318.2500	318.25

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1808.45
9995-130	CEMENT EQUIPMENT DISCOUNT	-711.73

Description	Hours	Unit Price	Total
T-118 SINGLE PUMP	1.00	3175.00	3175.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	85.00	5.25	446.25
T-129 TON MILEAGE DELIVERY	1.00	1748.03	1748.03
566 TON MILEAGE DELIVERY	1.00	1748.02	1748.02

Amount Due 26630.41 if paid after 01/10/2014

Parts:	18084.45	Freight:	.00	Tax:	1285.79	AR	23967.36
Labor:	.00	Misc:	.00	Total:	23967.36		
Sublt:	-2520.18	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

264626

TICKET NUMBER 44553

LOCATION Ogallala NS

FOREMAN Miles Shaw

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-8-13	5406	Mary Ann #4-1	1	15	36W	Roubidoux
CUSTOMER		Brandsley				
MAILING ADDRESS		10 W 5th St 3W 15 1/2 W Win 12				
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
			41507118	Cory R		
			5187129	Steven O		
			516	Jeremy R / Dustin J		

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 4485 CASING SIZE & WEIGHT 5 1/2" 15.5#
 CASING DEPTH 4480 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 107/10.8 SLURRY VOL 2.3/1.42 WATER gal/sk _____ CEMENT LEFT in CASING 21.80
 DISPLACEMENT 1.07/10.8 DISPLACEMENT PSI 2000 MIX PSI 2500 RATE _____

REMARKS: Safety meeting and rig up on Martin drilling rig #2 float again
turbulizers on 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 34, 44 Baskets on Sats # 11, 35, 45
Circulate half way in the hole on Sat # 54. Run casing to bottom circulate casing
1 hr ~~run~~ pump mud flush mix 250 SWS CMD with 1/2" flo seal
in with 200 SWS OWC with 5" Valsal shut down cleared pump lines
released plug displace 107 1/2 bbls water with 2000 PSI 1 1/2" plug land & hold
@ 2500 PSI cement did circulate 50 bbls to pit

Mix 30 SWS RA 20 SWS MA

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	31.75 ⁰⁰	31.75 ⁰⁰
5406	85	MILEAGE	5.25	446.25
5407A	23.5 tons	ton mileage delivery	1.75	3496.05
1104D	300 SWS	CMD	27.92	8376.00
1120	200 SWS	OWC	23.70	4740.00
1110A	1000 #	Valsal	1.56	560.00
1107	150 #	Flo Seal	2.97	445.50
1142A	2 gal	MCL	41.10	82.20
1144G	500 gal	Mud Flush	1.00	500.00
4104	3	5 1/2" Baskets	290.00	870.00
4136	15	5 1/2" Turbulizers	75.75	1136.25
4159	1	AFLU Float shoe	433.75	433.75
4310	1	Rotating head	150.00	150.00
4315	5	5' Rotating scrapers	94.50	472.50
4454	1	5 1/2" Latch down plug	318.25	318.25
		Subtotal		25201.75
		less 10800.00		25201.75
		Subtotal		22681.50
		SALES TAX 7.9		1285.79
		ESTIMATED TOTAL		23967.36

SCANNED

Ravin 3737

AUTHORIZATION

TITLE

DATE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this fo