



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198186
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: _____

1198186

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	Phillips Exploration Company L.C.
Well Name	Gaither 1-21
Doc ID	1198186

Tops

Name	Top	Datum
Anhy	1754	+572
B/Anhy	1785	+541
Top	3332	-1006
Heeb	3587	-1261
Tor	3606	-1280
Lans	3626	-1300
B/KC	3903	-1577
Miss	4198	-1872
LTD	4296	-1970

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 7861

Cell 785-324-1041

Date	9-18-13	Sec.	21	Twp.	14	Range	24	County	Hrego	State	KS	On Location	4:00pm	Finish	5:30pm
Location													Hrego Center 45 SW		

Leas Boither Well No. 1-21 Owner Sinto

Contractor Martin 16
 Type Job Surface
 To Quality Oilwell Cementing, Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4 T.D. 220 FT Charge To Phillips Exploration
 Csg. 8 5/8 Depth

Street Phillips Exploration
 City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.
 Cement Left in Csg. 20 FT Shoe Joint 20 FT Cement Amount Ordered 150 Com 3% CC

Meas Line Displace 12.3/4 BBL 225 Gel
 Common 750

EQUIPMENT			
Pumptrk	5	No.	Cement/Helper <u>Matt</u>
Bulktrk	9	No.	Driver <u>Lonnie</u>
Bulktrk	pu	No.	Driver <u>Chad</u>
			Pos. Mix
			Gel. <u>3</u>
			Calcium <u>5</u>

JOB SERVICES & REMARKS

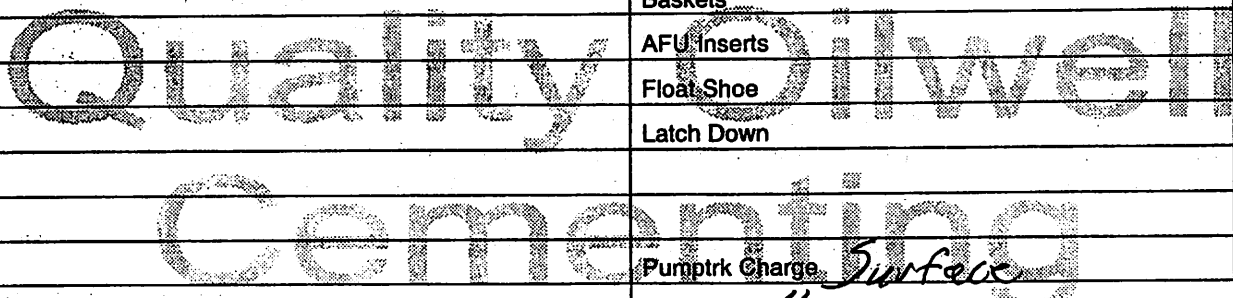
Remarks: Cement did Circulate
 Halls
 Salt
 Flowseal
 Kol-Seal
 Mud CLR 48
 CFL-117 or CD110 CAF 38
 Sand
 Handling 150
 Mileage

FLOAT EQUIPMENT

Guide Shoe
 Centralizer
 Baskets
 AFU Inserts
 Float Shoe
 Latch Down

Pumptrk Charge Surface
 Mileage 41

Signature <u>Ag Sichel</u>	Tax
	Discount
	Total Charge



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7776
9:30 AM

Date	9-25-13	Sec.	21	Twp.	14	Range	24	County	Trego	State	Ks	On Location		Finish	9:30 AM
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Lease **Gaither** Location **Trego Center, Ks - 45, SW, 51110**

Well No.	1-21	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor	Murfin #16	Charge To	Phillips Exploration
Type Job	Top Stage	Street	
Hole Size	7 7/8"	Depth	4302.86'
Csg.	5/8"	T.D.	4300'
Tbg. Size		City	
Tool	DV Tool	State	
Cement Left in Csg.	42.44'	Depth	1754'
Meas Line	Displace 42 3/4 BUS	The above was done to satisfaction and supervision of owner agent or contractor.	
		Cement Amount Ordered	400 SX QMDC 1/4# Flo-seal
			500 gal Mud Clear 48

EQUIPMENT		Common	400
Pumptrk 16	No. Cementer Helper Billy	Poz. Mix	
Bulktrk 19	No. Driver Lonnie M.	Gel.	
Bulktrk p.u.	No. Driver Rick	Calcium	
JOB SERVICES & REMARKS		Hulls	
Remarks:		Salt	
Rat Hole	Cement did	Flowseal	100#
Mouse Hole		Kol-Seal	
Centralizers	Circulate	Mud CLR 48	500 gal
Baskets		CFL-117 or CD110 CAF 38	
Or Port Collar #62	- 1754'	Sand	
Pipe on bottom, break Circulation		Handling	400
pump 500 gal Mud Clear 48		Mileage	
pump 10 BUS of water. Plug		FLOAT EQUIPMENT	
Rathole w/ 30 SX, plug mousehole		Guide Shoe	
w/ 155N, Hook to casing + Mix		Centralizer	
355 SX QMDC 1/4# Flo-seal, shut		Baskets	
down wash pump + 1Pne's Release		AFB Inserts	
Hook to casing + Displaced		Float Shoe	
with 42 3/4 BUS of water.		Latch Down	
Released + held			
Lift pressure 800 #			
Closed tool with 1800 #			

Pumptrk Charge	prod Long String		Top Stage
Mileage	410		
		Tax	
		Discount	
		Total Charge	
X Signature	<i>[Signature]</i>		

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

April 10, 2014

James B. Phillips
Phillips Exploration Company L.C.
211 CEDAR RIDGE CT
PO BOX 850
ANDOVER, KS 67002-0850

Re: ACO-1
API 15-195-22887-00-00
Gaither 1-21
NE/4 Sec.21-14S-24W
Trego County, Kansas

Dear James B. Phillips:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/18/2013 and the ACO-1 was received on April 07, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Phillips Exploration Company Lc

21-14s-24w

Po Box 850
Andover Ks 67002

Gaither 1-21

Job Ticket: 041770

DST#: 1

ATTN: Pat Deenihan

Test Start: 2013.09.24 @ 00:01:51

GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:25:51

Time Test Ended: 09:48:51

Test Type: Conventional Bottom Hole (Initial)

Tester: Jeff Brown

Unit No: 67

Interval: 4150.00 ft (KB) To 4233.00 ft (KB) (TVD)

Reference Elevations: 2326.00 ft (KB)

Total Depth: 4233.00 ft (KB) (TVD)

2321.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 6625 Outside

Press @ Run Depth: 340.19 psig @ 4218.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.09.24

End Date:

2013.09.24

Last Calib.:

2013.09.24

Start Time: 00:01:52

End Time:

09:40:51

Time On Btm:

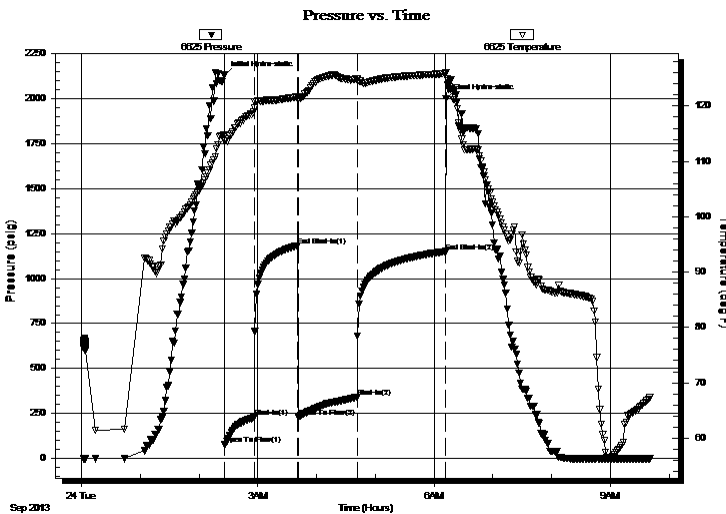
2013.09.24 @ 02:25:21

Time Off Btm:

2013.09.24 @ 06:12:21

TEST COMMENT: IFP=Good blow BOB in 10-1/2 min
ISI=Dead no blow back
FFP=Good blow BOB in 14 min
FSI=Dead no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2130.74	114.71	Initial Hydro-static
1	76.57	113.71	Open To Flow (1)
31	231.19	119.65	Shut-In(1)
76	1183.85	121.64	End Shut-In(1)
76	229.48	121.44	Open To Flow (2)
136	340.19	124.90	Shut-In(2)
227	1150.76	125.85	End Shut-In(2)
227	2001.97	126.09	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
58.00	SOCGWM 10%G 5%O 15%W 70%M	0.29
59.00	MCGWO 10%G 10%W 20%M 60%O	0.29
320.00	GOCM 20%G 10%O 70%M	3.10
246.00	HOCGM 45%G 10%M 45%O	3.45
10.00	Gassy Oil 20%G 80%O	0.14

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Phillips Exploration Company Lc

21-14s-24w

Po Box 850
Andover Ks 67002

Gaither 1-21

Job Ticket: 041770

DST#: 1

ATTN: Pat Deenihan

Test Start: 2013.09.24 @ 00:01:51

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 60.00 sec/qt
Water Loss: 6.80 in³
Resistivity: ohm.m
Salinity: 1400.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 38 deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
58.00	SOCGWM 10%G 5%O 15%W 70%M	0.285
59.00	MCGWO 10%G 10%W 20%M 60%O	0.290
320.00	GOCM 20%G 10%O 70%M	3.104
246.00	HOCGM 45%G 10%M 45%O	3.451
10.00	Gassy Oil 20%G 80%O	0.140

Total Length: 693.00 ft Total Volume: 7.270 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

