



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198346
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: _____

1198346

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 054897

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell, KS

DATE <u>10-25-13</u>	SEC. <u>16</u>	TWP. <u>8</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30 am</u>	JOB FINISH <u>6:00 am</u>
LEASE <u>KC well #1</u>	WELL # <u>#1</u>	LOCATION <u>Natoma, KS</u>		COUNTY <u>KS</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>1/4 e. to E2 rd 1657</u> <u>1 1/4 n. of rd 387 5c 5 into</u>					

CONTRACTOR American Eagle OWNER _____

TYPE OF JOB <u>LS - Production</u>	CEMENT AMOUNT ORDERED <u>200 SK 40/40</u>
HOLE SIZE <u>7 7/8</u> T.D.	<u>2% gel + 10% selt + 5% gel perst</u>
CASING SIZE <u>5 1/2</u> DEPTH <u>3068'</u>	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT <u>12.5'</u>	
CEMENT LEFT IN CSG. <u>12.50'</u>	
PERFS.	
DISPLACEMENT <u>72.72' @ 200</u>	

EQUIPMENT		COMMON	
PUMP TRUCK # <u>709</u>	CEMENTER <u>Amy P</u>	<u>120SK</u>	@ <u>17.9</u> \$ <u>2,148.</u>
BULK TRUCK # <u>378</u>	HELPER <u>Nathan D</u>	<u>80SK</u>	@ <u>9.35</u> \$ <u>748.00</u>
BULK TRUCK # _____	DRIVER <u>Jesse C</u>	GEL	@ _____
BULK TRUCK # _____	DRIVER _____	CHLORIDE	@ _____
		ASC	@ _____
		<u>Coy seal @ 3.44 SK</u>	@ _____
		<u>172 lb -</u>	@ <u>34.2</u> \$ <u>10.00</u>
		<u>Selt 175 lb @ 850 lb</u>	@ <u>26.35</u> \$ <u>447.95</u>
		<u>Coil seal @ 20SK</u>	@ _____
		<u>\$1,000 =</u>	@ <u>.98</u> \$ <u>980.00</u>
		<u>Mud Fluid 125K</u>	@ <u>58.7</u> \$ <u>704.40</u>
		HANDLING <u>230.93</u>	@ <u>2.48</u> \$ <u>572.71</u>
		MILEAGE <u>403.662</u>	@ <u>2.75</u> \$ <u>1,049.52</u>
			@ <u>1.60</u>
		TOTAL	\$ <u>6,165.58</u>

REMARKS:
 * Ran casing @ 3068' - Ran float equipment
 Circulate hole @ 1 hr -
 Dropped ball. Circulate mud @ 20 Surfactant
 * Ran 1/2" mud/fluid -
 * Ran 30SK rat hole @ 3.71 mix
 * Ran 120SK @ 2.09 mix
 * Displaced 5 1/2 Latch Down @ 12.72' @ 200

SERVICE	
DEPTH OF JOB	<u>3068'</u>
PUMP TRUCK CHARGE	\$ <u>2,558.75</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>Kovvy 42 m</u>	@ <u>7.7</u> \$ <u>323.40</u>
MANIFOLD <u>light 42m</u>	@ <u>4.4</u> \$ <u>184.80</u>
	@ _____
	@ _____
TOTAL	\$ <u>3,066.95</u>

CHARGE TO: Bruce Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____
 * Landfill plug @ 1500 psi.

PLUG & FLOAT EQUIPMENT	
<u>1x 5 1/2 Float Shoe</u>	@ <u>66.70</u> \$ <u>333.50</u>
<u>1x 5 1/2 Latch Down</u>	@ <u>59.80</u> \$ <u>299.00</u>
<u>4x 5 1/2 centralizer</u>	@ <u>28.40</u> \$ <u>113.60</u>
<u>4x 5 1/2 Basket</u>	@ <u>159.40</u> \$ <u>637.60</u>
	@ _____
TOTAL	\$ <u>1,489.70</u>

SALES TAX (if Any) _____
 TOTAL CHARGES \$ 11,206.78
 DISCOUNT \$ 2,429.38 IF PAID IN 30 DAYS
 Net \$ 8,777.40

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 LEVI KEHN
 SIGNATURE Levi Keen

ALLIED OIL & GAS SERVICES, LLC 054810

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <u>10-20-13</u>	SEC. <u>16</u>	TWP. <u>8</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>7:30AM</u>	JOB FINISH <u>8:00AM</u>
LEASE <u>KC Unit</u>	WELL# <u>1</u>	LOCATION: <u>Natoma 1/4 E 14 N 5 E</u>			COUNTY <u>Osborne</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>Sinto</u>					

CONTRACTOR <u>American Eagle #3</u>	OWNER _____
TYPE OF JOB <u>Long surface</u>	CEMENT
HOLE SIZE <u>12 1/4</u>	T.D. <u>725</u>
CASING SIZE <u>8 5/8 24"</u>	DEPTH <u>723.87</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT <u>42'</u>
CEMENT LEFT IN CSG. <u>42'</u>	
PERFS. _____	
DISPLACEMENT <u>43 1/4 bbl</u>	

EQUIPMENT			
PUMP TRUCK # <u>417</u>	CEMENTER <u>Glenn G</u>		
	HELPER <u>Woody O</u>		
BULK TRUCK # <u>481</u>	DRIVER <u>Joc G</u>		
BULK TRUCK # _____	DRIVER _____		
		COMMON <u>210</u>	@ <u>12.90</u> <u>3759.00</u>
		POZMIX <u>140</u>	@ <u>7.35</u> <u>1307.00</u>
		GEL <u>6</u>	@ <u>23.40</u> <u>140.40</u>
		CHLORIDE <u>11</u>	@ <u>64.00</u> <u>704.00</u>
		ASC _____	@ _____
		<u>Flow seal 75"</u>	@ <u>2.97</u> <u>222.75</u>
			@ _____
			@ _____
			@ _____
			@ _____
			@ _____
		HANDLING <u>380.60 ft³</u>	@ <u>2.48</u> <u>943.90</u>
		MILEAGE <u>664.76</u> t/m	@ <u>2.60</u> <u>1728.36</u>
			TOTAL <u>8807.41</u>

REMARKS:

ran 17 jts of 8 5/8 24" casing receive circulation mix 350 6 3/4 3 2 gal 1/4 5/16 displace 43 1/4 bbl of water shut in

Cement did circulate to surface

Thank you!

SERVICE

DEPTH OF JOB	<u>725</u>
PUMP TRUCK CHARGE	<u>2058.50</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>42 HMMI</u>	@ <u>7.70</u> <u>323.40</u>
MANIFOLD	@ _____
<u>42 LHMJ</u>	@ <u>4.40</u> <u>184.80</u>
	@ _____

TOTAL 2566.70

CHARGE TO: Bruce Oil
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1 WF Baffle plate</u>	@ <u>67.50</u>	<u>67.50</u>
<u>1 WF centralizer</u>	@ <u>37.50</u>	<u>37.50</u>
<u>1 WF basket</u>	@ <u>226.50</u>	<u>226.50</u>
<u>Top rubber plug</u>	@ <u>76.25</u>	<u>76.25</u>
	@ _____	

TOTAL 407.75

SALES TAX (If Any) _____

TOTAL CHARGES 11781.86

DISCOUNT 2274.82 IF PAID IN 30 DAYS

net \$ 9507.04

To: Allied Oil & Gas Services, LLC.

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PRINTED NAME Derby Keever

SIGNATURE Derby Keever