



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1198625  
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: \_\_\_\_\_

1198625

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 052300

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal Ks

DATE <u>10-18-13</u>	SEC <u>8</u>	TWP <u>25S</u>	RANGE <u>42 W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00</u>	JOB FINISH <u>1:00 P.M.</u>
LEASE <u>Fox</u>	WELL # <u>3-8X</u>	LOCATION <u>Johnson City Ks Non 27 to</u>			COUNTY <u>hamilton</u>	STATE <u>Ks.</u>	
OLD OR (NEW) Circle one)		<u>CR 25, W 11M, S 1/2, E 1nto</u>					

CONTRACTOR Murfin OWNER Western Operating

TYPE OF JOB Water string  
 HOLE SIZE 17 1/2 T.D.  
 CASING SIZE 13 3/8 437 DEPTH 1003.88 ft  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 800 MINIMUM  
 MEAS. LINE SHOE JOINT 40.42 ft  
 CEMENT LEFT IN CSG. 40.42 ft  
 PERFS.  
 DISPLACEMENT 151.2 BBls

CEMENT  
 AMOUNT ORDERED 600 sk 65/35 6% Gel  
3% CC, 1/4 16/16 Floscl  
200 sk "A" 3% CC, 1/4 16/16 Floscl

EQUIPMENT  
 PUMP TRUCK CEMENTER Ruben Chavez  
 # 531-541 HELPER Cesar Pavia  
 BULK TRUCK  
 # 437-558 DRIVER Ricardo Estrada  
 BULK TRUCK  
 # DRIVER

COMMON "A" 200 sk @  
 POZMIX @  
 GEL @  
 CHLORIDE 26 sk @  
 ASC @  
ALCRA Texas A. 600 sk @  
Floscl 200 lb @  
 @  
 @  
 @  
 @  
 @  
 HANDLING 899.94 @  
 MILEAGE 2778.75 @

**REMARKS:**

Circulate 60 BBls - slurry to pit.  
6 1/2 Stand By Time - Charge 4 Only

**SERVICE**

DEPTH OF JOB 30  
 PUMP TRUCK CHARGE  
 EXTRA FOOTAGE @  
 MILEAGE heavy 75 Mi. @  
 MANIFOLD + head 1 @  
light Vehicle 75 Mi. @  
Stand by hours 4 @

CHARGE TO: Western Operating  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQ**

Centralizers 8 @  
Top rubber plug 1 @  
Float Valve 1 @  
Cement Bucket 1 @  
 @

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) \_\_\_\_\_

PRINTED NAME Gary Dolka

SIGNATURE [Signature]

YS

# ALLIED OIL & GAS SERVICES, LLC 052960

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Liberal KS.

DATE <u>10-28-13</u>	SEC. <u>8</u>	TWP. <u>25</u>	RANGE <u>42 W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00pm</u>	JOB FINISH <u>8:30pm</u>
LEASE <u>Fox</u>		WELL # <u>3-8X</u>		LOCATION <u>Syracuse KS. go South on</u>		COUNTY <u>Hamilton</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>May 27 to CR 25, West to Rd E S, E into</u>			

CONTRACTOR Murphy #21

TYPE OF JOB 2 stage Production

HOLE SIZE 7 7/8" T.D.

CASING SIZE 5'12" DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DV-Tool DEPTH

PRES. MAX 2500 MINIMUM 500

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20

PERFS.

DISPLACEMENT

OWNER

CEMENT

AMOUNT ORDERED 160 SK Class A ASC

5#/sk Gilsonite, 5% FL-160

265 SK 65135/6% gel, 1/4# Flo.

COMMON \_\_\_\_\_

POZMIX \_\_\_\_\_

GEL \_\_\_\_\_

CHLORIDE \_\_\_\_\_

ASC A 160

Gilsonite 800

FL-160 75

ALC2A 265

Flo-Seal 66

Super Flush 12

HANDLING 500.57

MILEAGE 1596

**EQUIPMENT**

PUMP TRUCK CEMENTER Kenny B.

# 531-541 HELPER Cesar P

BULK TRUCK

# 774-744 DRIVER Ernie S.

BULK TRUCK

# DRIVER

**REMARKS:**

Had 4 hr Stand by charged

2 hr Only.

Thank you!!!

**SERVICE**

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE 1st Sta

2nd Stage Lump Ch @

MILEAGE 75 @

MANIFOLD 1 @

Light V Mileage 75 @

Stand By Time 2 hr @

CHARGE TO: Western Operating Co.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT E**

Threadlock Kit 1 @

AFU Float Shoe 1 @

Stage Collar 1 @

Centralizers 19 @

Cement Basket 1 @

Latch Down Plug 1 @

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PRINTED NAME Gary Duke

SIGNATURE [Signature]

SALES TAX (If Any) \_\_\_\_\_

TOTAL CI \_\_\_\_\_

DISCOUN \_\_\_\_\_

TOTAL 2222.70