



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198887
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: _____

1198887

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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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. 207

Date	Sec.	Twp.	Range	County	State	On Location	Finish
				Location			
Lease			Well No.		Owner		
Contractor					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.		
Type Job					Charge To		
Hole Size			T.D.		To		
Csg.			Depth		Street		
Tbg. Size			Depth		City State		
Tool			Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.			Shoe Joint		Cement Amount Ordered		
Meas Line			Displace				
EQUIPMENT					Common		
Pumptrk	No.	Cementer			Poz. Mix		
		Helper					
Bulktrk	No.	Driver			Gel.		
		Driver					
Bulktrk	No.	Driver			Calcium		
		Driver					
JOB SERVICES & REMARKS					Hulls		
Remarks:					Salt		
Rat Hole					Flowseal		
Mouse Hole					Kol-Seal		
Centralizers					Mud CLR 48		
Baskets					CFL-117 or CD110 CAF 38		
D/V or Port Collar					Sand		
					Handling		
					Mileage		
FLOAT EQUIPMENT							
					Guide Shoe		
					Centralizer		
					Baskets		
					AFU Inserts		
					Float Shoe		
					Latch Down		
					Pumptrk Charge		
					Mileage		
					Tax		
					Discount		
					Total Charge		
X Signature							



CHARGE TO: Meridian
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET 25222
 PAGE 1 OF 2

SERVICE LOCATIONS: 1. Hays, KS WELL/PROJECT NO. 404 LEASE Hemmel COUNTY/PARISH Neosho STATE KS CITY _____ DATE 10-24-13 OWNER _____
 2. Neosho, KS TICKET TYPE SERVICE CONTRACTOR Neosho RIG NAME/NO. 211 SHIPPED VIA CT DELIVERED TO LOCATION ORDER NO. _____
 3. _____ WELL TYPE Oil WELL CATEGORY Development JOB PURPOSE 5th Two Stage WELL PERMIT NO. _____
 4. _____ REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
575				MILEAGE @ 112	40	mi			6.00	240.00
579				Pump Charge Two-Stage	1	hrs			2000.00	2000.00
221				Liquid KCL	4	gal			25.00	100.00
281				Mud Flush	500	gal			1.25	625.00
210				O.A.R.	4	gal			42.00	168.00
402				Leakcheckers	10	ea		5 1/2	70.00	700.00
403				Leakcheck O-Rings	1	ea			285.00	285.00
407				Insert Flat Shoe w/Ann Fill	1	ea			375.00	375.00
408				DV Tool + Plug Set	1	ea			3500.00	3500.00
417				D V Latch Down Plug + Baffle	1	ea			200.00	200.00
419				Rotating Head Rental	1	ea			200.00	200.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X Jeff Crawford
 DATE SIGNED 10-24-13 TIME SIGNED 06:30 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL P2
 TOTAL 18,010.99

SWIFT OPERATOR MM APPROVAL
 The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 10-24-13 PAGE NO.

CUSTOMER Meridian WELL NO. 4-A LEASE Hamel JOB TYPE 5 1/2 Two stage TICKET NO. 25222

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0630							On location
								TD 3838 SJ 42
								TP 3837 Insert 3795
								DV TD 52 1613' 5 1/2 x 14"
								Centralizers L3, S, 2, 9, 11, 13, 15, 17, 51
								Basinet 52
	0700							Start P.A.E
	0845							Drop Ball Break Circulation Rotate
	0955	5	12		✓		1000	Start Mud Flush
		5	20		✓		400	Start KCL Flush
	1000	5	36		✓		300	Start Cement 150 SKS EA-2
	1015							Drop Plug
								Wash out Pump + Lines
	1018	6					200	Start Displacement
		6	72.5		✓		400	Start KCL
	1035						650/1500	Land Plug
								Release P.A.
	1040							Drop opening Plug
	1045		7					Plug RH 30 SKS
	1100						1000	Open DV
	1102	3.5	94		✓		200	Start Cement SMD 170 SKS @ 11.2
		3.5	8		✓		200	25 SKS @ 13.5
	1133							Drop Plug
								Wash out Pump + Lines
	1135	4.5			✓		200	Start Displacement
		4.5	20		✓		300	Circulate Cement circulate 30 SKS
	1145		39.3		✓		400/1500	Land Plug Close DV
								Release P.A.
	1230							Wash up Back up

Job complete Thank You Josh, Brian, John



PO Box 466
Ness City, KS 67500
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 25222

CUSTOMER
M.P. J. J. J.

WELL Hand 4.4

DATE 10-24-13

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	UM	QTY.	UM			
325		2				Standard Cement	150	SKS			14.00	2100.00	
330		2				Swift Multi Density	205	SKS			17.00	3825.00	
483		2				Salt	750	LBS			2.00	1500.00	
284		2				Castrol	7	SKS			35.00	245.00	
286		2				Helix 1	75	LBS			8.00	600.00	
276		2				Force	100	LBS			2.00	200.00	
581		2				SERVICE CHARGE					2.00	250.00	
583		2				MILEAGE CHARGE					1.00	114.00	
TOTALS													
MILEAGE CHARGE													
TOTAL WEIGHT													
LOADED MILES													
CUBIC FEET													
TON MILES													
CONTINUATION TOTAL											9014.00		