



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200714
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: _____

1200714

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	Russell Oil, Inc.
Well Name	Maurath C 23-1
Doc ID	1200714

All Electric Logs Run

COMPUTER PROCESSED INTERPRETATION
DUAL INDUCTION
DUAL COMPENSATED POROSITY
MICRORESISTIVITY
SONIC BOND

Form	ACO1 - Well Completion
Operator	Russell Oil, Inc.
Well Name	Maurath C 23-1
Doc ID	1200714

Tops

Name	Top	Datum
ANHYDRITE	2549	+485
BASE ANHYDRITE	2574	+460
TOPEKA	3774	-740
HEEBNER	4024	-990
TORONTO	4050	-1016
LANSING	4066	-1032
MUNCIE CREEK	4198	-1164
STARK SHALE	4280	-1246
HUSH SHALE	4318	-1284
BASE KC	4342	-1308
MARMATON	4386	-1352
PAWNEE	4471	-1438
FT SCOTT	4536	-1502
CHEROKEE SHALE	4562	-1526
JOHNSON	4604	-1570
MISSISSIPPI	4660	-1626
RTD	4700	-1666
LTD	4701	-1667



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Russel Oil, Inc.
 PO Box 8050
 Edmond, OK 73083
 ATTN: Kitt Noah

23-11s-32w Logan co.
Maurath " C " #23-1
 Job Ticket: 56708 **DST#: 1**
 Test Start: 2014.01.19 @ 05:24:00

GENERAL INFORMATION:

Formation: **LKC " C "**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 07:51:15 Tester: Sam Esparza
 Time Test Ended: 12:58:45 Unit No: 71
 Interval: **4074.00 ft (KB) To 4100.00 ft (KB) (TVD)** Reference Elevations: 3034.00 ft (KB)
 Total Depth: 4100.00 ft (KB) (TVD) 3023.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 11.00 ft

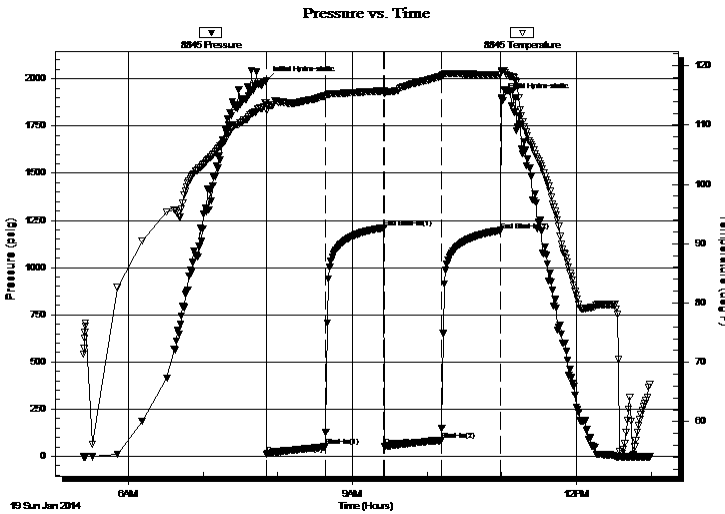
Serial #: 8845

Outside

Press @ Run Depth: 86.23 psig @ 4075.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.01.19 End Date: 2014.01.19 Last Calib.: 2014.01.19
 Start Time: 05:24:05 End Time: 12:58:44 Time On Btm: 2014.01.19 @ 07:51:00
 Time Off Btm: 2014.01.19 @ 11:00:00

TEST COMMENT: IF: 3 1/2" Blow .
 IS: No Return.
 FF: No Blow . Flushed Tool @ 10 min. 1 1/4" Blow .
 FS: No Return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1989.31	113.80	Initial Hydro-static
1	12.15	112.55	Open To Flow (1)
48	52.67	114.93	Shut-In(1)
95	1210.60	115.80	End Shut-In(1)
95	53.69	115.28	Open To Flow (2)
141	86.23	118.24	Shut-In(2)
188	1196.82	118.57	End Shut-In(2)
189	1899.83	119.17	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
90.00	MCW 20m 80w	0.44
30.00	WCM 40w 60m (Oil Spots)	0.15

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Russel Oil, Inc.
PO Box 8050
Edmond, OK 73083
ATTN: Kitt Noah

23-11s-32w Logan co.
Maurath " C " #23-1
Job Ticket: 56708 **DST#: 1**
Test Start: 2014.01.19 @ 05:24:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	46000 ppm
Viscosity: 55.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: 1.00 inches			

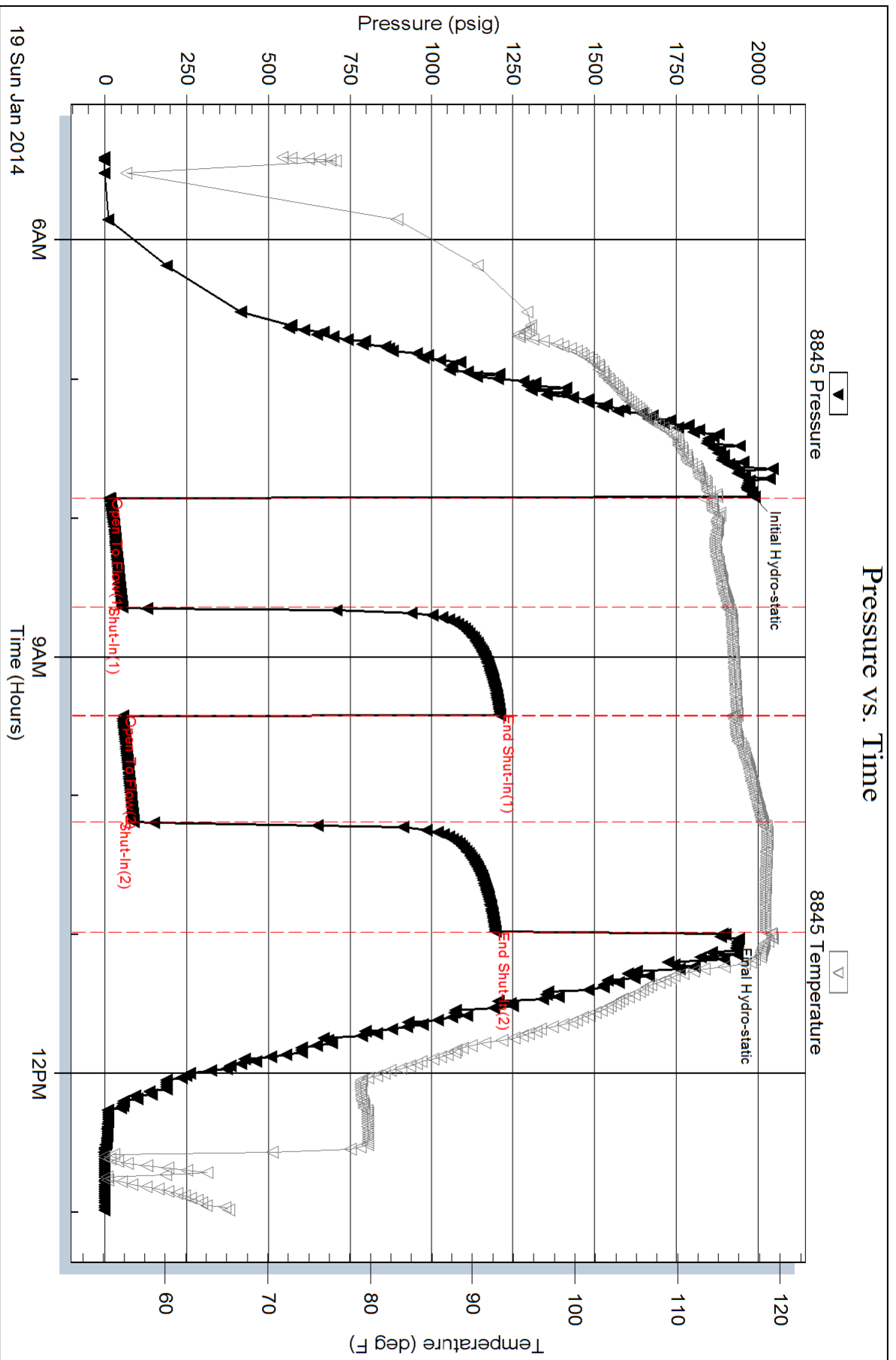
Recovery Information

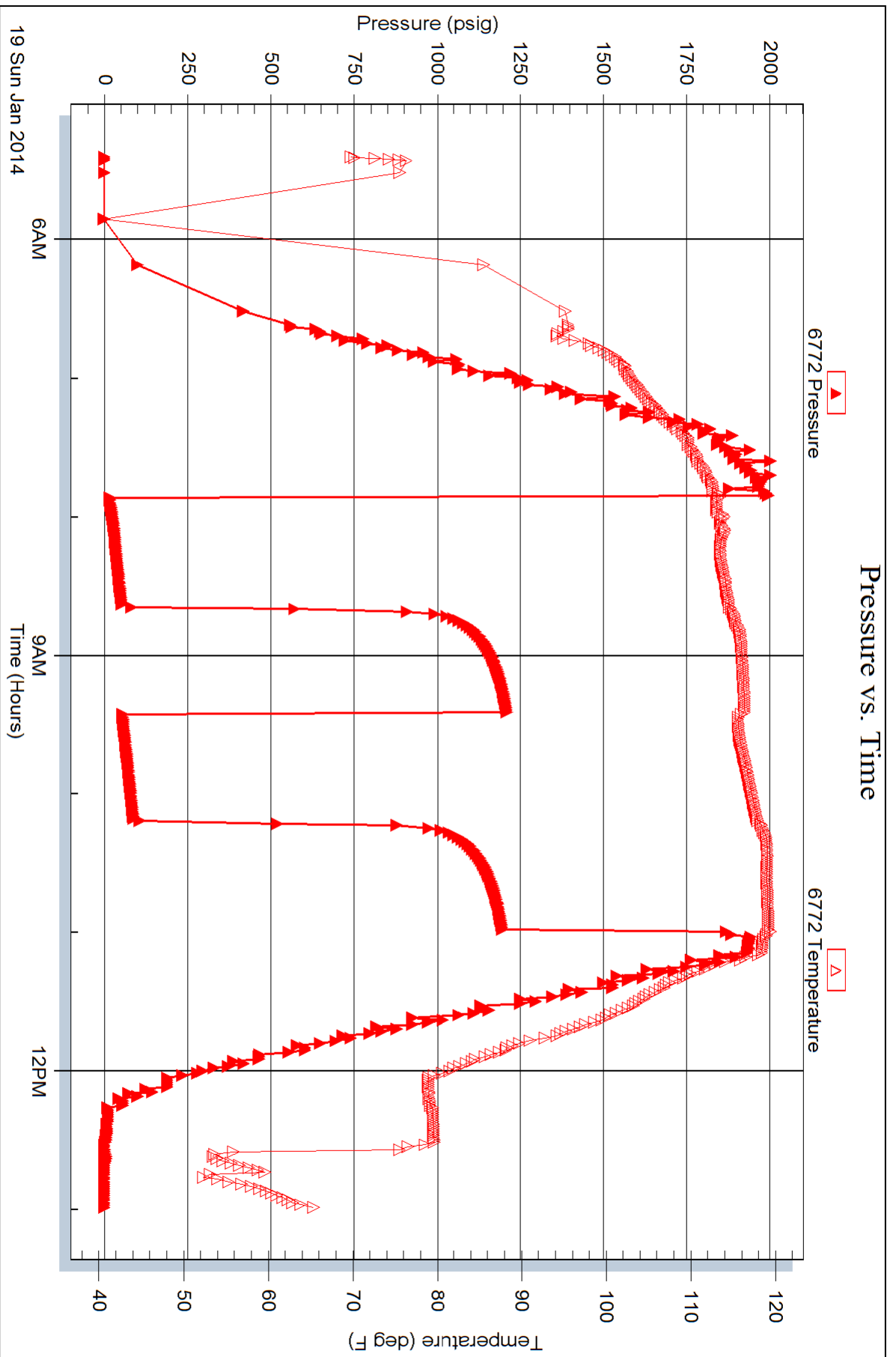
Recovery Table

Length ft	Description	Volume bbl
90.00	MCW 20m 80w	0.443
30.00	WCM 40w 60m (Oil Spots)	0.148

Total Length: 120.00 ft Total Volume: 0.591 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: Water Salinity: .171 @ 63 degrees= 46,000 ppm

Pressure vs. Time







TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Russel Oil, Inc.
 PO Box 8050
 Edmond, OK 73083
 ATTN: Kitt Noah

23-11s-32w Logan co.
Maurath " C " #23-1
 Job Ticket: 56710 **DST#: 2**
 Test Start: 2014.01.20 @ 01:49:00

GENERAL INFORMATION:

Formation: **LCK " E-F "**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 03:32:15
 Time Test Ended: 08:53:15
 Interval: **4124.00 ft (KB) To 4160.00 ft (KB) (TVD)**
 Total Depth: 4160.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Sam Esparza
 Unit No: 71
 Reference Elevations: 3034.00 ft (KB)
 3023.00 ft (CF)
 KB to GR/CF: 11.00 ft

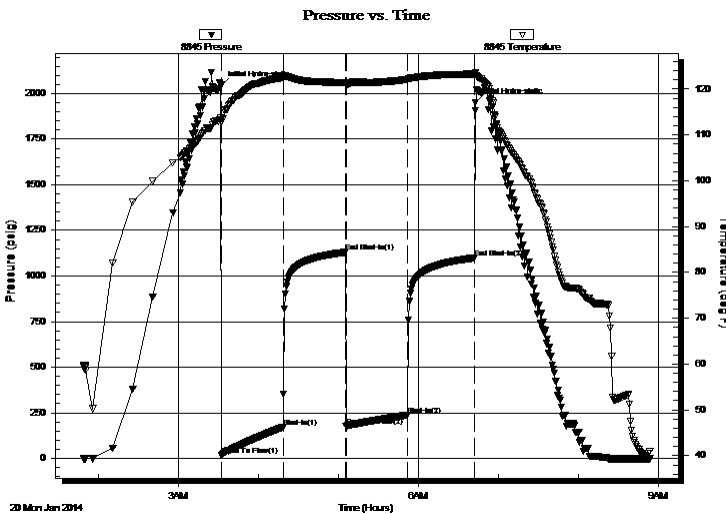
Serial #: 8845

Outside

Press @ Run Depth: 237.32 psig @ 4125.00 ft (KB)
 Start Date: 2014.01.20 End Date: 2014.01.20
 Start Time: 01:49:05 End Time: 08:53:14
 Capacity: 8000.00 psig
 Last Calib.: 2014.01.20
 Time On Btm: 2014.01.20 @ 03:32:00
 Time Off Btm: 2014.01.20 @ 06:42:30

TEST COMMENT: IF: 10" Blow.
 IS: No Return.
 FF: 10 1/4" Blow.
 FS: No Return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2045.90	113.68	Initial Hydro-static
1	16.73	112.92	Open To Flow (1)
47	171.56	122.59	Shut-In(1)
94	1130.71	121.37	End Shut-In(1)
94	176.06	120.84	Open To Flow (2)
140	237.32	122.11	Shut-In(2)
190	1099.17	123.26	End Shut-In(2)
191	1951.51	123.65	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
360.00	MCW 10m 90w	1.77
120.00	WCM 40w 60m	1.63

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Russel Oil, Inc.
PO Box 8050
Edmond, OK 73083
ATTN: Kitt Noah

23-11s-32w Logan co.
Maurath " C " #23-1
Job Ticket: 56710 **DST#: 2**
Test Start: 2014.01.20 @ 01:49:00

Mud and Cushion Information

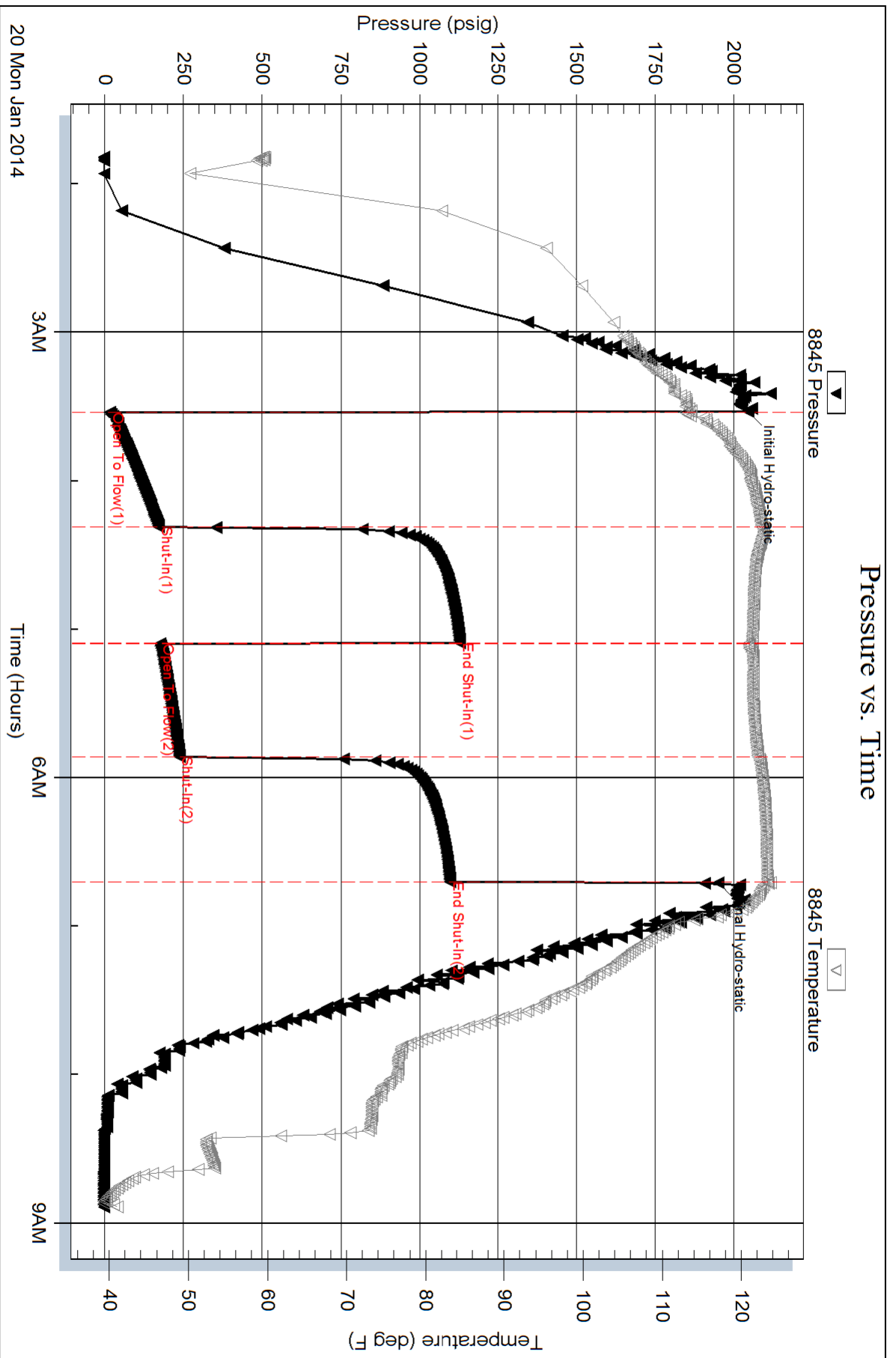
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	65000 ppm
Viscosity: 58.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.40 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 1800.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
360.00	MCW 10m 90w	1.770
120.00	WCM 40w 60m	1.629

Total Length: 480.00 ft Total Volume: 3.399 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: Water Salinity: .192 @ 42 degrees= 65,000 ppm





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Russel Oil, Inc.
PO Box 8050
Edmond, OK 73083
ATTN: Kitt Noah

23-11s-32w Logan,KS

Maurath " C " #23-1

Job Ticket: 56711

DST#: 3

Test Start: 2014.01.21 @ 06:53:00

GENERAL INFORMATION:

Formation: **LCK " K "**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:59:15

Time Test Ended: 13:31:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Sam Esparza

Unit No: 71

Interval: 4276.00 ft (KB) To 4326.00 ft (KB) (TVD)

Reference Elevations: 3034.00 ft (KB)

Total Depth: 4326.00 ft (KB) (TVD)

3023.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 11.00 ft

Serial #: 8845 Outside

Press@RunDepth: 20.80 psig @ 4277.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.01.21

End Date:

2014.01.21

Last Calib.:

2014.01.21

Start Time: 06:53:05

End Time:

13:30:59

Time On Btm:

2014.01.21 @ 08:59:00

Time Off Btm:

2014.01.21 @ 11:07:00

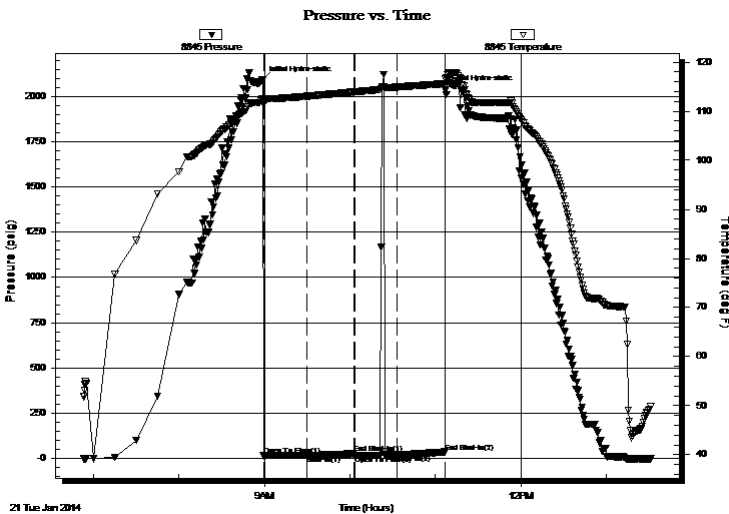
TEST COMMENT: IF: 1" Blow .

IS: No Return.

FF: No Blow . Flushed Tool @ 20 min. Weak Surface Blow died @ 28 min.

FS: No Return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2091.06	112.63	Initial Hydro-static
1	15.01	111.41	Open To Flow (1)
31	16.96	113.03	Shut-In(1)
64	26.77	113.93	End Shut-In(1)
65	16.77	113.94	Open To Flow (2)
95	20.80	114.93	Shut-In(2)
128	35.63	115.62	End Shut-In(2)
128	2038.66	116.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100m	0.02

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Russel Oil, Inc.

23-11s-32w Logan,KS

PO Box 8050
Edmond, OK 73083

Maurath " C " #23-1

Job Ticket: 56711

DST#: 3

ATTN: Kitt Noah

Test Start: 2014.01.21 @ 06:53:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbf

Water Loss: 6.40 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
5.00	Mud 100m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

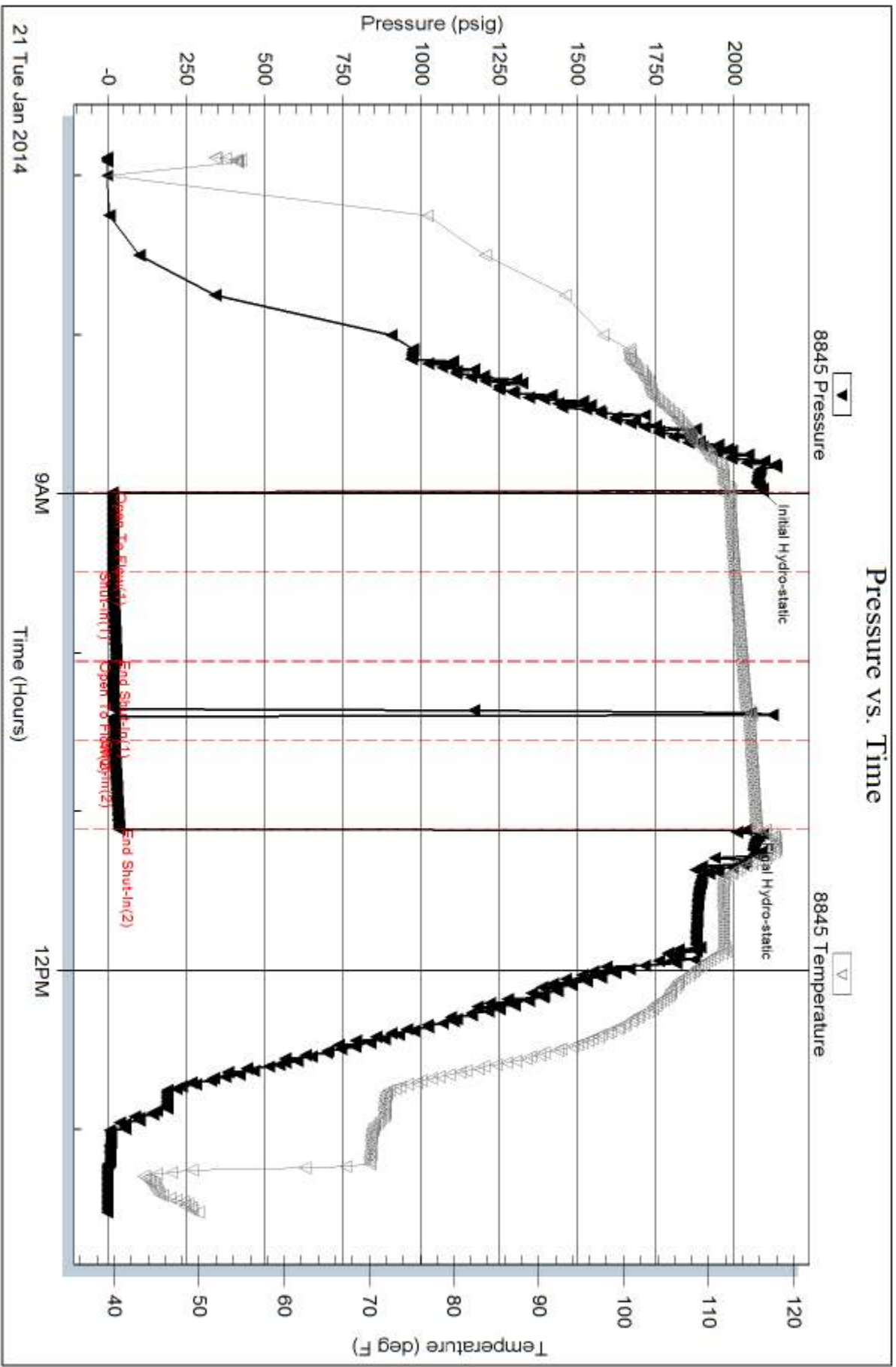
Recovery Comments:

Serial #: 8845

Outside Russel Oil, Inc.

Maurath "C" #23-1

DST Test Number: 3





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Russel Oil, Inc.
PO Box 8050
Edmond, OK 73083
ATTN: Kitt Noah

23-11s-32w Logan co.
Maurath " C " #23-1
Job Ticket: 56712 **DST#: 4**
Test Start: 2014.01.22 @ 18:08:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 52.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.40 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 2800.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

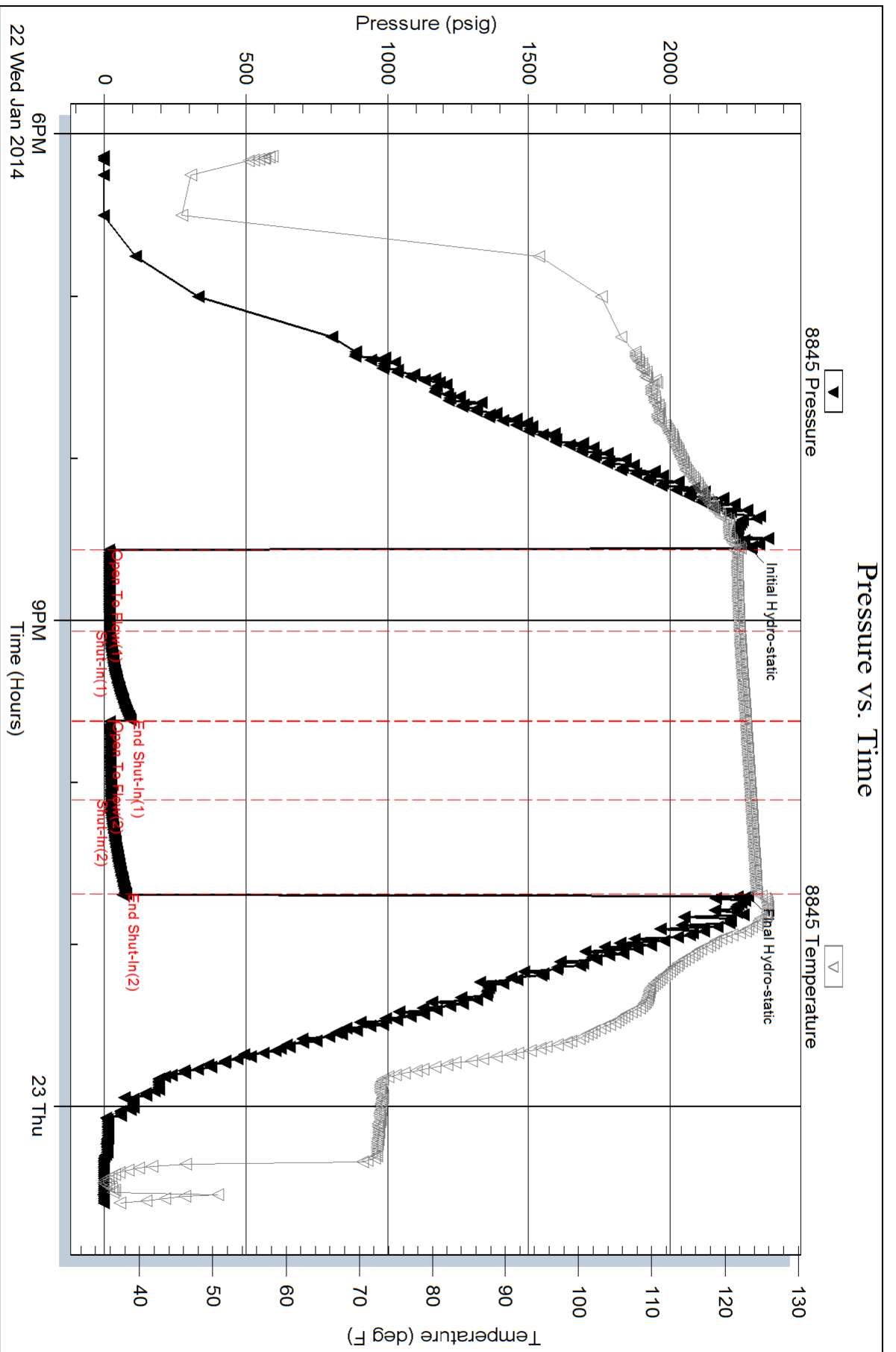
Length ft	Description	Volume bbl
5.00	Mud 100m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:



ALLIED OIL & GAS SERVICES, LLC 062481

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Oakley

DATE <u>1-23-14</u>	SEC <u>23</u>	TWP. <u>11</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>3:20 AM</u>	JOB FINISH <u>4:20 PM</u>
LEASE <u>Maurerth</u>	WELL <u>23-1</u>		LOCATION <u>Oakley-2n-1e-1/2s</u>		COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>NEW INTO</u>				

CONTRACTOR <u>H2 Rig 1</u>	OWNER <u>Same</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>7 7/8</u> T.D. <u>4200</u>	CEMENT
CASING SIZE _____ DEPTH _____	AMOUNT ORDERED <u>220 sks 60/40 40/30 GEL</u>
TUBING SIZE _____ DEPTH _____	<u>1/4 Flo-seal</u>
DRILL PIPE <u>4 1/2</u> DEPTH <u>2562'</u>	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>132 sks @ 12.90 2362.80</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX <u>88 sks @ 9.35 823.80</u>
CEMENT LEFT IN CSG. _____	GEL <u>8 sks @ 23.40 187.20</u>
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT _____	ASC _____ @ _____

EQUIPMENT			
PUMP TRUCK # <u>431</u>	CEMENTER <u>Andrew Forstner</u>		
	HELPER <u>Brandon Wilkinson</u>		
BULK TRUCK # <u>396-306</u>	DRIVER <u>Juan (TWS)</u>		
BULK TRUCK # _____	DRIVER _____		
		HANDLING <u>23.27 cu/ft @ 2.48 585.94</u>	
		MILEAGE <u>2.60 ton/mile 9.86 ton 128.18</u>	
		TOTAL <u>4250.27</u>	

REMARKS:

25 sks @ 2562'

100 sks @ 1624'

40 sks @ 354'

10 sks @ 40'

15 sks mouse hole

30 sks Rat Hole

Thank you

CHARGE TO: Russell oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB <u>2562'</u>	
PUMP TRUCK CHARGE	<u>2483.59</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>5 miles @ 2.20</u>	<u>38.50</u>
MANIFOLD _____ @ _____	
<u>Light vehicle @ 4.40</u>	<u>22.00</u>
	TOTAL <u>2544.09</u>

PLUG & FLOAT EQUIPMENT	
<u>878</u>	
<u>1 wooden plug @ 110.00</u>	<u>110.00</u>
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
	TOTAL <u>110.00</u>

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 _____

SIGNATURE Jose C. Forstner

SALES TAX (If Any) _____

TOTAL CHARGES 6,904.36

DISCOUNT 1,494.75 IF PAID IN 30 DAYS

5,409.60 Net.

