



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201024
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: _____

1201024

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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ALLIED OIL & GAS SERVICES, LLC 055185

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell, Kan

DATE <u>4.7.14</u>	SEC. <u>4</u>	TWP. <u>34</u>	RANGE <u>7</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Kuchon</u>	WELL # <u>4</u>	LOCATION <u>Papaw ls</u>	COUNTY <u>Barber</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one) <u>NEW</u>		<u>2 to 1/2 rd 3 1/2 W N 1410</u>					

CONTRACTOR Val R. #6

TYPE OF JOB Sw/ice

HOLE SIZE _____ T.D. _____

CASING SIZE 8 1/2 DEPTH 225.17

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 13.38 gpm

OWNER _____

CEMENT AMOUNT ORDERED 150 SK 15M

21 Gal + 3' c

COMMON	<u>150 SK</u>	@	<u>17.17</u>	<u>2575.50</u>
POZMIX		@		
GEL	<u>282 lb</u>	@	<u>.24</u>	<u>67.68</u>
CHLORIDE	<u>423 lb</u>	@	<u>.70</u>	<u>296.10</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>150 SK F#3</u>	@	<u>2.48</u>	<u>372.00</u>
MILEAGE	<u>22 TM</u>	@	<u>2.00</u>	<u>44.00</u>
TOTAL				<u>3458.28</u>

EQUIPMENT

PUMP TRUCK CEMENTER Andy Spencer

411 HELPER Tony S

BULK TRUCK

415 DRIVER Tom C

BULK TRUCK

_____ DRIVER _____

REMARKS:

See invoice for log

Cement to surface

CHARGE TO: Prod. Energy

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 225.17

PUMP TRUCK CHARGE 21512.25

EXTRA FOOTAGE @ _____

MILEAGE heavy @ 7.7 \$ 462.00

MANIFOLD light @ 4.4 \$ 132.00

Plug Return Charge @ _____ \$ 5275.00

TOTAL \$ _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		<u>0.00</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 Randy D. Martin

SIGNATURE Randy D. Martin

SALES TAX (If Any) _____

TOTAL CHARGES \$ _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 061343

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Orkley KS
Bottom 2:00am 3:00am

DATE <u>4-18-14</u>	SEC <u>34</u>	TWP. <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION <u>8:00pm</u>	JOB START	JOB FINISH
LEASE <u>Kuehnl</u>	WELL # <u>4</u>	LOCATION <u>Ellis 22 N to Rd Y</u>			COUNTY <u>Graham</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>Y W N into</u>				

CONTRACTOR <u>Vallo</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production (2 stages)</u>	
HOLE SIZE <u>7 1/8</u>	T.D. <u>3953'</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>3958.56'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL DV <u>Tool</u>	DEPTH <u>1793'</u>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>42.46'</u>
CEMENT LEFT IN CSG. <u>42.46'</u>	
PERFS.	
DISPLACEMENT <u>Bot. 5000 water 4370 hbl and Top 42.67 water</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Paul Bauer</u>	
# <u>120</u> HELPER <u>Tyler Flipse</u>	
BULK TRUCK	
# <u>600</u> DRIVER <u>Tuan Z (TWS)</u>	
BULK TRUCK	
# <u>566</u> DRIVER <u>Adam Flipse</u>	

CEMENT			
AMOUNT ORDERED	<u>120 sks ASC 10% salt</u>		
	<u>5" Gelcrete 2% gel</u>	<u>560 sks Lile</u>	
	<u>1/4" Flo-seal</u>	<u>500 gal WFR-JF</u>	
COMMON		@	
POZMIX		@	
GEL	<u>38 sks</u>	@ <u>23.40</u>	<u>889.20</u>
CHLORIDE		@	
ASC	<u>120 sks</u>	@ <u>20.90</u>	<u>2508.00</u>
Lile	<u>530 sks</u>	@ <u>15.85</u>	<u>8453.50</u>
gelcrete	<u>600 #</u>	@ <u>.78</u>	<u>588.00</u>
Salt	<u>12 sks</u>	@ <u>26.35</u>	<u>316.20</u>
WFR-JF	<u>126 gal</u>	@ <u>58.90</u>	<u>704.40</u>
Flo-seal	<u>132 #</u>	@ <u>2.97</u>	<u>392.04</u>
		@	
		@	
		@	
HANDLING	<u>787.10 ft</u>	@ <u>2.48</u>	<u>1952.00</u>
MILEAGE	<u>32.78 hours 80 mi x 2.60</u>		<u>6818.84</u>
TOTAL			<u>22,621.58</u>

REMARKS:
Bottom stage:
Run pipe/Float equip Break circ, Drop ball
Bottom through hole @ 800ft, circ. mix 12 hbl
WFR-JF mix 170 sks asc, water, mix to pit
Release plug, Displace w/ water + mud, plug
did load @ 1000ft w/ 500 # Lile, Drop Dart
Dart 900 # circ, top stage mix 30 sks asc
mix 15 sks 19 mt. mix 485 sks Lile, wash
up job. Displace w/ water, plug did load @ 1500ft
w/ 700 # Lile pressure cement did circ
(50 hbl to pit)

CHARGE TO: Spiral Energy
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE			
DEPTH OF JOB	<u>3958'</u>		<u>1793'</u>
PUMP TRUCK CHARGE	<u>Bot. 255075 Top 2213.25</u>		
EXTRA FOOTAGE		@	
MILEAGE	<u>mitv 80</u>	@ <u>7.70</u>	<u>616.00</u>
MANIFOLD	<u>Head</u>	@	<u>275.00</u>
	<u>mitv 80</u>	@ <u>4.40</u>	<u>352.00</u>
		@	
TOTAL			<u>6015.50</u>

PLUG & FLOAT EQUIPMENT			
Weatherford (5 1/2)			
DFUF/float shoe	@		<u>545.00</u>
Holddown Flex plug Assy	@		<u>325.00</u>
Centralizers	<u>12</u>	@ <u>57.00</u>	<u>684.00</u>
Basket	<u>1</u>	@	<u>325.00</u>
Lock rings	<u>2</u>	@ <u>59.00</u>	<u>118.00</u>
PV TOOL	<u>1</u>		<u>335.00</u>
TOTAL			<u>7402.00</u>

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SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME D N R...
SIGNATURE _____

Thank You!