



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201681
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: _____

1201681

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Culbreath Oil & Gas, LLC

9-8s-25w Sheridan, KS

1532 S Peoria Ave.
Tulsa, OK 74120

Toll #1-9

ATTN: Steve Murphy

Job Ticket: 57514

DST#: 1

Test Start: 2014.04.04 @ 12:38:00

GENERAL INFORMATION:

Formation: **LKC "G"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:06:45

Time Test Ended: 06:58:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Phillip Gage

Unit No: 73

Interval: 3790.00 ft (KB) To 3820.00 ft (KB) (TVD)

Reference Elevations: 2416.00 ft (KB)

Total Depth: 3820.00 ft (KB) (TVD)

2406.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 8940 Outside

Press @ Run Depth: 240.24 psig @ 3817.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.04.04

End Date:

2014.04.05

Last Calib.:

2014.04.05

Start Time: 12:38:05

End Time:

06:58:14

Time On Btm:

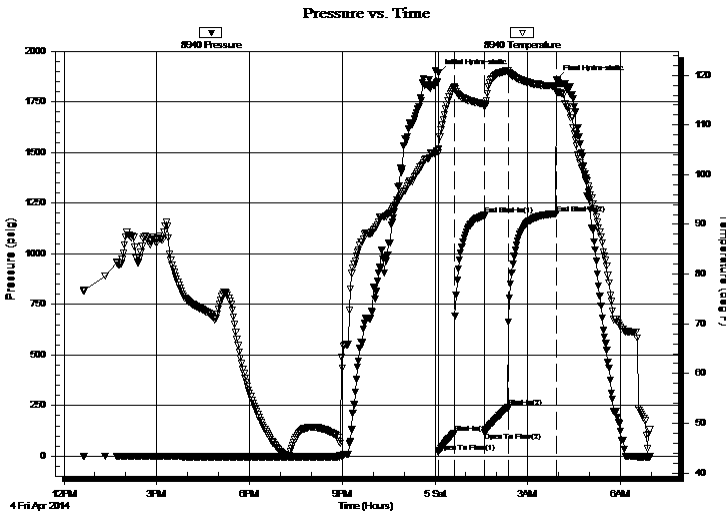
2014.04.05 @ 00:06:30

Time Off Btm:

2014.04.05 @ 03:56:30

TEST COMMENT: 30-IF-BOB in 13 mins
60-ISI-No Return
45-FF-BOB in 14 mins
90-FSI-No Return

PRESSURE SUMMARY



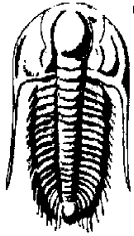
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1891.56	105.26	Initial Hydro-static
1	19.16	104.42	Open To Flow (1)
31	114.56	117.70	Shut-In(1)
90	1190.17	114.21	End Shut-In(1)
91	117.31	113.62	Open To Flow (2)
135	240.24	120.89	Shut-In(2)
229	1196.29	117.73	End Shut-In(2)
230	1859.31	116.75	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
378.00	MW, 10% m, 90% w	5.30
63.00	MW, 40% m, 60% w	0.88
20.00	WM, 30% w, 70% m	0.28

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Culbreath Oil & Gas, LLC

9-8s-25w Sheridan, KS

1532 S Peoria Ave.
Tulsa, OK 74120

Toll #1-9

Job Ticket: 57514

DST#: 1

ATTN: Steve Murphy

Test Start: 2014.04.04 @ 12:38:00

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: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.40 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1200.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
378.00	MW, 10%m, 90%w	5.302
63.00	MW, 40%m, 60%w	0.884
20.00	WM, 30%w, 70%m	0.281

Total Length: 461.00 ft

Total Volume: 6.467 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

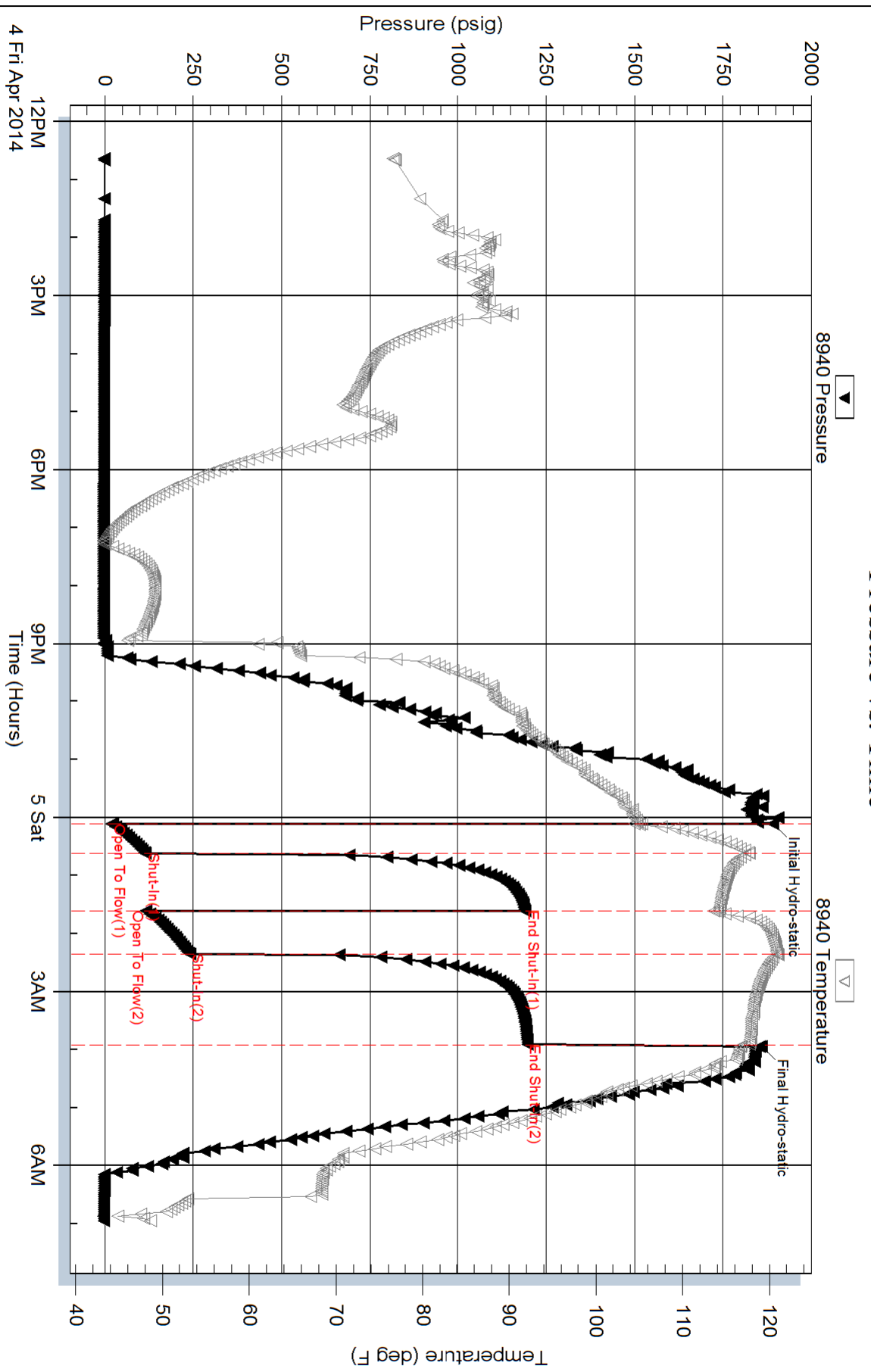
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



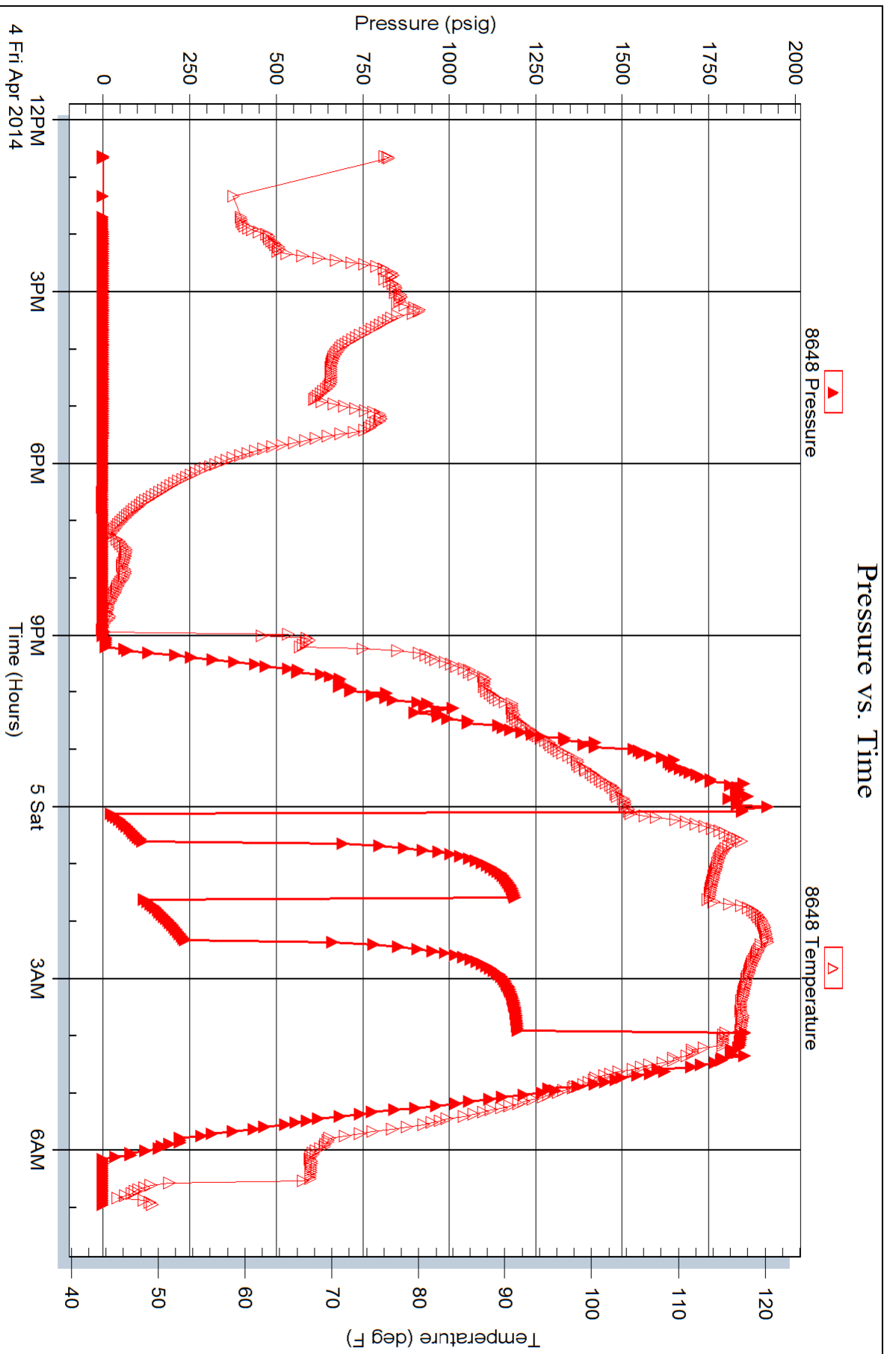
Serial #: 8648

Inside

Culbreath Oil & Gas, LLC

Toll #1-9

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

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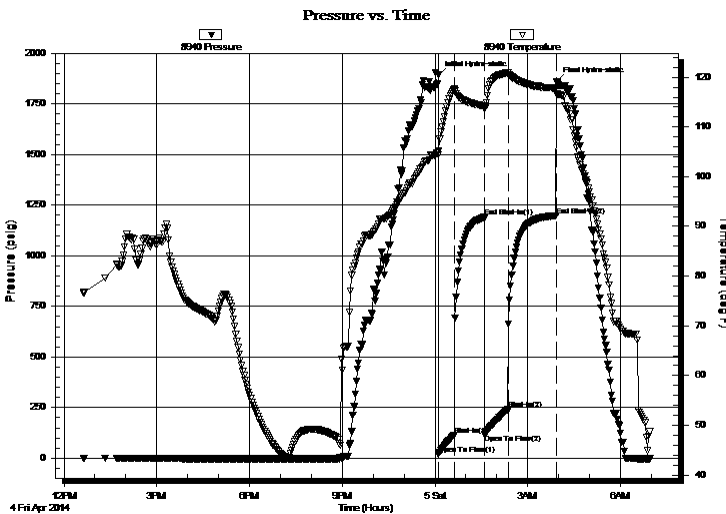
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20.00	WM, 30%w, 70%w	0.28
0.00	Rw .37 @ 49 = 29000	0.00

Gas Rates

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



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Cushion Volume:

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Water Loss: 6.40 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

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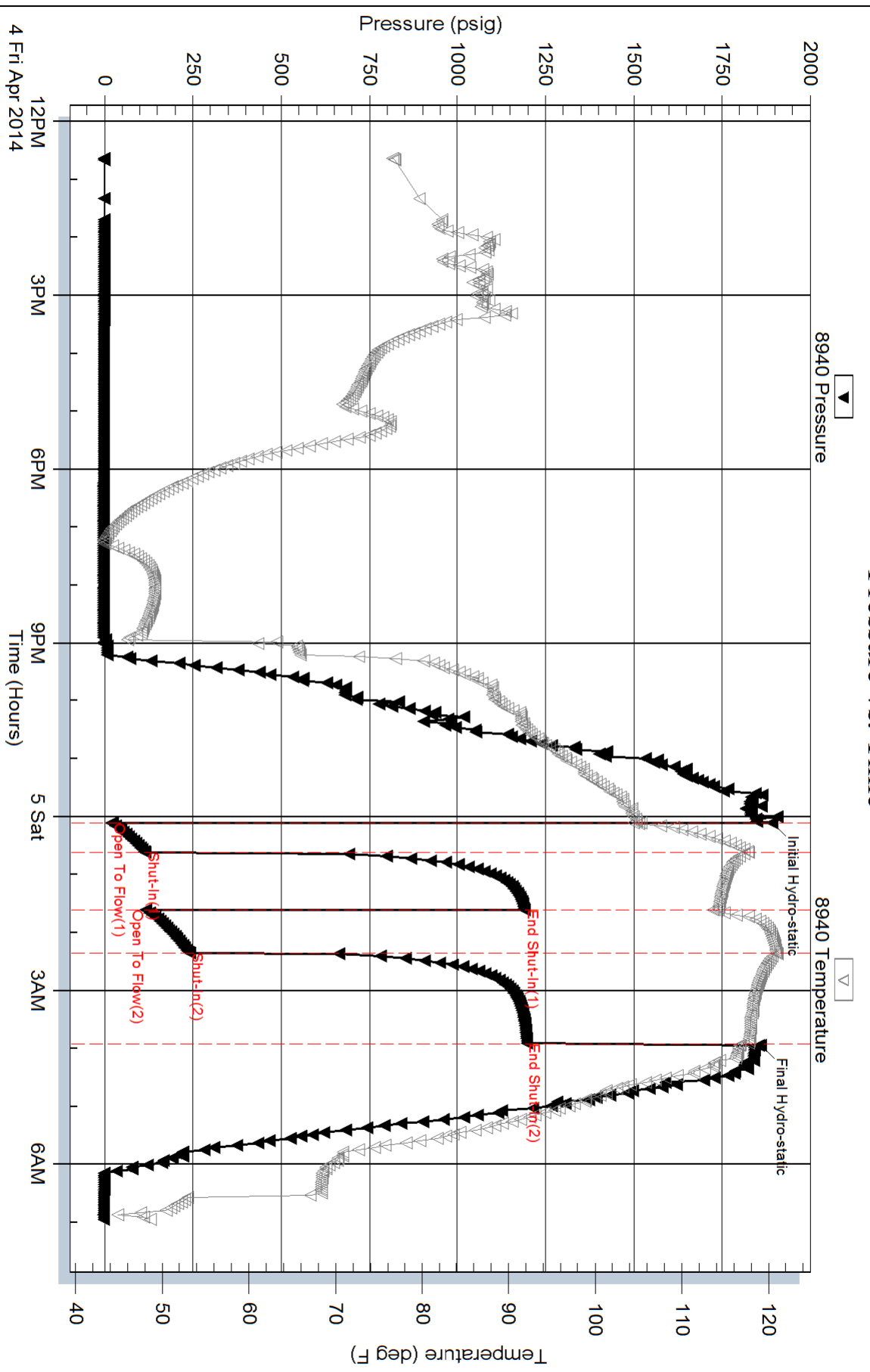
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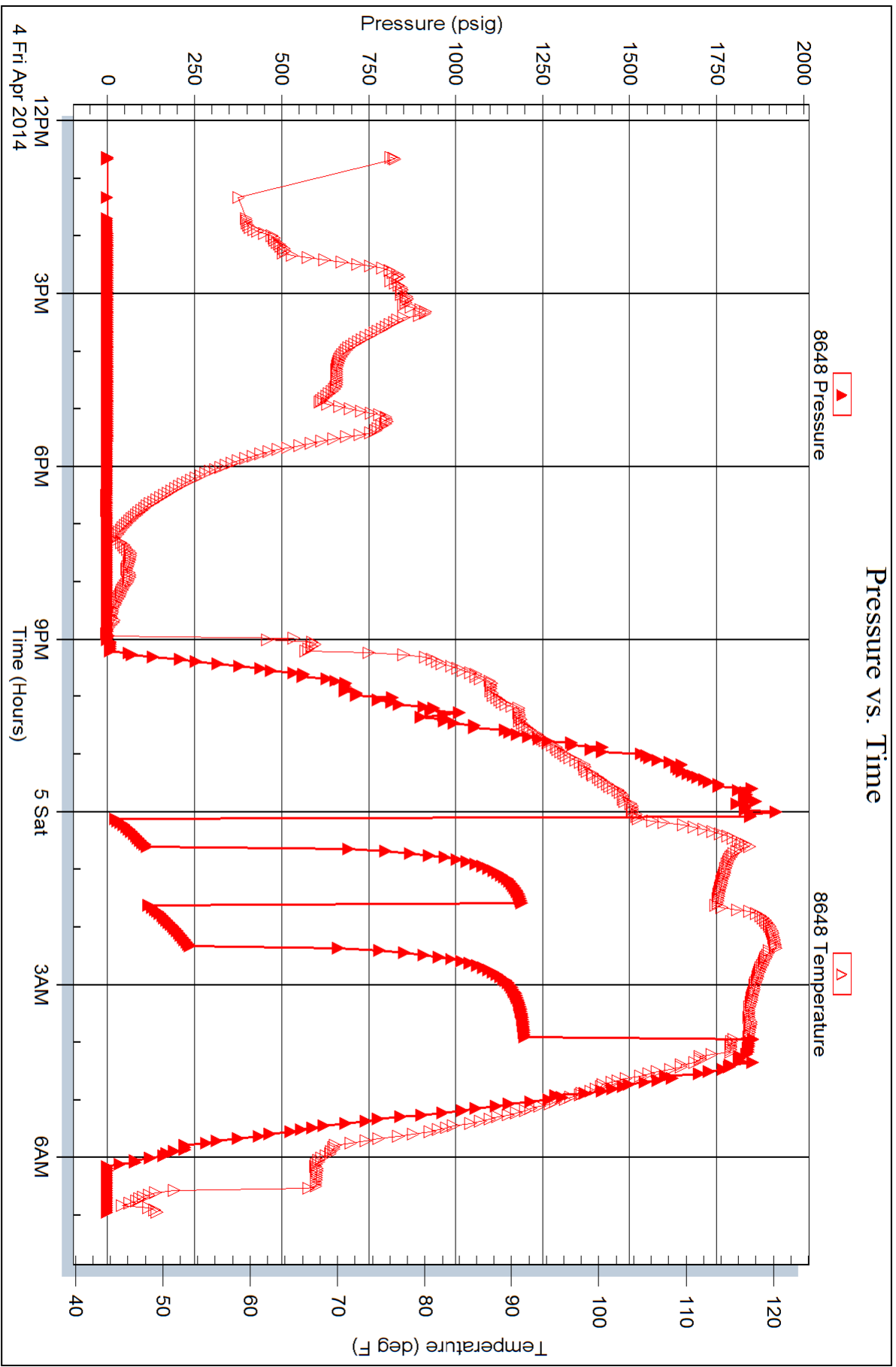
Serial #: 8648

Inside

Culbreath Oil & Gas, LLC

Toll #1-9

DST Test Number: 1



GLOBAL CEMENTING, L.L.C.

1290

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS

DATE <u>4-6-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>5:30pm</u>	JOB FINISH <u>6:30pm</u>
LEASE <u>Toll</u>	WELL #. <u>1-9</u>		LOCATION			COUNTY	STATE
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR Well # 7

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 220sr 60140 114# FCO 110%ogel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Heath

P1 HELPER Cody

BULK TRUCK

B4 DRIVER Fric

BULK TRUCK

_____ DRIVER _____

REMARKS:

1st Plug @ 2140 = 255r

2nd Plug @ 1265 = 100sr

3rd Plug @ 315 = 40sr

4th Plug @ 40' = 10sr = come out of hole and plug RH with 30sr and MH = 15sr

CHARGE TO: Culbreath

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
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 James Shultz

SIGNATURE [Signature]

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 28x2 @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

8 5/8 Plug @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

GLOBAL CEMENTING, L.L.C.

1282

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS

DATE <u>3-30-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>8:45am</u>	JOB FINISH <u>4:15pm</u>
LEASE <u>Toll</u>	WELL #. <u>1-9</u>	LOCATION				COUNTY <u>Graham</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR Ug1 #7

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 264

CASING SIZE DEPTH 263

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 200#

PERFS

DISPLACEMENT 16.5661

EQUIPMENT

PUMP TRUCK CEMENTER Heath

01 HELPER Calby

BULK TRUCK DRIVER Eric

03

BULK TRUCK DRIVER

OWNER

CEMENT AMOUNT ORDERED 200 sy com 3% cc

2% gel

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

REMARKS:

Run to top of 8 5/8 casing and landing

EST circulation

Mixed 200 sy cement and disp 16.5661

H2O - Shurt-A @ 200 ps

Cement did circulate

CHARGE TO: Calbreath

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE 28x2 @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

Global Cementing, L.L.C.,
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 James Shu H2

SIGNATURE [Signature]

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS