



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201722
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: _____

1201722

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Culbreath Oil & Gas Company

1-10s-26w-Graham Co

1532 S Peoria AVE
Tulsa OK 74120

Mader #3-1

Job Ticket: 57567

DST#: 1

ATTN: Steve Murphy

Test Start: 2014.04.15 @ 08:17:36

GENERAL INFORMATION:

Formation: **LKC B,D,E,F**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 10:39:06

Time Test Ended: 16:06:36

Test Type: Conventional Bottom Hole (Initial)

Tester: Tate Lang

Unit No: 49

Interval: 3860.00 ft (KB) To 3916.00 ft (KB) (TVD)

Reference Elevations: 2581.00 ft (KB)

Total Depth: 3916.00 ft (KB) (TVD)

ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: ft

Serial #: 8898 Outside

Press@RunDepth: 105.55 psig @ 3881.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.04.15

End Date:

2014.04.15

Last Calib.: 2014.04.15

Start Time: 08:17:37

End Time:

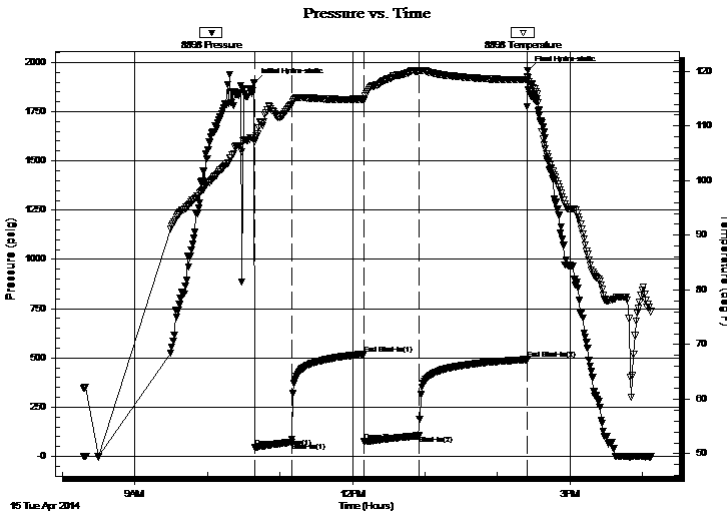
16:06:36

Time On Btm: 2014.04.15 @ 10:38:46

Time Off Btm: 2014.04.15 @ 14:24:56

TEST COMMENT: Fair blow built to 6 in
Dead no blow back
Fair blow built to 5 1/2 in
Dead no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1898.53	107.86	Initial Hydro-static
1	46.60	107.12	Open To Flow (1)
31	72.71	113.89	Shut-In(1)
91	520.23	114.91	End Shut-In(1)
91	76.42	114.72	Open To Flow (2)
137	105.55	120.09	Shut-In(2)
226	491.88	118.44	End Shut-In(2)
227	1959.32	118.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	20%M 80%W	1.41
60.00	100%M	0.84
10.00	2%O 98%M Free oil on top	0.14

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Culbreath Oil & Gas Company

1-10s-26w-Graham Co

1532 S Peoria AVE
Tulsa OK 74120

Mader #3-1

Job Ticket: 57567

DST#: 1

ATTN: Steve Murphy

Test Start: 2014.04.15 @ 08:17:36

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: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	20%M 80%W	1.410
60.00	100%M	0.842
10.00	2%O 98%M Free oil on top	0.140

Total Length: 190.00 ft Total Volume: 2.392 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

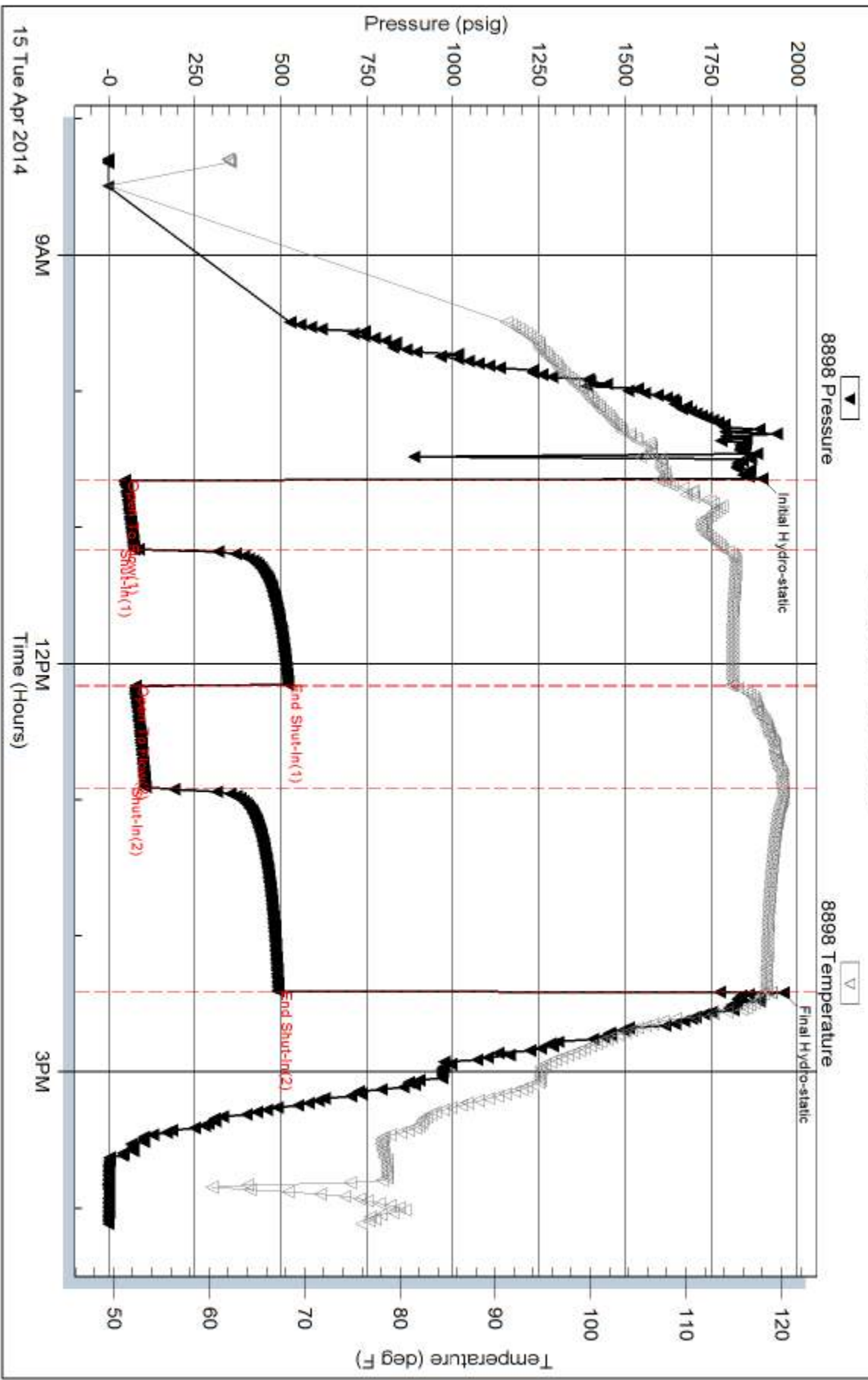
Serial #: 8898

Outside Culbreath Oil & Gas Company

Wader #3-1

DST Test Number: 1

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 57567

Printed: 2014.04.15 @ 16:33:09



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Culbreath Oil & Gas Company

1-10s-26w-Graham Co

1532 S Peoria AVE
Tulsa OK 74120

Mader #3-1

Job Ticket: 57568

DST#: 2

ATTN: Steve Murphy

Test Start: 2014.04.16 @ 04:32:06

GENERAL INFORMATION:

Formation: **LKC J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 06:25:56

Time Test Ended: 11:54:06

Test Type: Conventional Bottom Hole (Reset)

Tester: Tate Lang

Unit No: 49

Interval: 3998.00 ft (KB) To 4024.00 ft (KB) (TVD)

Reference Elevations: 2581.00 ft (KB)

Total Depth: 4024.00 ft (KB) (TVD)

2574.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition:

KB to GR/CF: 7.00 ft

Serial #: 8898 Outside

Press@RunDepth: 18.76 psig @ 3999.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.04.16

End Date:

2014.04.16

Last Calib.:

2014.04.16

Start Time: 04:32:07

End Time:

11:54:06

Time On Btm:

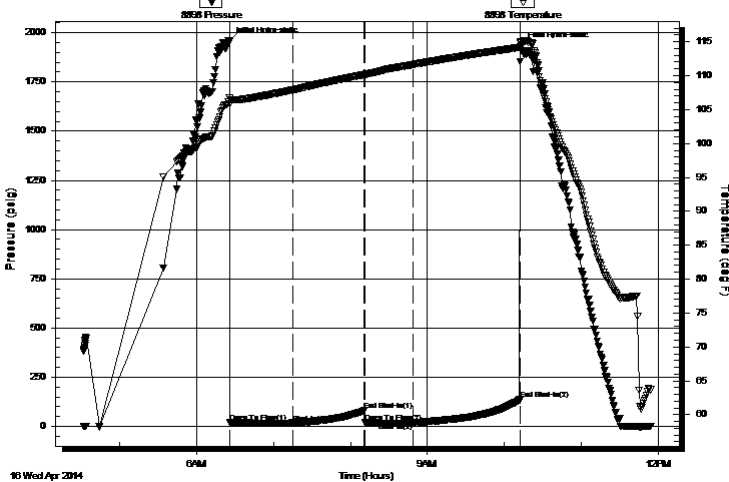
2014.04.16 @ 06:25:36

Time Off Btm:

2014.04.16 @ 10:12:45

TEST COMMENT: Weak surface blow built to 1 in
Dead no blow back
Dead no blow
Dead no blow back

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1957.59	106.67	Initial Hydro-static
1	19.20	105.80	Open To Flow (1)
50	17.99	107.90	Shut-In(1)
106	79.95	110.18	End Shut-In(1)
106	20.34	110.15	Open To Flow (2)
144	18.76	111.64	Shut-In(2)
227	135.55	114.17	End Shut-In(2)
228	1930.86	114.97	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	2%O 98%O	0.01

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Culbreath Oil & Gas Company

1-10s-26w-Graham Co

1532 S Peoria AVE
Tulsa OK 74120

Mader #3-1

Job Ticket: 57568

DST#: 2

ATTN: Steve Murphy

Test Start: 2014.04.16 @ 04:32:06

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: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	2%O 98%O	0.010

Total Length: 2.00 ft Total Volume: 0.010 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

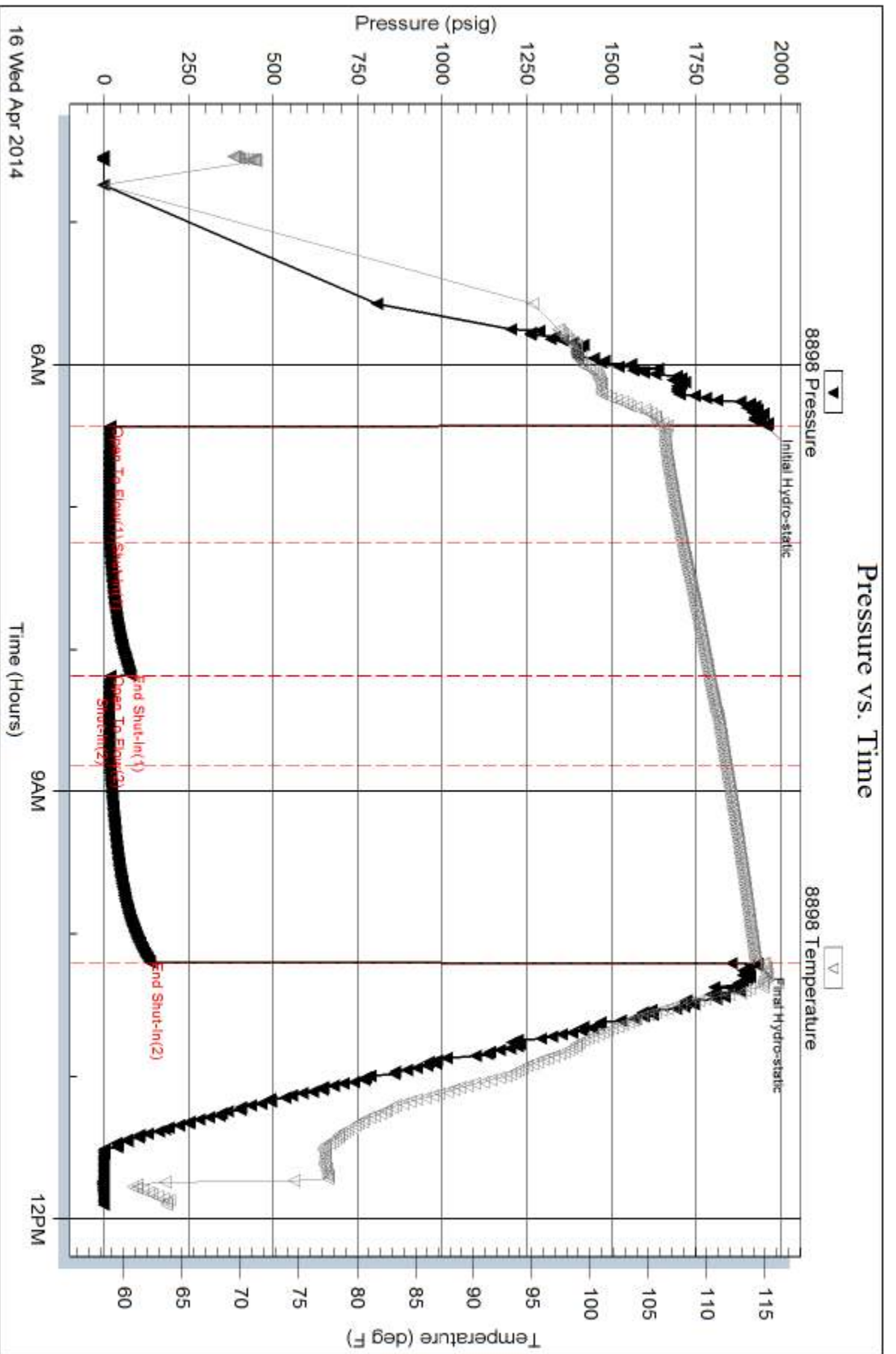
Recovery Comments:

Serial #: 8898

Outside Culbreath Oil & Gas Company

Wader #3-1

DST Test Number: 2



Triobite Testing, Inc

Ref. No: 57568

Printed: 2014.04.16 @ 13:21:16

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
4/17/2014	1299

Bill To
CULBREATH OIL & GAS CO INC 1532 S PEORIA AVE TULSA,OK 74120

P.O. No.	Terms	Project
MADER #3-1	Net 30	

Quantity	Description	Rate	Amount
123	COMMON	15.50	1,906.50
82	POZ	8.50	697.00
7	GEL	23.50	164.50
50	FLO-SEAL	2.00	100.00
212	HANDLING	2.10	445.20
	BULK MILEAGE	474.88	474.88
1	TRI-PLEX PUMP CHARGE FOR ROTARY PLUG	1,200.00	1,200.00
56	PUMP TRUCK MILEAGE	6.50	364.00
56	PICKUP	2.50	140.00
1	8 5/8 WOOD PLUG	57.50	57.50
DEDUCT 15% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE			

Thank you for your business.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Total \$5,549.58

GLOBAL CEMENTING, L.L.C.

1299

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS

DATE <u>4-17-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>9:45 AM</u>	JOB FINISH <u>12:15 PM</u>
LEASE <u>Mader</u>	WELL #. <u>3-1</u>		LOCATION			COUNTY <u>Sheridan</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR American Eagle
 TYPE OF JOB Rotary Plug
 HOLE SIZE 4 7/8 T.D. 4125
 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 205sr 60/40 4/6/6/1
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @
 TOTAL

EQUIPMENT
 PUMP TRUCK CEMENTER Heath
 # P1 HELPER Cooby
 BULK TRUCK DRIVER Eric
 BULK TRUCK DRIVER

REMARKS:

1st Plug @ 2235' = 25sr
2nd Plug @ 1300' = 100sr
3rd Plug @ 310' = 40sr
4th Plug @ 40' = 10sr and wiper plug
RH = 230sr

CHARGE TO: Calbreath
 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
 SIGNATURE Bradford Fisher

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @
 TOTAL

PLUG & FLOAT EQUIPMENT

5 5/8 Plug
 @
 @
 @
 @
 TOTAL

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



PO Box 93999
 Southlake, TX 76092

Voice: (817) 546-7282
 Fax: (817) 246-3361

INVOICE

Invoice Number: 142482
 Invoice Date: Apr 10, 2014
 Page: 1

Bill To:
Culbreath Oil & Gas Co., Inc. 1532 South Peoria Avenue Tulsa, OK 74120

Customer ID	Field Ticket #	Payment Terms	
Cul	55189	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Russell	Apr 10, 2014	5/10/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Mader #3-1		
165.00	CEMENT MATERIALS	Class A Common	17.90	2,953.50
312.00	CEMENT MATERIALS	Gel	0.24	74.88
468.00	CEMENT MATERIALS	Chloride	0.80	374.40
165.00	CEMENT SERVICE	Cubic Feet Charge	2.48	409.20
390.00	CEMENT SERVICE	Ton Mileage Charge	2.60	1,014.00
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
100.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	770.00
50.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	220.00
1.00	CEMENT SUPERVISOR	Tony Pfannenstiel		
1.00	OPERATOR ASSISTANT	Danny Sinner		
1.00	OPERATOR ASSISTANT	Joe Goodson		

Subtotal	7,328.23
Sales Tax	277.33
Total Invoice Amount	7,605.56
Payment/Credit Applied	
TOTAL	7,605.56

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1,832.06

ONLY IF PAID ON OR BEFORE
Apr 10, 2014

ALLIED OIL & GAS SERVICES, LLC 055189

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell, Ks

DATE 4.10.14 SEC 1 TWP 10 RANGE 26 CALLED OUT _____ ON LOCATION _____ JOB START 1130 JOB FINISH 1200
 LEASE Mader WELL # 31 LOCATION Walleeny, Ks COUNTY Shannon STATE Ks
 OLD OR NEW (Circle one) NEW 196 Rel bit on 12W 15 4 1/2 W 5 1/8 m West into

CONTRACTOR American Eagle OWNER _____
 TYPE OF JOB Surface
 CEMENT AMOUNT ORDERED 165sk com
 HOLE SIZE 12 1/4 T.D. _____
 CASING SIZE 8 5/8 DEPTH 264'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15'
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 15.86 m/m

EQUIPMENT
 PUMP TRUCK # 417 CEMENTER Arny Jennerst HELPER Danny S.
 BULK TRUCK # 481 DRIVER Joe C.
 HANDLING 165sk F4/3 @ 2.48 \$ 409.20
 MILEAGE 390 11m @ 2.62 \$ 1,014.00
 TOTAL \$ 4,825.98

REMARKS:
See Cementing Job log 1
Cement to Surface

CHARGE TO: Cofbreak Oil
 STREET _____
 CITY _____ STATE _____ ZIP 67665

SERVICE
 DEPTH OF JOB 264
 PUMP TRUCK CHARGE \$ 1,512.25
 EXTRA FOOTAGE @ _____
 MILEAGE 10m @ 7.7 \$ 770.00
 MANIFOLD high 5m @ 4.4 \$ 220.00
 TOTAL \$ 2,502.25

PLUG & FLOAT EQUIPMENT
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 0.00

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 William Cory
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES \$ 7,328.23
 DISCOUNT \$ 1,832.06 IF PAID IN 30 DAYS
 net 5,496.17