



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201895
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: _____

1201895

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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Services, Inc.

CHARGE TO: American Wellco
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET No. **15353**

PAGE 1 OF 2

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>MKS</u>	<u>1-33</u>	<u>MILNER</u>	<u>GRAHAM</u>	<u>LA</u>		<u>01-26-09</u>	
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
	<input type="checkbox"/> SALES		<u>DISCOVERY DRG #1</u>	<u>CR</u>	<u>25 S. Hwy 1000, New Orleans</u>		
	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<u>Dic</u>	<u>Deep</u>	<u>CONSTRUC</u>	<u>15-045-23528</u>	<u>333-79121</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE \$/M	40	M			7.00	280.00
578					Pump Service	1	EA			1400.00	1400.00
281					LUBRICATION	2	CH			26.00	52.00
281					MUDFLUSH	500	CH			1.00	500.00
290					DAIR	1	CH			35.00	35.00
402					CENTRIFUGER	8	EA			100.00	800.00
403					CENTRIFUGER	1	EA			300.00	300.00
404					PORT COLLAR	1	EA			2300.00	2300.00
406					Greathub Auger Bit	1	EA			260.00	260.00
407					TRUSSER FLEXSHOE HANDLE	1	EA			325.00	325.00

RECEIVED
 MAY 05 2009
 KANSAS CORPORATION NON COMMISSION

CONFIDENTIAL
 2009 05 05

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

DATE SIGNED: 01-26-09 TIME SIGNED: 0330 A.M. P.M.

SWIFT OPERATOR: Darby APPROVAL: _____

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6-1	6252
WE UNDERSTOOD AND MET YOUR NEEDS?				12-1	4087
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				SUB	10,339
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	62
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Graham TAX	426
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				5.55%	68
TOTAL					10,765
					90

Thank You!



Swanton, Iowa

PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 15853

CUSTOMER American Lumber

WELL 133 MERRID

DATE 01-26-05

PAGE 2 OF 3

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				DATE	UNIT PRICE	AMOUNT	
		LOC	ACCT	IDF			QTY	SUM	QTY	UM				DATE
385		2				STD E12	125	SY				13.00	2075.00	
376		2				Flange	4	LB				1.50	6.00	
283		2				SW7	825	LB				.20	175.00	
284		2				CHSKZ	8	SY				30.00	240.00	
285		2				C FL1	80	LB				4.50	360.00	
581		2				Service Charge	175	SY				1.90	332.50	
583		2				Damage	3699	Tm				1.25	638.72	
<p>CONFIDENTIAL APR 22 2009 KCC</p>														
<p>RECEIVED MAY 05 2009 KANSAS CORPORATION COMMISSION</p>														
SERVICE CHARGE							CUBIC FEET		TON MILES					
MINOR CHARGE							TOTAL WEIGHT		LOADED MILES					

CONTINUATION 4087.22

JOB LOG

SWIFT Services, Inc.

DATE 01-26-09 PAGE NO. 1

CUSTOMER **AWI** WELL NO. **133** LEASE **MILFRED** JOB TYPE **LONGSTRING** TICKET NO. **15353**

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0130							DNLOCATION
								CM 7.175 EA-2
								R/O 3945, SET P. PER. 3941, SJ 21.25, TRACT 3919
								5/4" H ² NEW, PLOT COLLAR ON TOP #53, 1754 FT
								CR 1, 3, 5, 7, 9, 11, 13, 52. BASIN ON 53
	0255							START CSD #FWATEQU
	0415							TAC BOTTOM DROP BALL
	0430							BDM CIRC
	0500		6.4					PLUS RA, MH 30, 15
	0505		0		✓		250	START MUDFLOW
			12		✓			WELL DOUBT
			32		✓			END
			0		✓			START CRT
			34		✓			END
								DROP PLUG, WASHOUT PL
	0500	6.2	0		✓		200	START DOP
			61.6		✓		300	CUT ON BOTTOM
			75.0		-		400	
			80.0		-		500	
			85.0		-		600	
			90.0		-		700	
	0540	4.0	95.6		✓		1400	LAND
								REVERSE DRY
	0645							JOB COMPLETE
								THANK YOU!
								DAVE JENKINS, P/B

CONFIDENTIAL

APR 22 2009

KCC

KANSAS CORPORATION COMMISSION

MAY 05 2009

RECEIVED



CHARGE TO: American Wildlife Inc
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

KANSAS CORPORATION COMMISSION
 MAY 05 2009
RECEIVED

TICKET No **15359**
 PAGE 1 OF 1

WELL PROJECT NO: 1-33 LEASE: MILFORD COUNTY/PARISH: GRAHAM STATE: KS CITY: _____
 SERVICE LOCATIONS: HAYS CONTRACTOR: _____ RIG NAME/NO.: _____
 TICKET TYPE: SERVICE SALES WELL TYPE: Oil DELIVERED TO: 25 S. Hwy. D. New Area ORDER NO.: 02-0409 OWNER: _____
 REFERRAL LOCATION: _____ WELL CATEGORY: Deep WELL PERMIT NO.: _____
 INVOICE INSTRUCTIONS: Job Purpose: Cement Port Cement WELL LOCATION: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	LOG	ACCT	DF	DESCRIPTION	QTY		UNIT PRICE		AMOUNT	
						UM	UM	UM	UM		
575		1			MILEAGE	40	mi	5.00		200.00	
576		1			Rigs Service	1	hr	1200.00		1200.00	
288		1			20-40 SAND	1	hr	25.00		25.00	
290		1			DRILL	1	hr	35.00		35.00	
330		2			SND CNT	150	hr	15.00		2250.00	
276		2			FOOSE	44	hr	1.50		66.00	
581		1			SERVICE CHG CNT	1	hr	1.25		1.25	
583		2			DRIVER	349.48	hr	1.50		524.22	
PAGE TOTAL										466.00	47
TOTAL										4738.34	34

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

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

DATE SIGNED: 02-01-09 TIME SIGNED: 0800 AM PM

DATE SIGNED: _____ TIME SIGNED: _____ AM PM

SWIFT OPERATOR: Dusty APPROVAL: _____

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

Graham TAX 5.55% 131 87

Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

JOB LOG

SWIFT Services, Inc.

DATE 020409 PAGE NO. 1

CUSTOMER AW1 WELL NO. 1-33 LEASE MILFRED JOB TYPE PORT COLLAR TICKET NO. 15359

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0900							ONLOCATION CMT 175 SMD 1/4" PROCE, 1 SAND 2 3/8" X 5/8" RBP 2950, PORT COLLAR @ 1754
	0925	3.0	75.0	✓		200		LOAD HOSE ^{RETURN} 1965
	1010		7.0	✓				SPOT SAND 1st TB @ 1965
	1030			✓	✓	1000	1000	RSI TEST HOLD! P.C. @ 1754 OPEN P.C.
	1035	3.0	4.0	✓		300		TAKE P.C. - BLOW ON 85/8
	1037	3.0	0	✓		300		START CMT @ 112" #
		4.0	3.0	✓		600		" TO CIRC MUD!
		4.0	75.0	✓		700		START TO CIRC CMT, MIX 20SIS @ 14"
		4.0	80.0	✓		700		END CMT
	1100	3.0	0	✓		500		START DISP
		3.0	6.0	✓		500		END
	1105							CLOSE P.C. CONFIDENTIAL
	1110			✓	✓	1000	1000	RSI TEST HOLDS APR 22 2009 150 SIS
								RUN IN 500 SIS KCC 20 TO PIT
	1115	2.5	0	✓		250		REQUIT CMT
			6.0	✓				1st FAS
			11.0	✓				2nd FAS
	1125		20.0	✓				MUCLEAM
								RUN TO RBP TO REQUIT SAND
								SAND @ 2942
	1200	2.0	0	✓		200		CIRC SAND OFF RBP
			5.0	✓				ON TOP OF RBP
			20.0	✓				CIRC SAND
	1220		45.0	✓				MUCLEAM
								KANSAS CORPORATION COMMISSION
								MAY 05 2009
								RECEIVED
	1300							JOB COMPLETE
								THANK YOU!
								DAVE JOSEPH ROE

ALLIED CEMENTING CO., LLC. 035007A

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

SERVICE POINT:
Russell KS

DATE <u>1-19-09</u>	SEC. <u>33</u>	TWP. <u>9</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>4:45pm</u>	JOB FINISH <u>5:15pm</u>
Mifred LEASE		WELL # <u>1-33</u>		LOCATION <u>Red line church of God 1 South</u>		COUNTY <u>Graham</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1 1/4 West North into</u>				

CONTRACTOR Discovery Rig #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 212'

CASING SIZE 8 1/2 23# DEPTH 212'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 12.54 Bbl.

OWNER _____

CEMENT AMOUNT ORDERED 150 com 3 1/2 cc 2 1/2 Gel

COMMON 150 @ 13.50 2025.00

POZMIX _____ @ _____

GEL 3 @ 20.25 60.75

CHLORIDE 5 @ 51.50 257.50

ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts

409 HELPER Travis

BULK TRUCK DRIVER CH

410 DRIVER _____

BULK TRUCK DRIVER _____

CONFIDENTIAL

APR 22 2009

KCC

@ KANSAS CORPORATION COMMISSION

@ MAY 05 2009

@ **RECEIVED**

HANDLING 150 @ 2.25 337.50

MILEAGE 110/sk/mile 825.00

TOTAL 3505.75

REMARKS:

Est. Circulation.

Mix 150sk cement

Displace w/ 12.54 Bbl H₂O

Cement Did Circulate!

Thanks!

CHARGE TO: American Warrior

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 991.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 55 @ 2.00 385.00

MANIFOLD _____ @ _____

TOTAL 1376.00

To Allied Cementing Co., 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.

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

8 5/8 Wooden Plug @ 66.00

_____ @ _____

TOTAL 66.00

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS