



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1203199
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: _____

1203199

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Warrior, Inc.
Well Name	Riedel Unit 1-31
Doc ID	1203199

Tops

Name	Top	Datum
Anhy	1498'	+716
B/Anhy	1543'	+671
Topeka	3212'	-998
Heebner	3454'	-1240
Toronto	3476'	-1262
L/KC	3495'	-1281
B/KC	3739'	-1525
Arbuckle	3832'	-1618

ALLIED OIL & GAS SERVICES, LLC 062698

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Great Bend, KS

DATE <u>2-29-14</u>	SEC. <u>31</u>	TWP. <u>135</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 AM</u>	JOB FINISH <u>5:00 PM</u>
LEASE <u>Model</u>	WELL # <u>1-31</u>	LOCATION <u>Hays 40 Hwy SW 35 NE</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>None</u>			

CONTRACTOR <u>Dickinson #3</u>		OWNER
TYPE OF JOB <u>Surface</u>		
HOLE SIZE <u>17 1/4</u>	T.D.	
CASING SIZE <u>5 7/8</u>	DEPTH <u>212</u>	
TUBING SIZE	DEPTH	
DRILL PIPE <u>4 1/2</u>	DEPTH	
TOOL	DEPTH	
PRES. MAX	MINIMUM	
MEAS. LINE	SHOE JOINT	
CEMENT LEFT IN CSG. <u>15 69</u>		
PERFS.		
DISPLACEMENT <u>12.5 6 5/8 Freshwater</u>		
EQUIPMENT		
PUMP TRUCK # <u>3925</u>	CEMENTER <u>Nathan Chambers</u>	
	HELPER <u>Ben Newell</u>	
BULK TRUCK # <u>57112</u>	DRIVER <u>Josh Ellis</u>	
BULK TRUCK #	DRIVER	

CEMENT AMOUNT ORDERED <u>150 yds class A</u>		
<u>3 yds 2 1/2 gal</u>		
COMMON <u>150</u>	@ <u>17.90</u>	<u>2,685.00</u>
POZMIX	@	
GEL <u>3</u>	@ <u>23.90</u>	<u>70.20</u>
CHLORIDE <u>423</u>	@ <u>8.80</u>	<u>3,727.40</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>162.50</u>	@ <u>2.48</u>	<u>403.00</u>
MILEAGE <u>7.41 x 124</u>	@ <u>2.60</u>	<u>231.19</u>
TOTAL		<u>3,727.79</u>

REMARKS:
Break circulation with bit mud
pump 5 7/8 Freshwater A lead
plug 150 yds cement
displace 12.5 6 5/8 Freshwater
to start to
cement lead circulation
plug down 5:00 pm
Big Bend

CHARGE TO: American Express
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE	<u>1512.20</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>Hum 12</u>	@ <u>7.70</u>	<u>92.40</u>
MANIFOLD	@	
<u>Hum 12</u>	@ <u>4.40</u>	<u>52.80</u>
	@	
TOTAL		<u>1,657.40</u>

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cement 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 X GALEN GASCHLER
SIGNATURE Galen Gaschler

Thank You!!

SALES TAX (If Any) _____
TOTAL CHARGES 5,385.34
DISCOUNT 1,077.95 IF PAID IN 30 DAYS
4,308.19

ALLIED OIL & GAS SERVICES, LLC 055209

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS.

DATE <u>4-4-14</u>	SEC <u>31</u>	TWP <u>13</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00AM</u>	JOB FINISH <u>8:30PM</u>
<u>Ric'd Unit</u>	WELL # <u>1-31</u>	LOCATION <u>Hays 8W 2 1/2 S E into</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Discovery #3

TYPE OF JOB PTA

HOLE SIZE 7 7/8 TD. 3846

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 3812

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 250 6 7/8 4 1/2 gal 1/8 #70

EQUIPMENT

PUMP TRUCK CEMENTER Robert Y

409 HELPER Kevin R

BULK TRUCK

378 DRIVER Glenn G

BULK TRUCK

DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
<u>6 7/8 4 1/2 gal Fix 250</u>	@	<u>15.30</u>	<u>3825.00</u>
<u>Flow-seal 54"</u>	@	<u>2.97</u>	<u>160.38</u>
	@		
	@		
	@		
	@		
	@		
HANDLING <u>250 sks</u>	@	<u>2.48</u>	<u>620.00</u>
MILEAGE <u>107.5 hr</u>	@	<u>2.60</u>	<u>277.50</u>
		TOTAL	<u>4884.88</u>

REMARKS:

see log

Thank you !!!

CHARGE TO: American Warrior

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB		<u>3812</u>	
PUMP TRUCK CHARGE		<u>2600.47</u>	
EXTRA FOOTAGE	@		
MILEAGE <u>10 HVMI</u>	@	<u>4.40</u>	<u>44.00</u>
MANIFOLD	@		
<u>20 HVMI</u>	@	<u>7.70</u>	<u>154.00</u>
	@		
	@		
	@		
	@		
		TOTAL	<u>2798.47</u>

PLUG & FLOAT EQUIPMENT

<u>8 3/8 Wooden plug</u>	@	<u>110.00</u>	<u>110.00</u>
	@		
	@		
	@		
	@		
	@		
		TOTAL	<u>110.00</u>

To: Allied Oil & Gas Services, LLC.
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SALES TAX (if Any)

TOTAL CHARGES 7793.35

DISCOUNT 1558.67 IF PAID IN 30 DAYS

net 6234.68

PRINTED NAME GLENN GASCHLER

SIGNATURE Glenn Gaschler



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Warrior Inc.

31-13-19, Ellis, KS

PO Box 399
GardenCity KS 67846

Riedel C #1-31

Job Ticket: 56212

DST#: 1

ATTN: Jason Alm

Test Start: 2014.02.16 @ 11:05:00

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: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.38 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3250.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
115.00	GOCM 20%G 30%O 50%M	1.340
0.00	385ft GIP	0.000

Total Length: 115.00 ft Total Volume: 1.340 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





