

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1203751

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 #	API No. 15								
Name:	Spot Description:								
Address 1:	SecTwpS. R East West								
Address 2:	Feet from North / South Line of Section								
City: State: Zip:+	Feet from East / West Line of Section								
Contact Person:	Footages Calculated from Nearest Outside Section Corner:								
Phone: ()	□NE □NW □SE □SW								
CONTRACTOR: License #	GPS Location: Lat:, Long:								
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)								
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84								
Purchaser:	County:								
Designate Type of Completion:	Lease Name: Well #:								
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:								
☐ Oil ☐ WSW ☐ 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: ☐ Well Name:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.								
Original Comp. Date: Original Total Depth:									
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)								
Commingled Permit #: Dual Completion Permit #: SWD Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:								
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:								
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. TwpS. 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:								

Page Two



Operator Name:			L	ease Name: _	Well #:							
Sec Twp	S. R	East We	est C	County:								
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,				
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log				
Drill Stem Tests Taker (Attach Additional		Yes	No	L	_	on (Top), Depth an		Sample				
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum				
Cores Taken Electric Log Run		Yes Yes	No No									
List All E. Logs Run:												
		(CASING REC	ORD Ne	ew Used							
		· ·		ıctor, surface, inte	ermediate, producti	1		I				
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives				
								-				
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD							
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used	Type and Percent Additives							
Perforate Protect Casing Plug Back TD Plug Off Zone												
1 lag on zono												
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)				
Does the volume of the to		•				_ ` ` '	p question 3)					
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)				
Shots Per Foot		ION RECORD - Bri Footage of Each Int			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth							
	, ,				,		,	·				
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:							
						Yes No						
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)						
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	Gravity							
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PROPUSTIC	ON INTERVAL.				
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:				
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)						

ALLIED OIL & GAS SERVICES, LLC 062687

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

CoreoTherly +5

DATE 2-25-14 SEC. T	235 RANGE 10W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH	- -		_
		r		COUNTY	STATE	-MAR	1	U 2014
OLD OR NEW (Circle one)		5 to 4th ST B		new		-		
OLD OKNEW (Circle one)	Sylvake	125 Fins	2					
CONTRACTOR PICKOCK	1 Delling #1	OWNER				_		
TYPE OF JOB SUrface	, , , , , , , , , , , , , , , , , , , ,	•••••						
HOLE SIZE 12/14	T.D.	CEMENT	, may pro-		/ . A			
CASING SIZE 4544	DEPTH 266,2	_ AMOUNT OF	DERED <u>250</u>	5F) CE	255/-)	-		
TUBING SIZE DRILL PIPE 4/2	DEPTH	3/262	Richa !					
TOOL	DEPTH DEPTH	•				_		
PRES. MAX	MINIMUM	COMMON	250	@17.90	4.475.4	<u>ο</u> υ		
MEAS. LINE	SHOE JOINT	POZMIX						
	F-5-	GEL	5	@ 23.40) =		
PERFS.	**************************************	- CHLORIDE	705	<u> </u>	-564.°	<u> </u>		-
DISPLACEMENT /6 /	1814 Greshware	ASC		_@		_		
EQUIP	MENT			_@	- A	-		
	_ (***************************************		@				
PUMPTRUCK CEMENTER	Dugger Chambe	- ¥5		_@		-		
# 393 HELPER	Josh Ellis			_@				
BULK TRUCK								
	sent wetghans							
BULK TRUCK	•			@		_		
# DRIVER		- HANDLING	<u> 270.83</u>	@ <u>2.48</u>	671. 4	<u>~</u>		
		MILEAGE ∠	2.35 x 40 \	1 2.60	<u> </u>	==		
REMA	ARKS:			TOTAL	7.112.	<u>~</u> ਨੌ		
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My 250 sks cene			SERV	ICE				
DISPlace 16 bbls for	essingre							
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2 - 7	alove		K CHARGE	1512	. 25	******		
flug toom	.00 AM	EXTRA FOO	P			~		
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		wait T		<u>- @ 770.0</u>	116	_		
autroneo Maria Ott	1-16		204(
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CI 1 51A	· L 2/,		PLUG & FLOA	T EQUIPME	NT			
		•		@		_		
				@				
To: Allied Oil & Gas Service	es, LLC.			@	-			
You are hereby requested to	*			@				
and furnish cementer and he								
contractor to do work as is li	isted. The above work was	s						
done to satisfaction and supe	ervision of owner agent or			TOTA	L			
contractor. I have read and			/7.6 A					
TERMS AND CONDITION	IS" listed on the reverse sid	ie. SALES TAX		, उठ				
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SIGNATURE X TW	the Kern		1. 284	6,67	•			
Thomas	out							



TREATMENT REPORT

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11/44 NF HIWAV 61 • P.O. BOX 86 14 • PIAIT 65 6/42/4-86 8 • 162/11 6/2-24/162/11 6/2-54/84	1024	L 4 NF Him	/av.61.•	PO Box	8613	• Prat	t KS 6	1 hank	You 13 • (620	679	1e No 2-120	e. () 1	/Te,) x (620)	05h 372-	5383		