



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205283
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: _____

1205283

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Rains & Williamson Oil Co., Inc.
Well Name	Kniffin 1
Doc ID	1205283

Tops

Name	Top	Datum
Heebner	2644	-904
Brown Lime	2764	-1024
Lansing	2791	-1051
Base Kansas City	3138	-1398
Conglomerate Sand	3198	-1458
Muquea	3255	-1515
Viola	3365	-1625
Simpson Shale	3418	-1678
Arbuckle	3471	-1731

ALLIED OIL & GAS SERVICES, LLC 063601

Federal Tax ID. #20-8891478

REMIT TO P.O. BOX 91999
SOUTH LAKE, TEXAS 76092

SERVICE POINT:
Charbonnet

DATE <u>5-8-14</u>	SEC <u>33</u>	TWP <u>17S</u>	RANGE <u>7W</u>	CALLLED OUT	ORIGINATION <u>5/10 am</u>	JOB START <u>10:30 am</u>	JOB FINISH <u>11:00 am</u>
LEASE <u>K.A. P.A.</u>	WELL # <u>1</u>	LOCATION <u>Genesee 2 1/2 N 6 1/2 W</u>		COUNTRY <u>USA</u>	STATE <u>TX</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Duke #7
 TYPE OF JOB Royalty Plug
 HOLESIZE 7 7/8 TD
 CASING SIZE 4 1/2 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 3471
 TOOL DEPTH
 FREE MAX MINIMUM
 WEAR LINE SHOE JOINT
 CEMENT LEFT IN CSG. 4.4
 BERMS
 DISPLACEMENT Freshwater
 EQUIPMENT

OWNER
 CEMENT
 AMOUNT ORDERED 2105 lbs 60% class A
400 lbs 4 1/2" 100 lbs
 COMMON 126 @ 17.90 2,255.40
 FOZ MIX 87 @ 9.35 813.75
 OIL 7 @ 23.40 163.80
 CHLORIDE
 ASC
Blasol 53 @ 3.97 211.81
Materials Total 3,562.96
Disc. (5%) 178.15
 Service
 HANDLING 225.56 @ 2.48 559.39
 MILEAGE 9.97 @ 2.60 259.22

PUMP TRUCK CEMENTER David Chamberlain
 # 366 HELPER Josh Ellis
 BULK TRUCK
 # 610-172 DRIVER Paul Waggoner
 BULK TRUCK
 # DRIVER

REMARKS:
Fill hydraulic Pump road
1 3/4" 11-15 500
2 1/2" 15-18 500
3 1/2" 18-21 500
4 1/2" 21-24 500
5 1/2" 24-27 500
6 1/2" 27-30 500
7 1/2" 30-34 500 plug float - 11:00 AM

CHANGE TO: Rains & Williamson oil
 STREET
 CITY STATE ZIP

DEPTH OF JOB 3471
 PUMP TRUCK CHARGE 2500.00
 EXTRA FOOTAGE
 MILEAGE 10.00 @ 7.70 77.00
 MANFOLD 10.00 @ 4.90 49.00

TOTAL 4,397.94
 Disc (5%) 219.90
4,178.04

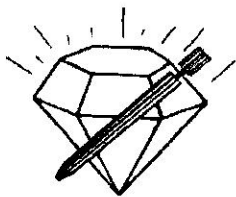
PLUG & FLOAT EQUIPMENT

(00) TOTAL 0

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 it 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 Michael Rank
 SIGNATURE Michael Rank
Thank you!

SALES TAX (if Any)
 TOTAL CHARGES 7,759.95
 DISCOUNT 1,163.99 (15%)
6,595.96
 IF PAID IN 30 DAYS



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: KNFFN1DST1

TIME ON: 0140
TIME OFF: 0800

Company RAINS & WILLIAMSON OIL CO., INC. Lease & Well No. KNIFFIN #1
Contractor DUKE DRILLING CO., INC. RIG 7 Charge to RAINS & WILLIAMSON OIL CO., INC.
Elevation 1727 GL Formation ODESSA Effective Pay _____ Ft. Ticket No. M651
Date 5/6/2014 Sec. 33 Twp. _____ 17 S Range _____ 7 W County ELLSWORTH State KANSAS
Test Approved By WYATT URBAN Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 3081 ft. to 3140 ft. Total Depth 3140 ft.
Packer Depth 3076 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Packer Depth 3081 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3063 ft. Recorder Number 0063 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 3083 ft. Recorder Number E1150 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Mud Type CHEM Viscosity 52 Drill Collar Length 185 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 9.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3,200 P.P.M. Drill Pipe Length 2864 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 3 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 59 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. (31'DP) Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1/2" BLOW RIGHT AWAY, DIMINISHING UNTIL DEAD @ 5 MIN, FLUSH TOOL, A SURGE OF BUBBLES THEN NO BLW (NO BB)
2nd Open: A VWSB THAT DIED RIGHT AWAY (NO BB)

Recovered <u>10</u> ft. of <u>VSOSGM 4% GAS, 96% MUD W/ A THICK SCUM OF OIL</u>	
Recovered <u>10</u> ft. of <u>TOTAL FLUID</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>~100% MUD W/ A THIN SCUM OF OIL</u>	Total

Time Set Packer(s) 4:00 A.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 6:00 A.M. ^{A.M.}/_{P.M.} Maximum Temperature 110°F
Initial Hydrostatic Pressure..... (A) 1460 P.S.I.
Initial Flow Period..... Minutes 30 (B) 13 P.S.I. to (C) 16 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 48 P.S.I.
Final Flow Period..... Minutes 30 (E) 19 P.S.I. to (F) 20 P.S.I.
Final Closed In Period..... Minutes 30 (G) 38 P.S.I.
Final Hydrostatic Pressure..... (H) 1453 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	RAINS & WILLIAMSON OIL CO.,INC.	Job Number	M651
Well Name	KNIFFIN #1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3081-3140 ODESSA	Well Operator	RAINS & WILLIAMSON OIL CO.,INC.
Surface Location	SEC.33-17S-7W ELLSWORTH CO.KS.	Report Date	2014/05/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	WYATT URBAN
		Test Unit	NO. 3

Test Information

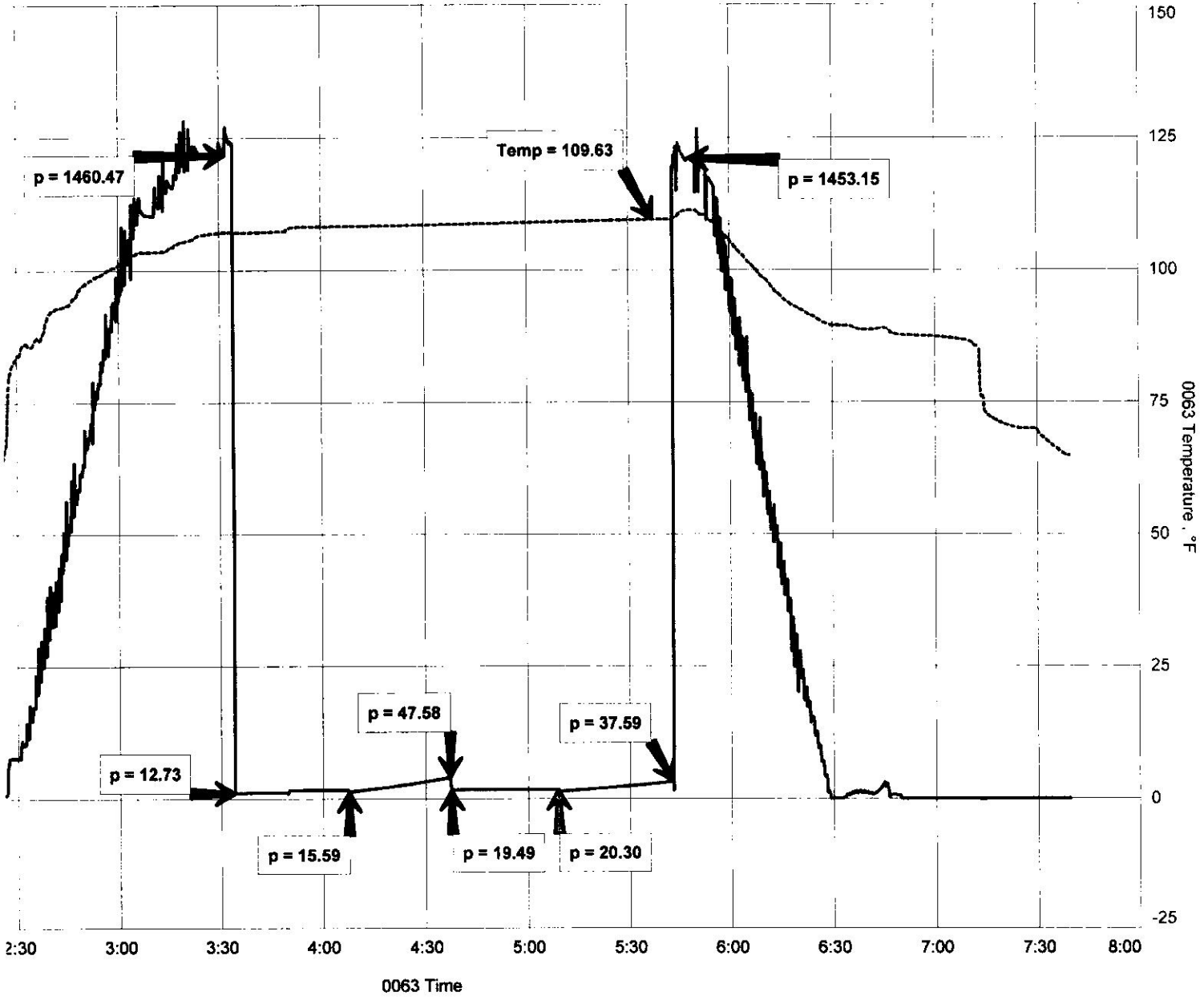
Test Type	CONVENTIONAL		
Formation	DST#1 3081-3140 ODESSA		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2014/05/06	Start Test Time	01:20:00
Final Test Date	2014/05/06	Final Test Time	08:00:00
		Well Fluid Type	01 OIL
Gauge Name	0063		
Gauge Serial Number			

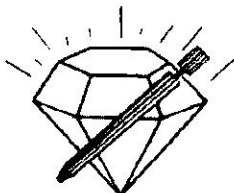
Test Results

Remarks RECOVERED:
10' VSOSGM 4% GAS, 96% MUD W/ A THICK SCUM OF OIL
10' TOTAL FLUID

TOOL SAMPLE: ~100% MUD W/ A THIN SCUM OF OIL

KNIFFIN #1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: KNFFN1DST2

TIME ON: 1945 (5/6)
TIME OFF: 0155 (5/7)

Company RAINS & WILLIAMSON OIL CO., INC. Lease & Well No. KNIFFIN #1
Contractor DUKE DRILLING CO., INC. RIG 7 Charge to RAINS & WILLIAMSON OIL CO., INC.
Elevation 1727 GL Formation CONGL/KINDERHOOK Effective Pay _____ Ft. Ticket No. M652
Date 5/6/2014 Sec. 33 Twp. _____ 17 S Range _____ 7 W County ELLSWORTH State KANSAS
Test Approved By JIM MUSGROVE Diamond Representative MIKE COCHRAN

Formation Test No. 2 Interval Tested from 3171 ft. to 3228 ft. Total Depth 3228 ft.
Packer Depth 3166 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Packer Depth 3171 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3153 ft. Recorder Number 0063 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 3173 ft. Recorder Number E1150 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Mud Type CHEM Viscosity 56 Drill Collar Length 185 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 9.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 6,300 P.P.M. Drill Pipe Length 2954 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 3 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 57 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. (31'DP) Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB THAT DIED IN 5 MIN (NO BB)
2nd Open: NO BLOW (NO BB)

Recovered <1 ft. of VSOSM ~100% DM W/ SOME SPECKS OF OIL
Recovered <1 ft. of TOTAL FLUID
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks: _____
TOOL SAMPLE: ~100% MUD W/ A THIN SCUM OF OIL

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) 9:45 P.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 11:45 P.M. ^{A.M.}/_{P.M.} Maximum Temperature 111°F
Initial Hydrostatic Pressure..... (A) 1475 P.S.I.
Initial Flow Period..... Minutes 30 (B) 8 P.S.I. to (C) 10 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 21 P.S.I.
Final Flow Period..... Minutes 30 (E) 9 P.S.I. to (F) 10 P.S.I.
Final Closed In Period..... Minutes 30 (G) 15 P.S.I.
Final Hydrostatic Pressure..... (H) 1461 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	RAINS & WILLIAMSON OIL CO.,INC.	Job Number	M652
Well Name	KNIFFIN #1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 3171-3228 CONGL./KINDERHOOK	Well Operator	RAINS & WILLIAMSON OIL CO.,INC.
Surface Location	SEC.33-17S-7W ELLSWORTH CO.KS.	Report Date	2014/05/06
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	WYATT URBAN
	Test Unit		NO. 3

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 3171-3228 CONGL./KINDERHOOK		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2014/05/06	Start Test Time	19:45:00
Final Test Date	2014/05/07	Final Test Time	01:55:00
		Well Fluid Type	01 Oil
Gauge Name	0063		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
 <1 VSOSM ~100% DM W/ SOME SPECKS OF OIL
 <1' TOTAL FLUID

TOOL SAMPLE: ~100% MUD W/ A THIN SCUM OF OIL

KNIFFIN #1

