



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207414
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: _____

1207414

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Big Bucket's Rathole Drilling, Inc.

P. O. Box 5252
 Enid, OK 73702
 Office 580-233-9850
 Fax 580-233-4588

INVOICE

DATE	INVOICE NO.
4/29/2011	5601

BILL TO
CMX, Inc. 1551 N. Waterfront Pkwy. Ste 150 Wichita, KS 67206

WELLNAME	RIG	COUNTY	LEGAL	LEGAL
Scrooge SWD	DD5	Barber, KS	Sec 18	35S-11W

DATE	W. TKT	DESCRIPTION	QTY	RATE	AMOUNT
4/28/2011	4641	Drilled rat and mouse holes and cellar-40' of 30" hole-remove dirt from location		6650.00	6,650.00
		Furnished 20" conductor pipe	40		0.00
		Furnished 4' of 60" steel cellar form			0.00
		Furnished grout: 4 yards of 8 sack grout 2%CC		0.00	0.00
		Furnished welder & materials		0.00	0.00
		Furnished mud truck with drilling mud and disposal		0.00	0.00
		STATE TAX		4.50%	0.00

We appreciate your business!

Total \$6,650.00

P.O. # _____

BIG BUCKETS RATHOLE DRILLING

NO 4641

ORDERED BY

P.O. Box 5252
Enid, Oklahoma 73702
Phone (580) 233-9850
Fax (580) 233-4588

Date 4/29/11

Joe Stoffer
CMX

Bill To _____ Lease Storage SWD

Address _____ Legal Sec 18-355-1161

County Baker KS

Rig Don D # 5

DESCRIPTION

AMOUNT

Furnish Man & Equipment To

Waste hat, manne holes, celtar & 40' of 30" hole - remove dirt from loc.

Materials Furnished

*40 ft. of 30" pipe - 4 yds of 8" dk gravel
4' of 60" tubular (cellar) - 1 trucker & materials
I spend the w/ day mud & disposal*

6650

5

Number 1.14 Approved By _____ Total 1,125.00



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887

Fax: (785) 483-5566

INVOICE

Invoice Number: 127128

Invoice Date: May 1, 2011

Page: 1

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
CMX	Scrooge SWD	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 1, 2011	5/31/11

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
3.00	MAT	Gel	21.25	63.75
13.00	MAT	Chloride	58.20	756.60
225.00	MAT	Lightweight Class A	15.00	3,375.00
56.00	MAT	Flo Seal	2.70	151.20
405.00	SER	Handling	2.25	911.25
20.00	SER	Mileage 405 @ .11 per sk per mi	44.55	891.00
1.00	SER	Surface	1,925.00	1,925.00
40.00	SER	Pump Truck Mileage	7.00	280.00
1.00	SER	Head Rental	200.00	200.00
40.00	SER	Light Vehicle Mileage	4.00	160.00
1.00	EQP	9.5/8 Rubber Plug	142.00	142.00
3.00	EQP	9.5/8 Centralizer	71.00	213.00
1.00	EQP	9.5/8 Basket	333.00	333.00
1.00	EQP	9.5/8 AFu Insert	238.00	238.00
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	Dustin Elam		

Subtotal	12,077.30
Sales Tax	
Total Invoice Amount	12,077.30
Payment/Credit Applied	
TOTAL	12,077.30

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

\$ 2,415.46

ONLY IF PAID ON OR BEFORE

May 26, 2011

ALLIED CEMENTING CO., LLC. 040185

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
medicine Lodge

DATE <i>5-1-2011</i>	SEC. <i>7</i>	TWP. <i>35s</i>	RANGE <i>11W</i>	CALLED OUT <i>4:00 AM</i>	ON LOCATION <i>6:00 AM</i>	JOB START <i>1:30 pm</i>	JOB FINISH <i>2:30 pm</i>
LEASE <i>Scraper</i>		WELL# <i>SUD</i>	LOCATION <i>medicine, KS South on 281</i>		COUNTY <i>Borbor</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)			<i>to Stubbs Rd 1/2 south, a/l into</i>				

CONTRACTOR *Don D #5*
 TYPE OF JOB *Surface*
 HOLE SIZE *1 1/4* T.D. *1022'*
 CASING SIZE *9 5/8* DEPTH *1011'*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT *42*
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT *76 bbls of Freshwater*
 EQUIPMENT
 PUMP TRUCK CEMENTER *Derin E*
 # *471-265* HELPER *Jason T.*
 BULK TRUCK
 # *353-290* DRIVER *Dustin E.*
 BULK TRUCK
 # DRIVER

OWNER *Cmx*
 CEMENT
 AMOUNT ORDERED *225sx 65' 35' 6% Gcl*
3% cc + 1/4 # Fluores, 180sx Class A
+ 3% cc + 2% Gcl
 COMMON *class A. 150sx @ 16.25 2437.50*
 POZMIX @
 GEL *3sx @ 21.25 63.75*
 CHLORIDE *135sx @ 58.20 756.60*
 ASC @
Light Weight 225sx @ 15.00 3375.00
 @
Floreal 56# @ 2.70 151.20
 @
 @
 @
 @
 @
 @
 HANDLING *405* @ *911.25*
 MILEAGE *20*11*405* @ *891.00*
 TOTAL *8586.30*

REMARKS:

Pipe on bottom & break circulation, pump 3 bbls of fresh water shock, mix 225sx of loss cement, mix 180sx of tail cement. Shut down, Release plug, Start displacement. Lift pressure to 45 bbls, slow rate to 3 bpm to 70 bbls, bump plug to 76 bbls @ 1000 psi, float did not hold, cement did circulate.

SERVICE

DEPTH OF JOB *1011'*
 PUMP TRUCK CHARGE *1925.00*
 EXTRA FOOTAGE @
 MILEAGE *40 @ 7.00 280.00*
 MANIFOLD @
Head rental 40 @ 4.00 200.00
 @ *160.00*
 TOTAL *2565.00*

CHARGE TO: *Cmx*
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

9 5/8
 1 - Rubber plug @ *142.00*
 3 - Centralizers @ *71.00 213.00*
 1 - Basket @ *333.00*
 1 - AFV Insert @ *238.00*
 @
 TOTAL *926.00*

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.

SALES TAX (if Any) _____
 TOTAL CHARGES ~~8586.30~~
 DISCOUNT _____ IF PAID IN 30 DAYS ~~8586.30~~

PRINTED NAME *K Lee Stiffler*
 SIGNATURE *K Lee Stiffler*

Thank you!!!



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 127211
 Invoice Date: May 9, 2011
 Page: 1

Bill To:
CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
CMX	Scrooge SWD	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	May 9, 2011	6/8/11

Quantity	Item	Description	Unit Price	Amount
100.00	MAT	Class H Premium	19.25	1,925.00
1.00	MAT	Chloride	58.20	58.20
100.00	MAT	Lightweight Class A	15.00	1,500.00
10.00	MAT	Salt	23.95	239.50
500.00	MAT	Kol Seal	0.89	445.00
25.00	MAT	Flo Seal	2.70	67.50
227.00	SER	Handling	2.25	510.75
30.00	SER	Mileage 227 sx @ .11 per sk per mi	24.97	749.10
1.00	SER	Production Casing	2,695.00	2,695.00
60.00	SER	Pump Truck Mileage	7.00	420.00
1.00	SER	Manifold Head Rental	200.00	200.00
60.00	SER	Light Vehicle Mileage	4.00	240.00
1.00	EQP	7" Guide Shoe	269.00	269.00
1.00	EQP	7. Sure Seal Float Collar	758.00	758.00
5.00	EQP	7. Centralizer	56.00	280.00
4.00	EQP	7. Basket	395.00	1,580.00
1.00	EQP	7. Top Rubber Plug	85.00	85.00
1.00	CEMENTER	David Fello		
1.00	EQUIP OPER	Jason Thimesch		
1.00	OPER ASSIST	Dustin Elam		

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

\$ 2404.45

ONLY IF PAID ON OR BEFORE
 Jun 3, 2011

Subtotal	12,022.05
Sales Tax	
Total Invoice Amount	12,022.05
Payment/Credit Applied	
TOTAL	12,022.05

(2404.45)
 9617.60

ALLIED CEMENTING CO., LLC. 040082

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>05-09-11</u>	SEC. <u>07</u>	TWP. <u>35S</u>	RANGE <u>11 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Serogage</u>	WELL # <u>SWD</u>	LOCATION <u>2814 4, 1/8 S, Eon Stubbs Rd,</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)			<u>1/2 S, 4 1/2 W</u>				

CONTRACTOR Dan D #5
 TYPE OF JOB Production (SWD)
 HOLE SIZE 8 3/4" T.D. 5570
 CASING SIZE 7" DEPTH 5564
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1500 MINIMUM -
 MEAS. LINE SHOE JOINT 42.16
 CEMENT LEFT IN CSG. 42'
 PERFS.
 DISPLACEMENT 115 Bbls Fresh H₂O

OWNER CMX
 CEMENT
 AMOUNT ORDERED 100sx65:35:6 1/2 gal + 1% cc + 1/4 # Flo seal # 100sx class H + 10' Salt + 5 # Kalseal
 COMMON class H 100sx @ 19.25 1925.00
 POZMIX @
 GEL @
 CHLORIDE 1sx @ 58.00 58.00
 ASC @
Light Weight 100sx @ 15.00 1500.00
 @
Salt 10sx @ 23.75 237.50
Kalseal 500 # @ 1.89 945.00
Flo seal 25 # @ 2.70 67.50
 @
 @
 @
 @
 HANDLING 227 @ 2.25 510.75
 MILEAGE 307.11/227 749.10
 TOTAL 5495.05

REMARKS:

Pipe on Bttm Break Circ., Pump banner, Mix 100sx 65:35:6 1/2 gal + 1% cc + 1/4 # Flo seal, Mix 100sx class H + 10' salt + 5 # Kalseal, Stop Pump, Wash Pump Lines, Release Plug, Start Disp. w/ Fresh H₂O, Sea Steady, increasing PSI, Slow Rate, Slow Rate again, lost circulation at around 175 Bbls Disp., Bump Plug at 115 Bbls total Disp., Release PSI, Float Did Hold

SERVICE
 DEPTH OF JOB 5564
 PUMP TRUCK CHARGE 2695.00
 EXTRA FOOTAGE @
 MILEAGE 60 @ 7.00 420.00
 MANIFOLD Head Rental @ 200.00
Light Vehicle 60 @ 4.00 240.00
 @
 TOTAL 3555.00

CHARGE TO: CMX
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1-Reg. 6" Wide Shoe @ 269.00
1-Sure Seal Float Collar @ 758.00
5-Centralizers @ 56.00 280.00
4-Cement Baskets @ 395.00 1580.00
1-TRP @ 85.00 85.00
 TOTAL 2972.00

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.

SALES TAX (If Any) _____
 TOTAL CHARGES [scribble]
 DISCOUNT _____ IF PAID IN 30 DAYS [scribble]

PRINTED NAME Raymond Tarron
 SIGNATURE Raymond Tarron