



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1202627  
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: \_\_\_\_\_

1202627

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Gateway Resources, LLC
Well Name	Bowling 1-8
Doc ID	1202627

Tops

Name	Top	Datum
Topeka	3962	-1423
Heebner	4417	-1878
Lansing	4588	-2049
BKC	5056	-2517
Marmaton	5076	-2537
Cherokee Shale	5200	-2661
Mississippian	5340	-2801
Viola	6384	-3845
Arbuckle	6554	-4015



# ALLIED OIL & GAS SERVICES, LLC 062438

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
medicine house, tx

DATE <u>2-10-2014</u>	SEC. <u>8</u>	TWP. <u>30S</u>	RANGE <u>23W</u>	CALLED OUT <u>1:00 pm</u>	ON LOCATION <u>5:00 am</u>	JOB START <u>1:45 pm</u>	JOB FINISH <u>2:30 pm</u>
LEASE <u>Bowling</u>		WELL # <u>1-8</u>	LOCATION <u>Bloom, ks gr Rest Area</u>			COUNTY <u>CLARK</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			Source on Reel 2 m, 3/4 e, Stone				

CONTRACTOR <u>191 #2</u>	OWNER <u>Gateway Resources</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>539'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>534'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>40'</u>
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>32 bbls of Freshwater</u>	

PUMP TRUCK	CEMENTER <u>Darin F.</u>
# <u>558-555</u>	HELPER <u>Scott</u>
BULK TRUCK	
# <u>421-290</u>	DRIVER <u>John Tws</u>
BULK TRUCK	
#	DRIVER

**REMARKS:**

Pipe on bottom & basic circulation  
Pump 3 bbls Freshwater @ hose, mix  
155sx leacement, mix 125sx 49.1 cement  
Shut down, Release plug, 849sx displacement  
bump plug at 32 bbls 300-400psi, Shut in  
Cement & Circulate.

CHARGE TO: Gateway Resources

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 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 xRick Smith

SIGNATURE xRick Smith

CEMENT	AMOUNT ORDERED <u>155sx 65.35.60.601</u>
	<u>3% cc + 1/4 # Floseal, 125sx class n</u>
	<u>3% cc</u>
COMMON <u>625 SX</u>	@ <u>17.90</u> <u>2237.50</u>
POZMIX	@ _____
GEL	@ _____
CHLORIDE <u>8</u>	@ <u>64.00</u> <u>512.00</u>
ASC	@ _____
<u>ALW 135 SX</u>	@ <u>16.50</u> <u>2657.50</u>
<u>Floesal 39#</u>	@ <u>2.97</u> <u>115.83</u>
	@ _____
	@ _____
	@ _____
	@ _____
	@ _____
HANDLING <u>310.91</u>	@ <u>2.48</u> <u>771.05</u>
MILEAGE <u>13.41/50/2.60</u>	@ _____ <u>1743.30</u>
	TOTAL <u>7937.18</u>

**SERVICE**

DEPTH OF JOB <u>534'</u>	
PUMP TRUCK CHARGE <u>1512.25</u>	
EXTRA FOOTAGE	@ _____
MILEAGE <u>50</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD <u>Hes &amp; renist</u>	@ _____ <u>275.00</u>
<u>LU 50</u>	@ <u>4.40</u> <u>220.00</u>
	@ _____
	TOTAL <u>2392.25</u>

**PLUG & FLOAT EQUIPMENT**

<u>8 5/8</u>	
1- Rubber plug	@ _____ <u>131.00</u>
1- Fiber Baffle plug	@ _____ <u>320.00</u>
1- Basket	@ _____ <u>560.00</u>
	@ _____
	@ _____
	TOTAL <u>1011.00</u>

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 11,340.43

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

NET 8165.11

