



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204801
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
-----------------------------------	-----------------	---

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: _____

1204801

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
--	---

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
----------------	-------	---------	------------	---

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> _____				
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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Barry D 7
Doc ID	1204801

All Electric Logs Run

Compensated Density/Neutron PE Log
Frac Finder Log
Sonic Log
Micro Log
Dual Induction Log
Dual Receiver Cement Bond Log
Segmented cement Bond Log



CEMENTING LOG

STAGE NO. _____

Date 5-23-14 District Russell Ticket No. _____
 Company Columbia G.I.B. Rig Bore 8
 Lease Boring D Well No. 7
 County Russell State KS
 Location Ph.ville - North 70 Field _____
T. (D) - Lewis - South 200

CEMENT DATA:
 Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type _____ Weight 24 Collar _____

LEAD: Pump Time _____ hrs. Type A-Cum Blend
 Excess 65.20
 Amt. 300 Skys Yield 2.40 ft³/sk Density 12.5 PPG

TAIL: Pump Time _____ hrs. Type Common
 Excess 95.20
 Amt. 230 Skys Yield 1.32 ft³/sk Density 15.1 PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top _____ Bottom _____

Pump Trucks Used 417
 Bulk Equip. _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.D. 1410 ft. P.B. to _____ ft.

Floater Equip: Manufacturer 14 Consolidated
 Shoe: Type _____ Depth _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Floater Type _____ Depth _____
 Centralizers: Quantity 24 Plugs Top 1353 Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Steve Orlando

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
5:15 PM						On location 5. City Mont Run 34 Jls 8 5/8 24# casing Annulus C. at 1-2-4-6-8-10-12-14-16-18 20-22-24-26 Bbls. 57 @ 2.4 In casing on B. Horn Break Circ w/ K. J. Hook up to casing
7:30 AM		300 250		128 54	4 4	Mix 300psi Heavy @ 12.1 #/gal mix 230psi Common @ 15.1 #/gal Release Plug Start Annulus Displacement
11:00 AM		500 550		10 86	4 4	Connect to surface Plug Below Close E. Head Circulation Troubleshooting Circulate 881 to 1.5 Turn Cum. Head Thank's Steve

FINAL DISP. PRESS: 550 PSI BUMP PLUG TO 550 PSI BLEEDBACK 4 BBLs. THANK YOU
 MILLER PRINTERS, INC. - Great Bend, KS

ALLIED OIL & GAS SERVICES, LLC 062990

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: great Bend

5-29-14 DATE	11 SEC.	9 TWP.	19 RANGE	5:00 pm CALLED OUT	7:00 pm ON LOCATION	12:00am JOB START	1:00am JOB FINISH
Barry D LEASE	7 WELL #	2E 5 clata LOCATION			4N to T Rd	Rocky COUNTY	Ks STATE
OLD OR NEW (Circle one)							

CONTRACTOR Duke B
 TYPE OF JOB pipe jct
 HOLE SIZE 7 3/4 T.D. 3540
 CASING SIZE 5 3/8 15.5H DEPTH 3499
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 9 1500 MINIMUM 600
 MEAS. LINE _____ SHOE JOINT 71'
 CEMENT LEFT IN CSG. 71'
 PERFS. _____
 DISPLACEMENT H2O 81.34 BBL

OWNER same
 CEMENT
 AMOUNT ORDERED 50-sr 60140 41-gal
1/2 flr 200-sr class A 101-salt
21-gal 1/2 flr DF

EQUIPMENT
 PUMP TRUCK CEMENTER Charles Kingler
 # 597 HELPER Mike Sealhorn
 BULK TRUCK
 # 544-198 DRIVER port ellis
 BULK TRUCK
 # _____ DRIVER _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 10gal KCl _____ @ _____
 500gal DV1100 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

REMARKS:

Rig Ran 3499' 5 3/8 cas Basha case
2 1/2 Reg Millid Wagon ball pump
through 201000 psi set packer shoe
hook to head 20 BBL H2O 10 BBL DV1100
plug hole 30 sr mome hole 20
sr hook to head mix 200-sr
shut down wash pump & line
Release plug displac 81.34 BBL H2O
w/ KCl plug chd band

SERVICE

DEPTH OF JOB 3499
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: citation oil & gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL

PLUG & FLOAT EQUIPMENT

5 3/8 packer shoe
shut down plug @ _____
12- centralizers @ _____
2- Baskets @ _____
 _____ @ _____
 _____ @ _____

Thank you!
 To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment
 and furnish cementer and helper(s) to assist owner or