



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204858
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: _____

1204858

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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Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Hummel CB 3
Doc ID	1204858

All Electric Logs Run

Micro Log
Dual Induction Log
Compensated Density/Neutron PE Log
Frac Finder Log
Sonic Log

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Hummel CB 3
Doc ID	1204858

Tops

Name	Top	Datum
Stone Corral	1583	795
Hutchinson Salt	1972	406
Topeka	3623	-1245
Heebner Shale	3821	-1443
Toronto	3838	-1460
Lansing	3871	-1493
Cherokee	4392	-2014
Mississippian	4487	-2109

ALLIED OIL & GAS SERVICES, LLC 062951

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Heartland, Ks

DATE <u>4-22-14</u>	SEC. <u>31</u>	TWP. <u>21</u>	RANGE <u>24</u>	CALLED OUT <u>6:00AM</u>	ON LOCATION <u>8:30AM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Hummel</u>	WELL # <u>CD-3</u>	LOCATION <u>New City 16S, 1W, 1S, 2W,</u>		COUNTY <u>Hodgson</u>	STATE <u>Ks</u>		
OLD OR NEW (Circle one) <u>NEW</u>		<u>2 1/2, N/water</u>					

CONTRACTOR Duke #1 OWNER Same

TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4608'
 CASING SIZE 5 1/2 DEPTH 4607'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1670 MINIMUM 500
 MEAS. LINE _____ SHOE JOINT 55.45'
 CEMENT LEFT IN CSG. 55.45'
 PERFS. _____
 DISPLACEMENT 108.05

CEMENT
 AMOUNT ORDERED 150 gal ASC, 230 gal 10% salt, 6% Alum, 5% Kolonid, w/ Adcomen
50 gal 160/40 4% Alum, 500 gal DU1100

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Tom Decker
 # 597 HELPER Kevin Eddy
 BULK TRUCK
 # 239 DRIVER Don Cooper
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Run 4607' of 5 1/2" cas. Break circulation. Circulated 1 hr. Pumped 500 gal DU1100, 5% Alum, H2O. Plugged Rathole with 30 lbs 60/40 4% Alum, Mouldhole with 20 lbs 60/40 4% Alum. Holed back to cas. Mixed 150 gal ASC, 230 gal, 10% salt, 6% Alum, 5% Kolonid w/ Adcomen. Washed line clean. Released Plug. Supplied with H2O. Landed Plug at 1670'. Released + float held.

TOTAL _____

SERVICE

DEPTH OF JOB 4607'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
Rotating Head _____ @ _____ N/C
Head Rest _____ @ _____

CHARGE TO: Citation

TOTAL _____

STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5 1/2"
w- Butt Weld Float Shoe _____ @ _____
Latchdown Plug _____ @ _____
w- 14-Centralizers _____ @ _____
w- 2- Baskets _____ @ _____

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

ALLIED OIL & GAS SERVICES, LLC 062725

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: great Bend

4-17-14 DATE	SEC. 31	TWP. 21	RANGE 24	CALLED OUT 9:00 pm	ON LOCATION 3:00 am	JOB START 11:00 am	JOB FINISH 12:30 pm
Hammer CB LEASE	WELL # 3	LOCATION <u>new city 5 to color 3 m</u>			COUNTY <u>Hodgson</u>	STATE <u>Ka</u>	
OLD OR NEW (Circle one)			<u>5 1W 15 2W 25 2 1/2 W N color</u>				

CONTRACTOR Duke #1
 TYPE OF JOB surface
 HOLE SIZE 12 1/2 T.D. 1592
 CASING SIZE 8 5/8 24# DEPTH 1590
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 600# MINIMUM 900#
 MEAS. LINE _____ SHOE JOINT 16
 CEMENT LEFT IN CSG. 16
 PERFS. _____
 DISPLACEMENT H2O 100.31 BBI

OWNER same
 CEMENT
 AMOUNT ORDERED 540 or 6513567 gal
31 cc 1/2 plg
200 or class A 31 cc 1/2 plg
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

EQUIPMENT

PUMP TRUCK # 398 CEMENTER Charles Kingon
 HELPER Mike sothor
 BULK TRUCK # 870-844 DRIVER Brian lang
 BULK TRUCK # 544-198 DRIVER Ben newell

REMARKS:

Reg Ran 1592' 8 5/8 cas broke
circulate w Reg mud & sop ball
pump through @ 600 psi look to
head 10 BBI H2O ahead mix 540 or
65135 67 gal 31 cc 1/2 plg lead @ 12.5
mix 200 or class A 31 cc 1/2 plg lead
@ 14.8 shut down Release plug
displace 100 BBI H2O plug chd
band float did hold 50 BBI
cement to pit

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

SERVICE

DEPTH OF JOB 1592
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT

10-8 5/8 centralizers
AFU insert @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

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

ALLIED OIL & GAS SERVICES, LLC 062951

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
East Bend, Ki

DATE <u>4-22-14</u>	SEC. <u>31</u>	TWP. <u>21</u>	RANGE <u>24</u>	CALLED OUT <u>10:00AM</u>	ON LOCATION <u>8:30AM</u>	JOB START <u>2:00PM</u>	JOB FINISH <u>3:00PM</u>
LEASE <u>Hummel</u>		WELL# <u>CD-3</u>		LOCATION <u>New City 11s, 1w, 1s, 2w,</u>		COUNTY <u>Hodgeman</u>	STATE <u>Ki</u>
OLD OR <u>(NEW)</u> (Circle one)		<u>2 1/2, N/into</u>					

CONTRACTOR Dude #1 OWNER Same

TYPE OF JOB <u>Production</u> HOLE SIZE <u>7 7/8</u> T.D. <u>4607'</u> CASING SIZE <u>5 1/2</u> DEPTH <u>4607'</u> TUBING SIZE DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX <u>1620</u> MINIMUM <u>500</u> MEAS. LINE SHOE JOINT <u>55.45'</u> CEMENT LEFT IN CSG. <u>55.45'</u> PERFS. DISPLACEMENT <u>108.05</u>	CEMENT AMOUNT ORDERED <u>150 cu Asc, 220 xel, 107 salt</u> <u>670 mixed, 5# Kalsolite w/ Defoamer</u> <u>50 cu 160/40 4% xel, 500 gal NU1100</u> COMMON <u>30</u> @ <u>17.90</u> <u>537.00</u> POZMIX <u>20</u> @ <u>9.35</u> <u>187.00</u> GEL <u>2</u> @ <u>23.40</u> <u>46.80</u> CHLORIDE @ ASC <u>150 ox</u> @ <u>20.90</u> <u>3.135.00</u> <u>Kalsolite</u> <u>750</u> @ <u>.98</u> <u>735.00</u> <u>500 gal</u> <u>DU1100</u> @ <u>1.27</u> <u>635.00</u> DF <u>21</u> @ <u>9.80</u> <u>205.80</u> @ <u>Materials total</u> <u>5.481.60</u> <u>Disc Count (30%)</u> @ <u>(1644.48)</u> @ @ HANDLING <u>246.22</u> @ <u>2.48</u> <u>610.62</u> MILEAGE <u>10.66 X 25 X</u> <u>2.60</u> <u>692.90</u>
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EQUIPMENT PUMP TRUCK CEMENTER <u>Tom Decker</u> # <u>597</u> HELPER <u>Kevin Eddy</u> BULK TRUCK # <u>609-239</u> DRIVER <u>Don Cooper</u> BULK TRUCK # DRIVER	
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REMARKS:

Ran 4607' of 5 1/2" csg. Break circulation. Circulated 11 hrs. Pumped 500 gal NU1100, 5 bbls H2O. Plugged bottom hole with 30 cu 60/40 4% xel. Made hole with 20 cu 60/40 4% xel. Hooked back to csg. Mixed 150 cu Asc 220 xel, 107 salt, 670 mixed, 5# Kalsolite w/ Defoamer. Watched line clean released plus. Plugged with H2O. Landed plug at 1620'. Released float H2O.

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

SERVICE

DEPTH OF JOB <u>4607'</u>		
PUMP TRUCK CHARGE	<u>2810.84</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>Hum</u> <u>25</u>	@ <u>7.70</u>	<u>192.00</u>
MANIFOLD <u>LUM</u> <u>25</u>	@ <u>4.40</u>	<u>110.00</u>
Rotating Head	@	<u>1/2</u>
Head Rest	@ <u>200.00</u>	<u>200.00</u>

TOTAL 4.616.86
 (30%) (1.385.06)

PLUG & FLOAT EQUIPMENT

<u>5 1/2"</u>		
<u>W- Butte Well float shoe</u>	@ <u>875.00</u>	<u>875.00</u>
<u>1" Latchdown Plug</u>	@ <u>398.75</u>	<u>398.75</u>
<u>W- 14-Centrolizer</u>	@ <u>57.00</u>	<u>798.00</u>
<u>W- 1" Bushets</u>	@ <u>395.00</u>	<u>395.00</u>
	@	

(30%) TOTAL 2.466.75
(740.02)

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 X Ed Glassman
 SIGNATURE X Ed Glassman

SALES TAX (If Any) _____
 TOTAL CHARGES 12.565.21
 DISCOUNT 3.769.56 30% IF PAID IN 30 DAYS
8.795.65

