



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205654
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: _____

1205654

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

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	Liberty Oper & Compl, Inc
Well Name	Ganoung B 2
Doc ID	1205654

All Electric Logs Run

Dual Receiver Cement Bond Log
Dual Induction Log
Sonic Log
Compensated Density/Neutron PE Log
Micro

Form	ACO1 - Well Completion
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Well Name	Ganoung B 2
Doc ID	1205654

Tops

Name	Top	Datum
Anhydrite	1330	+753
Topeka	3044	-961
Heebner	3271	-1188
Toronto	3288	-1205
L/KC A	3310	-1227
Stark Shale	3503	-1420
b/KC	3547	-1464
Cong	3596	-1513
Arbuckle	3684	-1601

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell, KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
4-15-14					11:30AM	8:00PM	8:30PM
LEASE <u>Geonung</u> WELL # <u>R-2</u>				LOCATION <u>Plano, H. KS 45 RE35</u>		COUNTY <u>Roofs</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR Robert Well Services OWNER _____

TYPE OF JOB Port water

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 R.S. DEPTH 3680

TUBING SIZE 2 7/8 DEPTH 3240

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 1370 to

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Robert Ally

404 HELPER Adrian

BULK TRUCK # 378 DRIVER Joe G

BULK TRUCK # 410 DRIVER Jose C

REMARKS:

See log

Cement J.d circulator top

Thank you!!!

CHARGE TO: Liberty

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 Robert Cowan

SIGNATURE Robert Cowan

OWNER

CEMENT AMOUNT ORDERED 250 @ 69/10 496.95

50.00m 310cc

4.5 sand

COMMON 185 @ 17.90 3311.50

POZMIX 90 @ 9.35 841.50

GEL 7.74 @ 23.96 181.12

CHLORIDE 2 @ 64.06 128.00

ASC _____ @ _____ _____

sand 4 @ 14.90 57.60

HANDLING 314.33 @ 5.5 1719.55

MILEAGE 270.6 @ 4.6m 1250.56

TOTAL 6002.83

SERVICE

DEPTH OF JOB 3240

PUMP TRUCK CHARGE 2600.47

EXTRA FOOTAGE _____ @ _____ _____

MILEAGE 20 @ 4.40 88.00

MANIFOLD 90 @ 300.00 300.00

40 HMMT @ 7.70 308.00

TOTAL 3296.97

PLUG & FLOAT EQUIPMENT

_____ @ _____ _____

_____ @ _____ _____

_____ @ _____ _____

_____ @ _____ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 9299.30

DISCOUNT 2045.85 IF PAID IN 30 DAYS

net 7253.45

ALLIED OIL & GAS SERVICES, LLC 055177

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell, KS

DATE	SEC	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
3-3-14	25	17	17				
LEASE	WELL #	LOCATION		COUNTY	STATE		
<u>General</u>	B-2	<u>Highway 16</u>		<u>Russell</u>	<u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR _____ OWNER Adrian Davis DDS

TYPE OF JOB _____ T.D. _____
 HOLE SIZE _____ DEPTH 3707
 CASING SIZE 8 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 87.27 cu

EQUIPMENT

PUMP TRUCK CEMENTER John Plummer
 # 407 HELPER Dan
 BULK TRUCK DRIVER Jason A.
 BULK TRUCK DRIVER _____

REMARKS:

SERVICE

DEPTH OF JOB _____ 3707'
 PUMP TRUCK CHARGE _____ \$248759
 EXTRA FOOTAGE _____
 MILEAGE 1800 @ 77 = 138600
 MANIFOLD _____ @ 44 = 15280
 _____ @ _____ = _____
 _____ @ _____ = _____
 TOTAL \$694200

CHARGE TO: Adrian Davis
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____ = _____
 _____ @ _____ = _____
 _____ @ _____ = _____
 _____ @ _____ = _____
 TOTAL \$213500

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 _____
 SIGNATURE Robert L. Allen

SALES TAX (If Any) _____
 TOTAL CHARGES \$112,500.00
 DISCOUNT \$200.00 IF PAID IN 30 DAYS