



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209727
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: _____

1209727

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 130948

Invoice Date: Apr 27, 2012

Voice: (817) 546-7282
Fax: (817) 246-3361

Page: 1



Bill To:
Redland Resources, Inc. 6001 N. W. 23rd Oklahoma City, OK 73127

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Redl	Eimel # SWD #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Apr 27, 2012	5/27/12

Quantity	Item	Description	Unit Price	Amount
500.00	MAT	AMD	23.55	11,775.00
100.00	MAT	Premium Class H	21.25	2,125.00
3,000.00	MAT	KolSeal	0.89	2,670.00
282.00	MAT	FL-160	17.20	4,850.40
25.00	MAT	FloSeal	2.70	67.50
84.00	MAT	Defoamer	8.90	747.60
667.00	SER	Handling	2.25	1,500.75
30.00	SER	Ton Miles	73.37	2,201.10
1.00	SER	Production	2,695.00	2,695.00
30.00	SER	Heavy Vehicle Mileage	7.00	210.00
1.00	SER	Manifold Head Rental	200.00	200.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	EQP	5 1/2 F.R Triplex Shoe	1,340.00	1,340.00
5.00	EQP	5 1/2 Centralizers	49.00	245.00
3.00	EQP	5 1/2 Port Collars	2,600.00	7,800.00
1.00	EQP	5 1/2 Latch Down Plug	277.00	277.00
1.00	EQP	5 1/2 Thread Lock Unit	71.00	71.00
1.00	CEMENTER	Matt Thimesch		
1.00	EQUIP OPER	Eddie Piper		
1.00	OPER ASSIST	Troy Lenz		
1.00	EQUIP OPER	Brett Goins		

Subtotal	38,895.35
Sales Tax	
Total Invoice Amount	38,895.35
Payment/Credit Applied	
TOTAL	38,895.35

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

\$ 7779.07

ONLY IF PAID ON OR BEFORE
May 22, 2012

3-14 JV

31.116.28
pd wire
70056

ALLIED OIL & GAS SERVICES, LLC 054018

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Mr. G. Adams

DATE <u>4-27-12</u>	SEC. <u>14</u>	TWP. <u>33s</u>	RANGE <u>17w</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00 am</u>	JOB FINISH <u>2:00 pm</u>
LEASE <u>Enrod</u>	WELL # <u>5wp#1</u>	LOCATION <u>160x 24 Rd. 1 south, 1 west,</u>			COUNTY <u>Comanche</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>5 1/2 south, East into</u>					

CONTRACTOR AKG #7
 TYPE OF JOB Wash down / production
 HOLE SIZE 7 7/8 T.D. 6300'
 CASING SIZE 5 1/2 DEPTH 5922'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Triplex shoe + 3 port tool bits DEPTH
 PRES. MAX 1100 psi MINIMUM
 MEAS. LINE SHOE JOINT 30'
 CEMENT LEFT IN CSG. 30'
 PERFS.
 DISPLACEMENT 142 bbls @ 20

OWNER Redlands

EQUIPMENT

PUMP TRUCK CEMENTER with Thresh
~~# 421/252 HELPER Eddie Ager~~
 BULK TRUCK
 # 421/252 DRIVER Troy Lenz
 BULK TRUCK
 # 364 DRIVER Bratt Adams

CEMENT

AMOUNT ORDERED 500 sq class A "AMD"
+ 5# Wolsal + .5% fl-160 + Defoamer
100 sq class H "ASC" + 5# Wolsal + .5% fl-160
+ 1/4# flo seal + Defoamer

COMMON <u>500 "AMD"</u>	@ <u>23.55</u>	<u>11,775.00</u>
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC <u>100 class H</u>	@ <u>21.25</u>	<u>2,125.00</u>
<u>Wolsal 3,000 lbs</u>	@ <u>.89</u>	<u>2,670.00</u>
<u>fl-160 282 lbs</u>	@ <u>17.20</u>	<u>4,850.40</u>
<u>fl-160 25 lbs</u>	@ <u>2.70</u>	<u>67.50</u>
<u>Defoamer 84 lbs</u>	@ <u>8.90</u>	<u>747.60</u>
	@	
	@	
	@	
	@	
HANDLING <u>667</u>	@ <u>2.25</u>	<u>1,500.75</u>
MILEAGE <u>667/11/30</u>		<u>2,201.10</u>
		TOTAL <u>25,937.35</u>

REMARKS:

Thank You.

SERVICE

DEPTH OF JOB <u>5922'</u>		
PUMP TRUCK CHARGE		<u>2,695.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>30</u>	@ <u>7</u>	<u>210.00</u>
MANIFOLD <u>Head Rental</u>	@ <u>200</u>	<u>2,000.00</u>
<u>Light vehicle 30</u>	@ <u>4</u>	<u>120.00</u>
	@	
		TOTAL <u>3,225.00</u>

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

PLUG & FLOAT EQUIPMENT

5 1/2

<u>Fiber Triplex shoe - 1</u>	@ <u>1,340.00</u>	<u>1,340.00</u>
<u>W. Centralizers - 5</u>	@ <u>49</u>	<u>245.00</u>
<u>port tool bits - 3</u>	@ <u>2,600</u>	<u>7,800.00</u>
<u>latch down plug - 1</u>	@ <u>277</u>	<u>277.00</u>
<u>Thread lock kit - 1</u>	@ <u>71</u>	<u>71.00</u>
		TOTAL <u>9,733.00</u>

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.

SALES TAX (If Any) _____
 TOTAL CHARGES \$ 38,895.35
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE Ala W. Adams



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 131286

Invoice Date: May 21, 2012

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361



Bill To:
Redland Resources, Inc. 6001 N. W. 23rd Oklahoma City, OK 73127

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Redl	Einsel SWD #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-04	Medicine Lodge	May 21, 2012	6/20/12

Quantity	Item	Description	Unit Price	Amount
300.00	MAT	AMD	23.55	7,065.00
42.00	MAT	Defoamer	8.90	373.80
76.00	MAT	FloSeal	2.70	205.20
354.29	SER	Cubic Feet	2.10	744.00
483.07	SER	Ton Miles	2.35	1,135.20
1.00	SER	Port Collar	1,050.00	1,050.00
30.00	SER	Heavy Vehicle Mileage	7.00	210.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	CEMENTER	Jason Thimesch		
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Brett Goins		
1.00	EQUIP OPER	Derek Gibbons		

Subtotal	10,903.20
Sales Tax	
Total Invoice Amount	10,903.20
Payment/Credit Applied	
TOTAL	10,903.20

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

\$2186.64

ONLY IF PAID ON OR BEFORE

Jun 15, 2012

3-14 M

ALLIED OIL & GAS SERVICES, LLC 053805

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>05/21/2012</u>	SEC <u>14</u>	TWP. <u>23s</u>	RANGE <u>17w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Eingsel Sub</u>	WELL # <u>1</u>	LOCATION <u>160 + 29, 1s, 1w, 5 1/2 s, East</u>			COUNTY <u>Comanche</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		into					

CONTRACTOR Clark OWNER Redland

TYPE OF JOB Port Collar

HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH <u>2465</u>
TUBING SIZE <u>2 3/8</u>	DEPTH <u>2465</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>1500</u>	MINIMUM
MEAS. LINE	SHOE JOINT

CEMENT
AMOUNT ORDERED 300sx AMD + 1/4# Floseal + Defoamer

CEMENT LEFT IN CSG.
PERFS.
DISPLACEMENT 13

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
AMD - 300SX "A"	@	<u>23.55</u>	<u>7065.00</u>
Defoamer - 42#	@	<u>8.90</u>	<u>373.80</u>
Floaseal - 76#	@	<u>2.70</u>	<u>205.20</u>
	@		
	@		
	@		
	@		
HANDLING <u>344</u>	@	<u>2.25</u>	<u>774.00</u>
MILEAGE <u>30x.11x344</u>			<u>1135.20</u>
TOTAL			<u>\$9553.20</u>

EQUIPMENT

PUMP TRUCK # <u>300/265</u>	CEMENTER <u>Jacon Thinesch</u>
BULK TRUCK # <u>421/252</u>	DRIVER <u>Derek Gibbons</u>
BULK TRUCK #	DRIVER
HELPER <u>Brett Goins, David Felio</u>	

REMARKS:
Did not circ cement

Thank you

CHARGE TO: Redland

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>\$1050.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>30</u>	@	<u>7.00</u> <u>210.00</u>
MANIFOLD <u>30</u>	@	<u>4.00</u> <u>120.00</u>
	@	
TOTAL		
<u>\$1380.00</u>		

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

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 Alan Watson

SIGNATURE _____

SALES TAX (If Any) _____

TOTAL CHARGES \$10,933.20

DISCOUNT _____ IF PAID IN 30 DAYS