



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210325
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: _____

1210325

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Barline Oil, LLC
Well Name	Gower 1-6
Doc ID	1210325

Tops

Name	Top	Datum
Anhy	1496	+469
stotler	2758	-793
howard	2879	-912
topeka	2929	-964
heebner	3144	-1179
toronto	3169	-1204
lansing	3186	-1221
ltd	3341	-1376



CEMENTING LOG

STAGE NO.

API: 15-147-20726-00-00

Date 11.7.13 District Russell Ticket No. 56815
 Company BARLINE Oil Rig LOW Drilling
 Lease Coover Well No. 1-6
 County Phillips State Kc
 Location Phillipsburg, Kc Field 2w S into
e to 1100 rd 0.5m

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type CSG Weight #23 Collar

8 5/8 CSG @ 221' in 12 1/4 Hull
 Casing Depths: Top 0' Bottom 221'

@ 221' there is 15' SJ left in CSG.

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft P.B. to _____ ft

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. 0.0637
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. 13.6037
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: _____ Amt. 150 Skys Yield 1.34 ft³/sk Density _____ PPG

LEAD: Pump Time 18 min hrs. Type 150 sk com
+ 37 cc + 27 gal Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used #409 - Nathan D
 Bulk Equip. #410 - Joe G.

Float Equip: Manufacturer — O —

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____
 Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

Donny Pfenning

COMPANY REPRESENTATIVE _____

CEMENTER _____

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
5:00 pm						On location set up truck for pumping cement.
6:30 pm						Circulated Hull with mud @ 10 min.
7:00 pm			22.85			x Ran 150sk com 37 cc + 27 gal @ 22.85
7:20 pm			13.12			cement circulated to surface.
7:30 pm						Displaced cement @ 13.12
7:35 pm						cement circulated to surface.
8:00 pm						Shot 8 5/8 in @ 300 psi. WASHED TRUCK - picked up iron. - Racked up.



CEMENTING LOG

STAGE NO.

API: 15-147-20726-00-00

CEMENT DATA:

Date 11.12.13 District Russell Ticket No. 56819
 Company BARLINE Oil Rig Low Drilling
 Lease Garver Well No. 1-0
 County Phillips State Ks
 Location Phillipsburg Ks Field _____
e to Center rd 5a 2w South into

Spacer Type: _____
 Amt. 205 Skys Yield 1.42 ft³/sk Density _____ PPG
60/40 + 41.3 gel + 1/4 Ho-seal

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 4 1/2 Type Drill pipe Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG
 TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used #409 - Nathan D

Bulk Equip. #481 - Jesse C

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

Floater Equip: Manufacturer _____ Depth _____
 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. -01472
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. -05482
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

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

MPANY REPRESENTATIVE _____

CEMENTER Amy Pfannstiel

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
<u>7:00 pm</u>						<u>On location set up Truck -</u>
<u>1:00 am</u>			<u>4.10 mix</u>	<u>2.11 mix/min</u>		<u>* P1 = 1500' @ 25SK - Pumped cement @ 4.10 mix - Displaced cement @ 2.11 mix/min - Displaced with Kelly</u>
<u>2:30 am</u>			<u>16.42 mix</u>	<u>8.01 mix/min</u>		<u>* P2 = 1025' @ 100SK - Pumped cement @ 16.42 mix - Displaced cement @ 8.01 mix/min</u>
<u>4:30 am</u>			<u>3.29 mix</u>	<u>2.60 mix/min</u>		<u>* P3 = 275' @ 20SK - Pumped cement @ 3.29 mix - Displaced cement @ 2.60 mix/min</u>
<u>6:45 am</u>			<u>4.15 mix</u>			<u>* P4 = 40' @ 10SK - Pumped cement @ 4.15 mix. 1x 8" wooden plug. cement to surface.</u>
<u>7:00 am</u>			<u>5 mix</u>			<u>* P5 = RATHOLE @ 30SK Pumped 5 mix.</u>
<u>7:30 pm</u>			<u>6 mix</u>			<u>* Washed Truck - Racked up.</u>

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 23, 2014

Bill Ree
Barline Oil, LLC
7804 E FUNSTON, STE. 209
WICHITA, KS 67207

Re: ACO-1
API 15-147-20726-00-00
Gower 1-6
SE/4 Sec.06-03S-16W
Phillips County, Kansas

Dear Bill Ree:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/7/2013 and the ACO-1 was received on June 14, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department