



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211459
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: _____

1211459

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	ARDC INC.
Well Name	LANDGREN B2
Doc ID	1211459

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
CONDUCTOR	16	13.375	30	227	COMMON	150	2% CC
SURFACE	12.25	8.625	20	442	COMMON	250	3% CC
PRODUCTION	7.875	5.5	15.5	3589	COMMON	125	10% SALT
PRODUCTION	4.875	3.5	8	3585	60 COM/40 POZ	250	2% GEL
INJECTION	3.5	1.5	3.0	3599	NONE	0	

ALLIED CEMENTING CO., LLC. 037288

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend KS

DATE <u>9-5-11</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>830pm</u>	JOB FINISH <u>930pm</u>
LEASE <u>handren</u>	WELL # <u>SW02</u>	LOCATION <u>Linburg KS 1 west TO</u>			COUNTY <u>McPherson</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>12 Ave 3 1/2 south East into</u>				

CONTRACTOR _____ OWNER ARDCINC

TYPE OF JOB liner

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 Raw 3 1/2 DEPTH 3580

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1800 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 32 BBHs

CEMENT

AMOUNT ORDERED 2505x 60/40 + 4% Gel + .4% CD-31 + DF

EQUIPMENT

PUMP TRUCK CEMENTER Wayne / G-cs

366 HELPER Dustin

BULK TRUCK

341 DRIVER Jimmy

BULK TRUCK

_____ DRIVER _____

COMMON	<u>150</u>	@	<u>16.25</u>	<u>2,437.50</u>
POZMIX	<u>100</u>	@	<u>8.50</u>	<u>850.00</u>
GEL	<u>9</u>	@	<u>21.25</u>	<u>191.25</u>
CHLORIDE		@		
ASC		@		
<u>C-0 31</u>	<u>86</u>	@	<u>9.35</u>	<u>804.10</u>
<u>DF</u>	<u>35</u>	@	<u>8.90</u>	<u>311.50</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>261</u>	@	<u>2.25</u>	<u>587.25</u>
MILEAGE	<u>261 x 60 x .11</u>			<u>1,722.60</u>
TOTAL				<u>6,904.30</u>

REMARKS:

Pipe on Bottom B-cq circulation with 50 BBHs at 600 PSI
Mix 2505x 60/40 + 4% Gel + .4% CD-31 + DF shut down
wash pump and lines
Release plug Displace 32 BBHs hand plug at 1800 PSI
Release and hold cement did not circulate.

SERVICE

DEPTH OF JOB	<u>3580</u>		
PUMP TRUCK CHARGE			<u>1250.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>HUM 120</u>	@	<u>7.00 840.00</u>
MANIFOLD		@	
	<u>HUM 120</u>	@	<u>4.00 480.00</u>
		@	
TOTAL <u>2570.00</u>			

CHARGE TO: ARDCINC

STREET _____

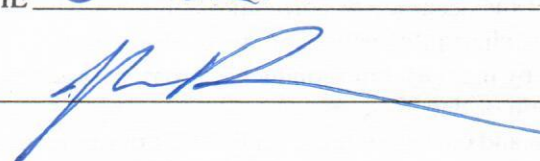
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

		@	
<u>Butt weld float shoe</u>		@	<u>330.43 330.43</u>
<u>1 Rubber Plug</u>		@	<u>44.00 44.00</u>
		@	
		@	
TOTAL <u>374.43</u>			

To Allied Cementing Co., 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 John Raus

SIGNATURE 

SALES TAX (If Any) _____

TOTAL CHARGES 9892.63

DISCOUNT 50% 20% 2891.34

IF PAID IN 30 DAYS

7001.29