



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211524
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: _____

1211524

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 6301

Date	6-8-10	Sec.	22	Twp.	18	Range	11	County	Barton	State	Ks	On Location	Finish	10:00PM
Location														

Lease	Kaiser		Well No.	2	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.									
Contractor	Southwind Drilling				Charge To	L.B. oil									
Type Job	Surface				T.D.	324'									
Hole Size	12 1/4"		Depth	324'											
Csg.	8 5/8"		Depth												
Tbg. Size			Depth												
Tool			Depth	The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.	15'		Shoe Joint	15'		Cement Amount Ordered	180 Com 3+2								
Meas Line			Displace	19 1/2 BLS											

EQUIPMENT				Common
Pumptrk	5	No.	Cementer Helper	Poz. Mix
Bulktrk	10	No.	Driver	Gel.
Bulktrk	p.u.	No.	Driver	Calcium
			Driver	Hulls

JOB SERVICES & REMARKS				Salt
Remarks:	Cement did Circulate			Flowseal
Rat Hole				Kol-Seal
Mouse Hole				Mud CLR 48
Centralizers				CFL-117 or CD110 CAF 38
Baskets				Sand
D/V or Port Collar				Handling
				Mileage

FLOAT EQUIPMENT				
				Guide Shoe
				Centralizer
				Baskets
				AFU Inserts
				Float Shoe
				Latch Down
				Pumptrk Charge
				Mileage
				Tax
				Discount
				Total Charge

X Signature

ALLIED CEMENTING CO., LLC. 041540

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell

DATE <u>6-13-10</u>	SEC. <u>22</u>	TWP. <u>18</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30p</u>	JOB FINISH <u>3:00p</u>
LEASE <u>Kaiser</u>	WELL # <u>2</u>	LOCATION <u>Clafin 1E 335</u>			COUNTY <u>Carton</u>	STATE <u>Ks.</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>Wife</u>				

CONTRACTOR Southern Rig # 2
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. 3359
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 3337
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 185 9/10 4.2 Gel 1/4 MF6

COMMON	<u>111</u>	@	<u>13.50</u>	<u>1498.50</u>
POZMIX	<u>74</u>	@	<u>7.55</u>	<u>558.70</u>
GEL	<u>6</u>	@	<u>20.25</u>	<u>121.50</u>
CHLORIDE		@		
ASC		@		
<u>Fl Seal</u>	<u>46</u>	@	<u>2.45</u>	<u>112.70</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>191</u>	@	<u>2.25</u>	<u>429.75</u>
MILEAGE	<u>110 sk/mile</u>			<u>300.00</u>
TOTAL				<u>3,021.15</u>

EQUIPMENT

PUMP TRUCK CEMENTER _____
 # 417 HELPER Shane
 BULK TRUCK _____
 # 378 DRIVER Heath
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

~~3297~~ 25 sks
570 25 sks
320 50 sks
40 10 sks
Rat Hole 30 sks Mouse Hole 15 sks

SERVICE

DEPTH OF JOB	_____			
PUMP TRUCK CHARGE			<u>1159.00</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>15</u>	@	<u>7.00</u> <u>105.00</u>	
MANIFOLD		@		
		@		
TOTAL				<u>1264.00</u>

CHARGE TO: LD Oil
 STREET 211 8th Street
 CITY Clafin STATE Ks. ZIP 67525

PLUG & FLOAT EQUIPMENT

		@		
		@		
<u>Dry Hole Plug</u>		@	<u>40.00</u>	
		@		
TOTAL				<u>40.00</u>

SALES TAX (If Any) _____
 TOTAL CHARGES ~~_____~~
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

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 _____
 SIGNATURE William Landow

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

July 01, 2014

Leslie or Barbara Logan
Logan, Leslie dba L. B. Oil
211 8TH ST
CLAFLIN, KS 67525-8914

Re: ACO-1
API 15-009-25420-00-00
KAISER 2
NE/4 Sec.22-18S-11W
Barton County, Kansas

Dear Leslie or Barbara Logan:

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 6/7/2010 and the ACO-1 was received on June 25, 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