



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209069
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: _____

1209069

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: 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> _____	PRODUCTION INTERVAL: _____ _____
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Customer Dixon Energy, Inc	Lease No.	Date 12/3/2014
Lease Lonker	Well # 4	
Field Order # 10192	Station Pratt, KS	Casing 8 5/8
		Depth 265
Type Job CNU/SURFACE	Formation	County Berber
		State Ks
		Legal Description 16-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth 265	Depth	From	To	Pre Pad	Max			5 Min.
Volume 15 1/2	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 245	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative Gies Davidson	Station Manager Kevin Goraley	Treater Darin Franklin
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Service Units	2723	19903	19843	19826	19860				
Driver Names	Darin	Pgt	Pgt	Acron	Acron				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:30					ON LOCATION / SAFETY MEETING
					RUN 6 JOINTS 8 5/8 CASING - 250'
					LT SET AT 265'
7:30 AM	200		3	5	PUMP 3 bbls WATER
	200		42	5	PUMP 1955x 60/40 P02, 2% GEL
					3% CC, .25# CELLULOSE, 14.8 PPG
					5.18 WATER REG., 1.21 VISC
8:00 PM	200		15 1/2	5	DISPENSE WATER
					JOB COMPLETE - DARIN & CREW
					THANK YOU!!!



Services, L.P.

TREATMENT REPORT

DIXON ENC 094 Lease No. _____ Date _____
 LONKER Well # 4 _____
 Order # 10326 Station PRA-H KC Casing 5 1/2 Depth 4805 County BARBER State KS
 Type Job CNW 5 1/2 Longstring Formation _____ Legal Description 16-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2		From	To	Pre Pad	Max		5 Min.	
Depth 4805'	Depth	From	To	Pad	Min		10 Min.	
Volume 111	Volume	From	To	Frac	Avg		15 Min.	
Max Press 2,000	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection P.C.	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth 4154	Packer Depth	From	To					

Customer Representative _____ Station Manager DAVE SCOTT Treater Robert Jullian
 Service Units 37900 19903 19843 T0959 19914
 Driver Names Sullivan Edamby Phyc

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30					on line
8:30					Truck on the site, meet
					RW 5 1/2 17" CSP.
11:10					CASING ON BOTTOM
11:20					Hook Rig circ csp.
1:00			5	3	At SPACER
			17		84 mud flush
			5		SPACER
				5	mix cmt 200 sk AA-2 cat @ 15 s pff
			50		cmt mixed shut down wash, pu up, lower
					Relaso Plug
				6	At Disp
	200				lift PS
	600			4	Slow parts
1:45	1,800		111		plug down
			7		ply RH w/ 30 sk no. 2
			5		ply with 20 sk
					JOB complete
					THANKS

Mud-Co / Service Mud Inc.

Operator **DIXON ENERGY INC.** County **BARBER** State **KANSAS** Pump **6** X **15** X **56** SPM Casing Program **8 5/8" @ 265** ft.
 Well **#4 LONKER** Location **VAL #3** Sec **16** TWP **32S** RNG **12W** D.P. **4.5** in. Collar **6.25** in. Total Depth **4810'** ft.
 Contractor **PRATT KS** Date **4/2/2014** Engineer **BRAD BORTZ** Pump **6** X **15** X **56** SPM Casing Program **8 5/8" @ 265** ft.
 Stockpoint **PRATT KS** Date **4/2/2014** Engineer **BRAD BORTZ** Pump **6** X **15** X **56** SPM Casing Program **8 5/8" @ 265** ft.
 VAL #3 Sec 16 TWP 32S RNG 12W D.P. 4.5 in. Collar 6.25 in. Total Depth 4810' ft.

DATE	DEPTH feet	WEIGHT lb/gal	VISCOSITY		GELS 10 sec / 10 mins	pH Strip Meter	FILTRATION/FILTRATION ANALYSIS				SAND %	RETORTY			Pump Press. PSI	CUMULATIVE COST	REMARKS AND TREATMENT	
			Sec API @ F	PV @ F			Yp	ml API	Caft 32nds	Pres. #BBL		Cl ppm	Ca ppm	Solids %				Oil %
4/2	0																	
4/3	265																	
4/6	2930	9.8	27			7.0	N/C	HVY				5.9	94.1			1,555	0 Rig up.	
4/7	3660	9.3	47	15	16/59	10.5	9.6	1	88M			6.8	93.2			6,156	WOC	
4/8	4211	9.3	46	14	13/44	10.5	9.2	1	4,000			6.7	93.3			8,630	No loss on surface hole	
4/9	4770	9.6	50	15	14/56	10.0	9.2	1	6,000			8.9	91.1			11,499	Displaced at 2962	
4/10	4810								5,000							13,249	Final: RTD - 4810'. LTD - 4810'. No DST's.	
																		Logs Ok. Run Casing.

MATERIALS	Sacks		Amount		Sacks	Amount
	Materials	Amount	Materials	Amount		
C/S HULLS	163	2925.85				
CAUSTIC SODA	20	1323.00				
DRILL PAK	6	1980.00				
LIME	3	33.00				
PREMIUM GEL	330	6072.00				
SODA ASH	21	542.85				
SUPER LIG	13	371.80				
Total Mud Cost						13248.50
Trucking Cost						1128.57
Trucking Surcharge						
Taxes						
TOTAL COST						\$14,377.07

MUD-CO / SERVICE MUD INC.
 100 S. Main Suite #310
 Wichita, Ks. 67202
 316/264-2814 Fax: 316/264-5024

DRILLING MUD RECAP

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	5/7/2014
County:	Barber
API Number (14 Digits):	15-007-24143-00-00
Operator Name:	Dixon Energy
Well Name and Number:	Lonker #4
Latitude:	
Longitude:	
Datum:	
Production Type:	Oil and Gas
True Vertical Depth (TVD):	4810
Total Base Fluid Volume (gal)*:	367000

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
Plexslic 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25%	0.0175068%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10%	0.0025068%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50%	0.0125341%	
Claymax	Chemplex	Clay Stabilizer	No hazardous ingredient	N/A	0%	0.0000000%	
AMA-398	Chemplex	Biocide	Dazomet	533-74-4	98%	0.0049000%	
Plexgel Breaker XPA	Chemplex	Breaker/Slickwater	Hydrogen Peroxide	7722-84-1	7%	0.0013842%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50%	0.5071429%	
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	0.6085714%	
Frac Sand	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	19.3000000%	

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%.
 Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).