



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210272
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: _____

1210272

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)*

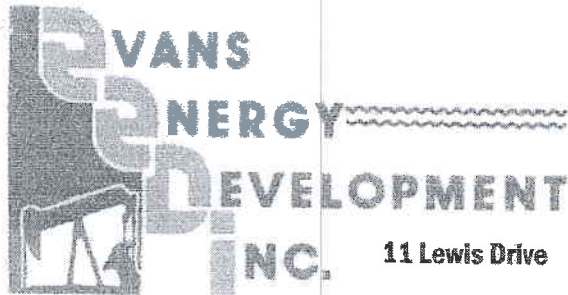
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
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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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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

A & L Energy Operations, LLC

Alma #10

API #15-059-26,662

May 22 - May 23, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
13	lime	17
4	shale	21
10	lime	31
6	shale	37
19	lime	56
27	shale	83
25	lime	108
84	shale	192
21	lime	213
8	shale	221
6	lime	227
11	shale	238
5	lime	243
31	shale	274
10	lime	284
20	shale	304
26	lime	330
6	shale	336
23	lime	359
4	shale	363
12	lime	375 base of the Kansas City
153	shale	528
5	lime	533
8	shale	541
3	lime	544
28	shale	572
1	coal	573
28	shale	601
2	lime	603
1	shale	604
1	coal	605
15	shale	620
3	lime	623
6	shale	629
5	lime	634 good bleeding
17	shale	651
6	broken sand	657 brown & green, no bleeding

4.5	broken sand	661.5	brown & green, light bleeding
2	shale	663.5	
2	oil sand	665.5	brown, light bleeding
65.5	shale	731	
1	coal	732	
3	shale	735	
2	broken sand	737	brown & green, light bleeding
163	shale	900	TD

Drilled a 9 7/8" hole to 22.2'

Drilled a 5 5/8" hole to 900'

Set 22.2' of 9 7/8" casing threaded and coupled cemented with 5 sacks of cement.

Plugged back to 730' with cement.

Set 730' of 2 7/8" 8 round upset 3 centralizers, 1 float shoe, 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
652		25
653		35
654		36
655		32
656		36
657		37
658		36
659		30
660		25
661		29
662		32
663		40
664		24
665		33
666		35
667		41
668		40
669		38
670		35
671		43
672		46
673		48
674		42
675		30
676		26
677		23
678		29
679		34
680		37
681		35
682		35
683		35
684		29
685		31
686		41
687		32
688		36
689		31
690		30
691		36
692		37



CONSOLIDATED
Oil Well Services, LLC

268467

TICKET NUMBER 47203

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/23/14	3898	Alma #10	SE 20	16	21	FR

CUSTOMER
A+L Energy

MAILING ADDRESS
575 Madison Ave 22nd Fl

CITY
New York

STATE
NY

ZIP CODE
10022

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Carsten	✓ Safety Meeting	
6666	Garmon	✓	
503	Art McD	✓	
370	Jas Ric	✓	

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 900' CASING SIZE & WEIGHT 2 7/8"

CASING DEPTH 730' DRILL PIPE _____ TUBING _____ OTHER plug back to 730'

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 4.23 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation at hole TD, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 15 sks 50/50 Pozmix cement w/ 2% gel per sk to plug hole back to 730', pulled casing back to 730', mixed & pumped 100# gel followed by 10 bbls fresh water, mixed & pumped 104 sks cement, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.23 bbls, fresh water, pressured to 800 PSI, released pressure, shut in casing.

PK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	15 mi	MILEAGE		63.00
5402	730'	casing footage		
5407	minimum	ten mileage		368.00
5502C	2 hrs	80 Vac		200.00
1124	119 sks	50/50 Pozmix cement	1368.50	
118B	400 #	Premium Gel	88.00	
		materials	1456.50	
		-30%	436.95	
		subtotal		1019.55
4402	1	2 1/2" rubber plug		29.50
			3215.68	
		7.65%	SALES TAX	80.25
			ESTIMATED TOTAL	2845.30

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form