



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210852
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: _____

1210852

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> _____	PRODUCTION INTERVAL: _____ _____
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#1 York 30C
1305' FSL & 430' FWL
15' S & 100' E of W/2 W/2 SW/4 Section 30-15S-30W
Gove County, Kansas
API# 15-063-22181-0000
Elevation: 2733' GL, 2738' KB

Sample Tops			Ref. Well
Anhydrite	2177'	+561	-2
B/Anhydrite	2199'	+539	-2
Stotler	3393'	-655	+4
Heebner	3768'	-1030	+3
Lansing	3808'	-1070	Flat
Muncie Shale	3970'	-1232	+9
Stark Shale	4062'	-1324	+10
Hush	4097'	-1359	+11
BKC	4141'	-1403	+10
Altamont	4199'	-1461	+11
Pawnee	4264'	-1526	+12
Myrick	4297'	-1559	+11
Fort Scott	4315'	-1577	+10
Cherokee Shale	4340'	-1602	+10
Johnson	4382'	-1644	+10
B/Johnson	4400'	-1662	+13
Mississippian	4451'	-1713	-22
RTD	4561'	-1823	



CONSOLIDATED
Oil Well Services, LLC

266812

TICKET NUMBER 44653
LOCATION Oakley KS.
FOREMAN Damon M. Fuzzy

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	
3-20-14	7173	YORK 306 #1	30	15	30	GOVE KS.	
CUSTOMER RITCHIE		TOAS RD N to 280 E to WINDY RD N to N into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				399	MIKE R.		
CITY		STATE	ZIP CODE	528 T-127	JEREMY R.		

JOB TYPE PORT COLLAR HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5/2
CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER P.C. @ 2143'
SLURRY WEIGHT 12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 1 BBL
DISPLACEMENT 12.41 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rig up on well closed port collar test (2) #1200 HSLD
Open tool check for blow then pumped 20 SKS neat then 245 SKS
60/40 6% GEL 1/4" PLO WITH #300 COTTON SEED HOLES THEN DISPLACED 12 BBL
of H2O thru 1" tool then pressured up to #1200 RELEASED PRESSURE
OPEN TOOL RAN 5 JOINTS AND REVERSED CLEAN. HSLD

CEMENT DID CIRCULATE

26.5 SAX TOTAL

THANK YOU DAMON & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	1785.00	1785.00 ✓
5406	45	MILEAGE	5.25	236.25 ✓
5407	11.4	TON MILEAGE DELIVERY	1.75	897.75 ✓
1131	265 SKS	60/40 P02	15.86	4202.90 ✓
1188	#1367	BENTONITE	.27	369.09 ✓
1107	#66	FLOSEAL	2.97	196.02 ✓
1105	#300	COTTON SEED HOLES	.58	174.00 ✓
			SUBTOTAL	7861.01 ✓
			LESS 10% DISC	786.10 ✓
			SUBTOTAL	7074.91 ✓
			SALES TAX	351.39 ✓
			ESTIMATED TOTAL	7426.30 ✓

completed

Ravin 3737

AUTHORIZATION [Signature] 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.

York 30 c1
ALLIED OIL & GAS SERVICES, LLC 062689

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
 SOUTHLAKE, TEXAS 76092

SERVICE POINT: Green Bay, TX

DATE <u>3-4-14</u>	SEC. <u>30</u>	TWP. <u>15S</u>	RANGE <u>30L</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00 AM</u>	JOB FINISH <u>9:00 AM</u>
LEASE <u>York 30</u>		WELL # <u>1</u>		LOCATION		COUNTY <u>Greene</u>	STATE <u>TX</u>
OLD OR NEW (Circle one)							

CONTRACTOR Rivche Exploration
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D.
 CASING SIZE 4 1/2 DEPTH 232
 TUBING SIZE DEPTH
 DRILL PIPE 1 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15 ft
 PERFS.
 DISPLACEMENT 13,526 bbls Freshwater
 EQUIPMENT

PUMP TRUCK CEMENTER Dustin Chambers
 # 396 HELPER Josh Ellis
 BULK TRUCK
 # 609-239 DRIVER Karin Weighaus
 BULK TRUCK
 # DRIVER

OWNER
 CEMENT
 AMOUNT ORDERED 165 sks class A
74 cc 24 gal

COMMON	<u>185</u>	@	<u>17.90</u>	<u>3,311.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>521</u>	@	<u>.80</u>	<u>416.80</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>199.25</u>	@	<u>2.48</u>	<u>494.14</u>
MILEAGE	<u>9.10 x 40 x</u>		<u>2.60</u>	<u>946.80</u>
TOTAL				<u>5,239.04</u>

REMARKS:
Break circulation with Rig mud
Pump 5 bbls Freshwater & shut in
13,526 bbls class A 30cc 24 gal
Displace 13,526 bbls Freshwater
& shut in
Remove old circulation
plug down 8:30 pm
Rig down

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE	<u>1512.25</u>		
EXTRA FOOTAGE	@		
MILEAGE	<u>Hum 40</u>	@	<u>7.70</u> <u>308.00</u>
MANIFOLD	@		
	<u>Hum 40</u>	@	<u>4.40</u> <u>176.00</u>
		@	

CHARGE TO: Rivche Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 1,820.35
1996.25

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

To: Allied Oil & Gas Services, 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 X Sid Detscher
 SIGNATURE X Sid Detscher
Thank You!!

SALES TAX (If Any) _____
 TOTAL CHARGES 7,059.29 7,235.29
7,411.85 1,447.06
 DISCOUNT _____ IF PAID IN 30 DAYS
5,647.43
\$ 5,788.23