



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210913
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: _____

1210913

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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Max R. Lovely

GEOLOGIST'S REPORT

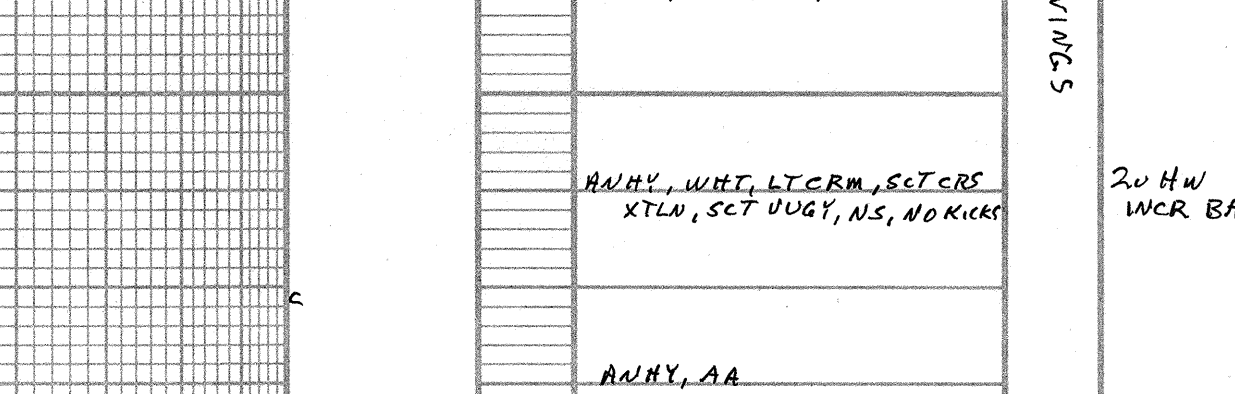
DRILLING TIME AND SAMPLE LOG

COMPANY: Richie Exploration; LEASE: #1 Dirks 4A; LOCATION: 2100' E 1/2 N 55' E L; COUNTY: Pawnee; STATE: OK; CONTRACTOR: Southwind #2; MUD: MUD Chem

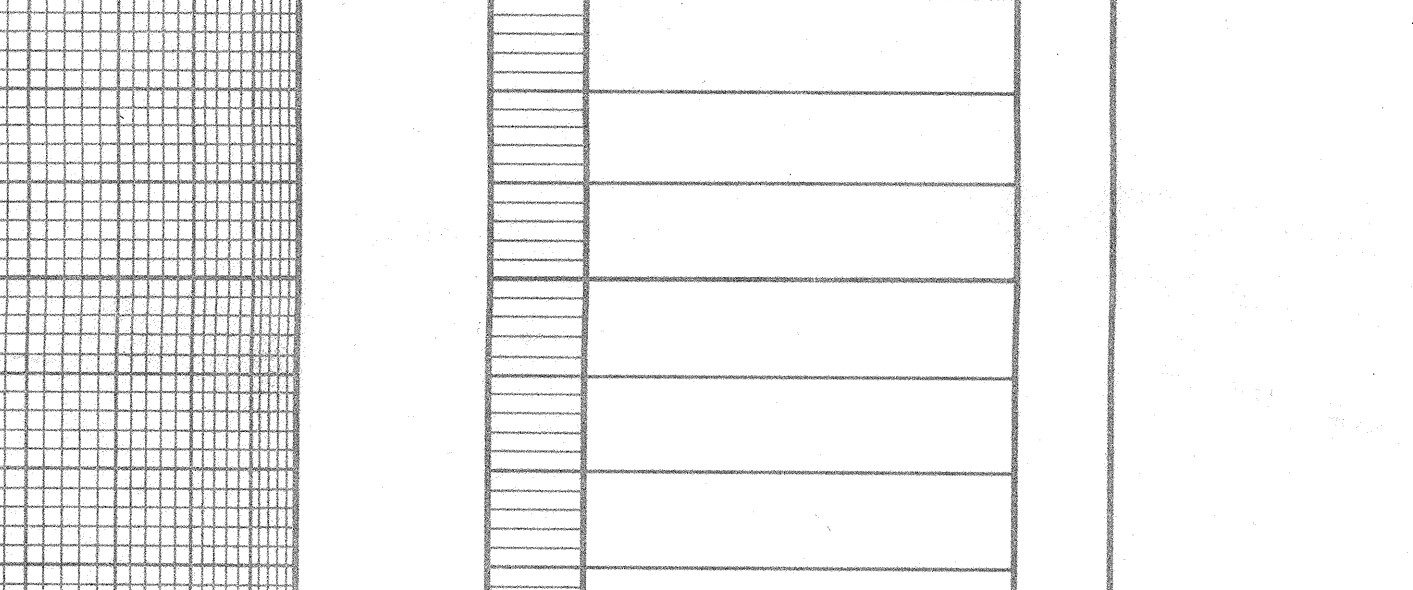
FORMATION TABLE with columns: FORMATION, SAMPLE TOP, ELECTRIC LOG, STR-SEA, DATA, STRUCTURAL POSITION (A, B, C)

REMARKS

LEGEND



Main log table with columns: DEPTH, DRILLING TIME IN MINUTES PER FOOT, LITHOLOGY, SAMPLE DESCRIPTIONS, OIL SHOWS, REMARKS





#1 Dirks 4A

2100' FNL & 555' FEL

120' S & 105' E of SE NE Section 4-21S-18W

Pawnee County, Kansas

API# 15-145-21753-0000

Elevation: 2141' GL, 2150' KB

Sample Tops			Ref. Well
Anhydrite	1204'	+946	+2
B/Anhydrite	N/A		
Krider	2143'	+7	+3
Heebner	3532'	-1382	+9
Toronto	3553'	-1403	+10
Lansing	3597'	-1447	+9
Stark Shale	3820'	-1670	+6
Hush	3856'	-1706	+9
BKC	3892'	-1742	+3
Pleasanton	3898'	-1748	+3
Marmaton	3911'	-1761	Flat
Altamont	3942'	-1792	+2
Pawnee	3974'	-1824	+3
Fort Scott	4005'	-1855	-1
Cherokee Shale	4019'	-1869	-4
Conglomerate Sand	4031'	-1881	-3
Arbuckle	4061'	-1911	+1
Granite	4502'	-2352	N/A
RTD	4560'	-2410	

ALLIED OIL & GAS SERVICES, LLC 062711

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
great Bend

DATE <u>3-20-14</u>	SEC. <u>9</u>	TWP. <u>21</u>	RANGE <u>18</u>	CALLED OUT <u>4:30 am</u>	ON LOCATION <u>6:30 am</u>	JOB START <u>11:00 am</u>	JOB FINISH <u>12:15 pm</u>
LEASE <u>Dicks</u>		WELL # <u>4A</u>		LOCATION <u>Rush center S To pawnee co</u>		COUNTY <u>pawnee</u>	STATE <u>Ka</u>
OLD OR <u>NEW</u> (Circle one)				<u>go to Trd 1E 1/2 S W center</u>			

CONTRACTOR southwind #2
TYPE OF JOB surface
HOLE SIZE 12 1/2" T.D. 1215'
CASING SIZE 8 3/8 2 1/2" DEPTH 1213'
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT 23'
CEMENT LEFT IN CSG. 2.3'
PERFS. _____
DISPLACEMENT H2O 76 BBI

OWNER same
CEMENT
AMOUNT ORDERED 400-14 65/35 61-gel
31-cc 150-14 class A 31-cc 21-gel
COMMON 150 @ 17.90 2,685.00
POZMIX _____ @ _____
GEL 3 @ 23.40 70.20
CHLORIDE 1467 @ .80 1,173.60
ASC _____ @ _____
400-14 65/35+6% @ 15.25 6,000.00
Gel + 3% @ _____
HANDLING 615.81 @ 2.48 1,527.20
MILEAGE 26.37 x 35x 2.60 2,400.35
TOTAL 14,454.35

REMARKS:

Rig Ran 1213' 8 3/8 csg held soft meetings
Broke circulation w/ Rig mud Drop
ball pump through @ 500 psi pump
to head 10 BBI H2O ahead mix 400-14
65/35 61-gel 31-cc @ 12.5ppg mix 150-14
class A 31-cc 21-gel @ 15.2 ppg shut
down Release plug displace 76 BBI
BBI H2O plug did land cement
did circulate float did not hold

SERVICE

DEPTH OF JOB 1213'
PUMP TRUCK CHARGE 2213.75
EXTRA FOOTAGE _____ @ _____
MILEAGE Hum 35 @ 7.70 269.50
MANIFOLD _____ @ _____
Hum 35 @ 4.40 154.00

CHARGE TO: Ritchie exploration
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 2,637.25

PLUG & FLOAT EQUIPMENT

(w) 8 3/8 Rubber plug 131.00
A-FU cement @ 447.00 447.00
TOTAL 578.00

thank you!
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.

SALES TAX (If Any) _____
TOTAL CHARGES 17,671.60
3,534.32
DISCOUNT _____ IF PAID IN 30 DAYS
14,137.28

PRINTED NAME X William Sanders
SIGNATURE X William Sanders

ALLIED OIL & GAS SERVICES, LLC 062697

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Green Bend, TX

DATE <u>3-29-14</u>	SEC. <u>4</u>	TWP. <u>21S</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 AM</u>	JOB FINISH <u>11:00 AM</u>
LEASE <u>PLUG 4-A</u>		WELL # <u>1</u>	LOCATION <u>Parish Center 5 to TRD</u>		COUNTY <u>Parish</u>	STATE <u>LA</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>parish county site 1E 12S W1N20</u>				

CONTRACTOR Southlake #2 OWNER _____

TYPE OF JOB Barry Plug

HOLE SIZE _____ T.D. _____ CEMENT _____

CASING SIZE 4 5/8 DEPTH _____ AMOUNT ORDERED 270 SKS 60% class A

TUBING SIZE _____ DEPTH _____ 140K psi 4 1/2 gal 40 Pto

DRILL PIPE 4 1/2 DEPTH 4052

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. All

PERFS. _____

DISPLACEMENT fresh water / native mud

EQUIPMENT

PUMP TRUCK CEMENTER Dustin Chambers
398 HELPER Ben Newell

BULK TRUCK
47112 DRIVER Josh Ellis

BULK TRUCK
_____ DRIVER _____

COMMON	<u>132</u>	@ <u>17.90</u>	<u>2,362.80</u>
POZMIX	<u>88</u>	@ <u>9.35</u>	<u>822.80</u>
GEL	<u>8</u>	@ <u>23.40</u>	<u>187.20</u>
CHLORIDE		@	
ASC		@	
	<u>162501</u>	<u>55</u>	@ <u>2.97</u> <u>163.35</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>236.99</u>	@ <u>2.48</u>	<u>587.73</u>
MILEAGE	<u>9.88 X 35 X</u>	<u>2.60</u>	<u>899.80</u>
			TOTAL <u>5,022.86</u>

REMARKS:

fill hole with Pto mud
14057-50 SKS
21740-50 SKS
31452-50 SKS
4160-20 SKS
5160-20 SKS
6160-20 SKS
plug down 10:45 AM

SERVICE

DEPTH OF JOB	<u>4052</u>		
PUMP TRUCK CHARGE		<u>2600.42</u>	
EXTRA FOOTAGE		@	
MILEAGE Hum	<u>35</u>	@ <u>7.70</u>	<u>269.50</u>
MANIFOLD		@	
	<u>Hum 35</u>	@ <u>4.40</u>	<u>154.00</u>
		@	

TOTAL 3,023.97

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

PLUG & FLOAT EQUIPMENT

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

TOTAL _____

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.

SALES TAX (If Any) _____
TOTAL CHARGES 8,046.93
DISCOUNT 1,609.59 IF PAID IN 30 DAYS
6,437.34

PRINTED NAME William Sanders
SIGNATURE William Sanders
Thank You!