



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213099
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: _____

1213099

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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Form	ACO1 - Well Completion
Operator	Wells, Rodger D. dba Pioneer Resources
Well Name	DIRKS 5
Doc ID	1213099

All Electric Logs Run

CNL
CDL
SONIC
DIL
MEL

JOB LOG

SWIFT Services, Inc.

DATE 4-30-14 PAGE NO.

CUSTOMER Pioneer Resources WELL NO. 5 LEASE Orks JOB TYPE 5 1/2 Two Stage TICKET NO. 25535

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2130							on location
								TD 4750 55 18
								TP 4748 Insert 4730
								OV for 56 2329 5 1/2 x 15.5
								centralizers 1,3,5,7,9,11,13,15,17,20,23,55
								Baskers 6,24,56 Scratchers 1-10 4pc
	2255							Start Pipe
	0045							Drop Ball Break Circulation Reciprocate
	0230	5	12		✓			Start mud flush
		5	20		✓			Start KCL Flush
		5	42		✓			Start cement 175 sks EA-2
								Drop Plug wash out Pump + Lines
	0252	6.5			✓			Start Displacement
		6.5	60		✓			Start mud
	0315	6.5	112.5		✓			650 / 1520 Land Plug
								Release Dry
	0320							Drop open Plug
								wash up truck
	0345						1300	open DV
								Circulate
								plug BH. 30 sks
			20		✓			Start KCL
			136					Start cement 245 sks @ 11.2 ^{wt} /gal
			7		✓			25 sks @ 14 ^{wt} /gal
	0639							Drop Closing Plug
								wash out Pump + Lines
	0640	5			✓			Start Displacement
		5	43		✓		400	Circulate Cement
	0650	5	55.4		✓		550 / 1520	Land Plug Close DV
								Release Dry
								wash up Rack up
								Sub complex
								Thank you
								Dush, Brian, Isaac,

JOB LOG

SWIFT Services, Inc.

DATE 4-30-14 PAGE NO.

CUSTOMER Pioneer Resources WELL NO. 5 LEASE OILKS JOB TYPE 5 1/2 Two Stage TICKET NO. 25535

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2130							on location
								TD 4750 55 18
								TP 4748 Insert 4730
								OV run 56 2329 5 1/2 x 15.5
								centralizers 1,3,5,7,9,11,13,15,17,20,23,55
								Baskers 6,24,56 Scratchers 1-10 4pc
	2255							Start Pipe
	0045							Drop Ball Break Circulation Reciprocate
	0230	5	12					Start mud flush
		5	20					Start KCL Flush
		5	42					Start cement 175 sks EA-2
								Drop Plug wash out Pump + Lines
	0252	6.5						Start Displacement
		6.5	60					Start mud
	0315	6.5	112.5					Land Plug ⁶⁵⁰ / ₁₅₂₀
								Release Dry
	0320							Drop open Plug
								wash up truck
	0345						1300	open DV
								Circulate
								plug BH. 30 sks
			20					Start KCL
			136					Start cement 245 sks @ 11.2 ^{wt} / _{gal}
			7					25 sks @ 14 ^{wt} / _{gal}
	0639							Drop Closing Plug
								wash out Pump + Lines
	0640	5						Start Displacement
		5	43				400	Circulate Cement
	0650	5	55.4				⁵⁵⁰ / ₁₅₂₀	Land Plug Close DV
								Release Dry
								wash up Rack up
								Sub complex
								Thank you
								Dush, Brian, Isaac,



CHARGE TO: **Pioneer Resources**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 25535

1. SERVICE LOCATIONS: **Hwy 516** WELLPROJECT NO. **5** LEASE **Disks** COUNTY/PARISH **Logan** STATE **KY** CITY
 2. **Ness Lath Co** CONTRACTOR **ww** RIG NAME NO. **52 Two Stage long string** SHIPPED VIA **CT** DELIVERED TO **location** DATE **4-30-14** OWNER
 3. WELL TYPE **0-1** WELL CATEGORY **Development** JOB PURPOSE **52 Two Stage long string** WELL PERMIT NO. WELL LOCATION **Sec 12, Two 14s, R32w**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 112	80	mi			6.00	480.00
579		1			Pump Charge Two Stage	1	ea			2000.00	2000.00
221		1			log wa KLL	4	gal			25.00	100.00
281		1			Mud Flush	500	gal			1.25	625.00
290		1			D-AR	5	gal			42.00	210.00
402		1			centralizers	12	ea		5 1/2	70.00	840.00
403		1			Cement Baskets	3	ea			300.00	900.00
407		1			Insert Float Shoe w/Auto Fill	1	ea			375.00	375.00
408		1			DV Tool + Plug Set	1	ea			3550.00	3550.00
411		1			Recpu Scrabbers	40	ea			50.00	2000.00
417		1			DV Lath Down Plug + Baffle	1	ea			200.00	200.00
580		1			Additional hours crediting	3	hrs			200.00	600.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X - DATE SIGNED **4-30-14** TIME SIGNED **2:30** A.M. P.M.
 REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300
 SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND
 TOTAL **25,455.42**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: **[Signature]** APPROVAL: **[Signature]**
 Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 25535

CUSTOMER Pioneer Resources

WELL Drills 5

DATE 4-30-14

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL		UNIT PRICE	AMOUNT	
		LOG	ACCT	DF			QTY	U/M			QTY
325		2				Standard Cement EA-2	175	sls	14.50	2537.50	
330		2				Swift Multi-Densities	300	sls	18.50	5550.00	
275		2				Procele	125	lbs	2.50	312.50	
283		2				Salt	900	lbs	20.00	1800.00	
284		2				Cal seal	8	sls	35.00	280.00	
285		2				CFR-1	100	lbs	4.50	450.00	
581		2				SERVICE CHARGE			2.00	950.00	
583		2				MILEAGE CHARGE			1.00	1930.00	
							CUBIC FEET	475			
							TON MILES	1930			
							LOADED MILES	80			
							TOTAL WEIGHT	48255			
							CHARGE				
							CONTINUATION TOTAL				12180.00