



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213179
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: _____

1213179

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Oil LLC
Well Name	Kohl 1-19
Doc ID	1213179

Tops

Name	Top	Datum
Anhydrite	1471	628
Topeka	3132	-1033
Heebner	3350	-1251
Toronto	3372	-1273
Lansing	3391	-1292
B/KC	3611	-1512
Simpson	3682	-1584
W/Arbuckle	3699	-1600
Arbuckle	3708	-1609

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7112

Date	Sec.	Twp.	Range	County	State	On Location	Finish
2-24-14	19	11	19	Ellis	KS		3:30PM

Location Yocemento N to Homestead Rd, 2W, 1 1/2 N, Wn 2

Lease Kohl Well No. 1-19 Owner

Contractor Discovery # 3 To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish
cementer and helper to assist owner or contractor to do work as listed.

Type Job Plug Charge To American Oil

Hole Size 7 7/8 T.D. Depth Street

Csg. Depth City State

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered 255 sx 60/40, 4% gel, 1/4" Flo

Meas Line Displace Common 153

EQUIPMENT

Pumptrk <u>16</u>	No.	Cementer Helper <u>Billy</u>	Poz. Mix <u>102</u>
Bulktrk <u>14</u>	No.	Driver <u>Lonnie M.</u>	Gel. <u>9</u>
Bulktrk <u>P4</u>	No.	Driver <u>Travis</u>	Calcium

JOB SERVICES & REMARKS

Remarks: Hulls

Rat Hole Flowseal 63#

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

1st 50sx at 3687 Handling 264

2nd 25sx at 1500 Mileage

3rd 100sx at 700 **FLOAT EQUIPMENT**

4th 40sx at 270 Guide Shoe

5th 10sx at 40 Centralizer

30sx Rat Baskets

AFU Inserts

Float Shoe

Latch Down

1 wood Plug

Pumptrk Charge plug

Mileage 17

Signature John Enda Tax

Discount

Total Charge

QUALITY OILWELL CEMENTING, INC.

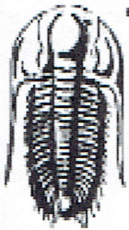
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7728

Date	Sec.	Twp.	Range	County	State	On Location	Finish
2/19/14	19	11	19	Ellis	KS		9:15pm
Lease Kohl				Location		Kohlman's Homestead 24 1/2 N Winto	
Contractor D. Scott #3			Well No. 1-19	Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job Surface			Charge To American O.I.				
Hole Size 12 1/4	T.D. 212		Street				
Csg. 8 5/8	Depth 211		City				
Tbg. Size	Depth		State				
Tool			The above was done to satisfaction and supervision of owner agent or contractor.				
Cement Left in Csg. 15'	Shoe Joint		Cement Amount Ordered 150 ccm 3/8 2/6 2				
Meas Line			Displace 12 1/2 BL				
EQUIPMENT				Common			
Pumptrk 16	No.	Cementer Helper	Poz. Mix				
Bulktrk	No.	Driver	Gel.				
Bulktrk 1	No.	Driver	Calcium				
JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt			
Rat Hole				Flowseal			
Mouse Hole				Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
8 5/8 on bottom 133 + Circ. Jaton				Handling			
Mix 150 ccm 3/8 2/6 2				Mileage			
Cement Circulator				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
X Signature				Total Charge			



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Amercian Oil LLC

19-11s-19w Ellis,KS

1023 Reservation Rd
Hays KS 67601

Kohl #1-19

Job Ticket: 56114

DST#: 1

ATTN: Austin Klaus

Test Start: 2014.02.24 @ 02:33:53

GENERAL INFORMATION:

Formation: **Simpson Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:20:23

Time Test Ended: 08:27:13

Test Type: Conventional Straddle (Initial)

Tester: Tate Lang

Unit No: 49

Interval: **3649.00 ft (KB) To 3690.00 ft (KB) (TVD)**

Reference Elevations: 2099.00 ft (KB)

Total Depth: 3770.00 ft (KB) (TVD)

2091.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 8.00 ft

Serial #: 8898

Outside

Press@RunDepth: 160.00 psig @ 3650.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.02.24

End Date: 2014.02.24

Last Calib.: 2014.02.24

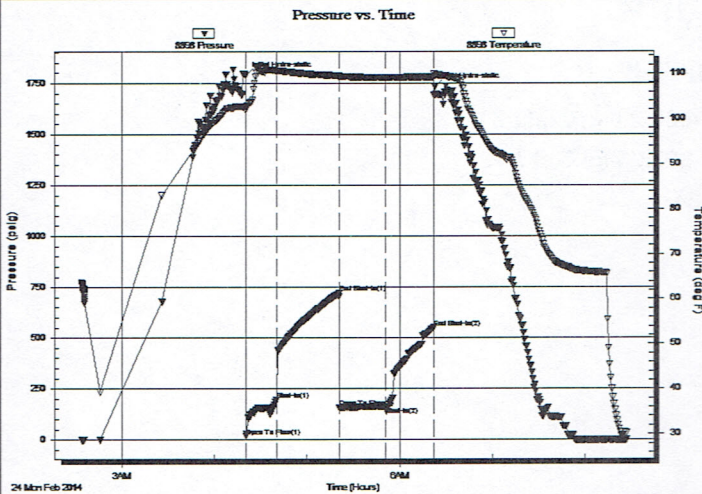
Start Time: 02:33:54

End Time: 08:27:13

Time On Btm: 2014.02.24 @ 04:20:13

Time Off Btm: 2014.02.24 @ 06:22:53

TEST COMMENT: B.O.B. In 2 mins
Weak surface blow back
Weak surface blow built to 1/2' plugged off
Dead no blow back



PRESSURE SUMMARY

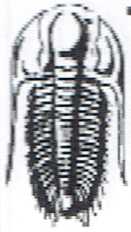
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1788.72	102.65	Initial Hydro-static
1	17.05	101.92	Open To Flow (1)
21	194.66	110.63	Shut-In(1)
61	720.68	109.55	End Shut-In(1)
61	157.12	109.15	Open To Flow (2)
91	160.00	109.11	Shut-In(2)
122	550.00	109.26	End Shut-In(2)
123	1733.47	109.50	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
310.00	100%M with oil spots	4.08

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

American Oil LLC
 1023 Reservation Rd
 Hays KS 67601
 ATTN: Austin Klaus

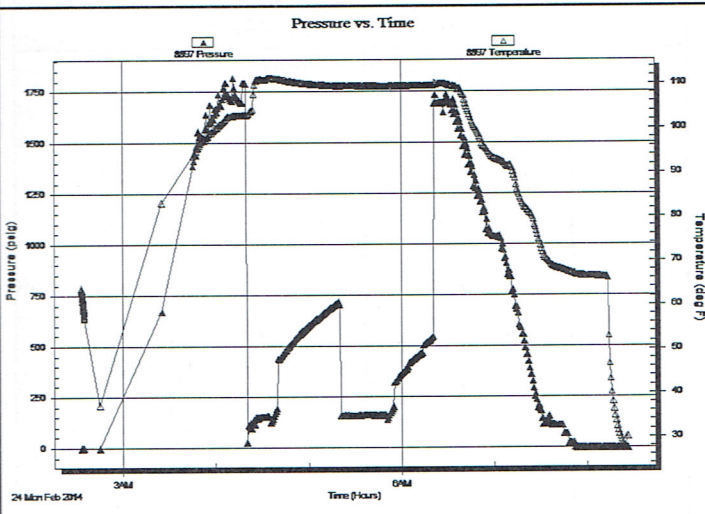
19-11s-19w Ellis, KS
Kohl #1-19
 Job Ticket: 56114 **DST#: 1**
 Test Start: 2014.02.24 @ 02:33:53

GENERAL INFORMATION:

Formation: **Simpson Sand**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 04:20:23
 Time Test Ended: 08:27:13
 Interval: **3649.00 ft (KB) To 3690.00 ft (KB) (TVD)**
 Total Depth: 3770.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Straddle (Initial)
 Tester: Tate Lang
 Unit No: 49
 Reference Elevations: 2099.00 ft (KB)
 2091.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8897 Inside
 Press@RunDepth: psig @ 3650.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.02.24 End Date: 2014.02.24 Last Calib.: 2014.02.24
 Start Time: 02:33:10 End Time: 08:26:29 Time On Btm:
 Time Off Btm:

TEST COMMENT: B.O.B. In 2 mins
 Weak surface blow back
 Weak surface blow built to 1/2' plugged off
 Dead no blow back



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery		
Length (ft)	Description	Volume (bbl)
310.00	100%M with oil spots	4.08

Gas Rates			
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)