



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213772
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: _____

1213772

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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DIEBOLT LUMBER AND SUPPLY INC.
2661 Nebraska Road
La Harpe, Kansas 66751
FAX: (620) 496-2226
PHONE: (620) 496-2222

CUST NO: 2969 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: NET 28 CLERK: PME DATE / TIME: 5/28/13 11:54

TERMINAL: 591

SOLD TO:
 B & C DRILLING
 J BOLLINGER OR H CONLEY
 19334 SW 500 RD
 COLONY KS 66015
 620-852-3038

SHIP TO:

SALESPERSON: PM PHIL EBERT
 TAX: 001 KANSAS TAX

INVOICE: J92426

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	27	27	BG	94PC	94# TYPE I PORTLAND CEMENT	2	27'	10.45 /BG	282.15

REPRINT

** PAID IN FULL **

TAXABLE	282.15
NON-TAXABLE	0.00
SUBTOTAL	282.15

CHECK PAYMENT
 CK# 3717

TAX AMOUNT	21.31
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TOTAL	303.46
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TOT WT: 0.00

X

Received By _____

Building Materials
 Farm & Ranch Supplies
 Structural Steel Products
 Hardware & Paint

GLEAVER

FARM & HOME

A Division of Cleaver Farm Supply, Inc.
 2103 S. SANTA FE
 CHANUTE, KS 66720
 (620)431-6070

RETURN POLICY - within 30 days only -
 merchandise must be in saleable
 condition and accompanied by invoice.

No refunds on Special Order non-stock
 items

Account due 10th of month
 following purchase. 1 1/2%
 interest per month added for an
 annual percentage rate of 18%.

SOLD TO
 B & C DRILLING
 J BOLLINGER OR H CONLEY
 19334 SW 500 RD
 COLONY, KS 66015

SHIP TO
 B & C DRILLING
 J BOLLINGER OR H CONLEY
 19334 SW 500 RD
 COLONY, KS 66015



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS		ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
C1755		CASH SALE		1253472	05/28/14	KN	817628	05/28/14
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION		PRICE	AMOUNT	
0.50	0.00	0.50	EA	2X12X12 HEM FUR		17.516	8.76*	
				21212HF		*List* 18.278		
30	0	30	EA	CEMENT STANDARD TYPE 1 94LB		10.000	300.00*	
				MONARCH				
				STD				
4	0	4	EA	1 X 6 X 10' PINE BOARD		5.600	22.40*	
				16102P		*List* 6.200		
1	0	1	EA	SPADE BIT 3/4"		3.771	3.77*	
				521453		*List* 4.190		
PAYMENT BY:								
DESCRIPTION	REFERENCE/CHECK #	AUTH CODE	DATE	AMOUNT				
CHECK	3726	00	05/28/14	363.06				
			CHANGE:	0.00				
July 17, 2014 15:44:36 KEN NUSBAUM 0 / 2						MERCHANDISE	334.93	
***** * INVOICE *						OTHER	0.00	
*****						TAX 8.400%	28.13	
10 PAGE 1 OF 1						FREIGHT	0.00	
						TOTAL	363.06	

DIEBOLT LUMBER AND SUPPLY INC.
2661 Nebraska Road
La Harpe, Kansas 66751
FAX: (620) 496-2226
PHONE: (620) 496-2222

CUST NO: 2969 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: NET 28 CLERK: RS DATE / TIME: 5/28/13 1:44

TERMINAL: 553

SOLD TO:
 B & C DRILLING
 J BOLLINGER OR H CONLEY
 19334 SW 500 RD
 COLONY KS 66015
 620-852-3038

SHIP TO:

SALESPERSON: RS ROLAND SUTTERBY
 TAX: 001 KANSAS TAX

INVOICE: J92465

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	30	30	BG	94PC	94# TYPE I PORTLAND CEMENT	2	30	10.45 /BG	313.50

REPRINT

** PAID IN FULL **

TAXABLE 313.50
 NON-TAXABLE 0.00
 SUBTOTAL 313.50

CHECK PAYMENT
 CK# 3715

TAX AMOUNT 23.67

TOTAL 337.17



TOT WT: 0.00

X _____
 Received By

DIEBOLT LUMBER AND SUPPLY INC.
2661 Nebraska Road
La Harpe, Kansas 66751
FAX: (620) 496-2226
PHONE: (620) 496-2222

CUST NO: 2969 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: NET 28 CLERK: RS DATE / TIME: 2/20/14 4:06

TERMINAL: 551

SOLD TO:
 B & C DRILLING
 J BOLLINGER OR H CONLEY
 19334 SW 500 RD
 COLONY KS 66015
 620-852-3038

SHIP TO:

SALESPERSON: RS ROLAND SUTTERBY
 TAX: 001 KANSAS TAX

INVOICE: A25407

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	22	22	BG	94PC	94# TYPE I PORTLAND CEMENT	2	22	10.45 /BG	229.90
2	18	18	BG	70MC	70# MASONRY CEMENT TYPE N	2	18	7.99 /BG	143.82

** PAID IN FULL **

TAXABLE	373.72
NON-TAXABLE	0.00
SUBTOTAL	373.72

CHECK PAYMENT
 CK# 1955

TAX AMOUNT	27.66
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TOTAL	401.38
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TOT WT: 0.00

X _____
 Received By