



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212621
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: _____

1212621

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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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Swartz-Indian 1
Doc ID	1212621

Tops

Name	Top	Datum
Lecompton	3261	-1746
Elgin Sand	3300	-1785
Heebner shale	3468	-1953
Douglas Sand	3551	-2036
Brown Lime	3686	-2171
Lansing	3698	-2171
Stark Shale	4060	-2545
B/KC	4150	-2635
Miss	4260	-2745
Kinderhook	4420	-2905

ALLIED OIL & GAS SERVICES, LLC 062453

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEDICINE LODGE, Ks.

DATE <u>4-1-2014</u>	SEC. <u>31</u>	TWP. <u>31</u>	RANGE <u>11</u>	CALLED OUT <u>7:30 AM</u>	ON LOCATION <u>8:00 AM</u>	JOB START <u>8:45 AM</u>	JOB FINISH <u>4:00 PM</u>
LEASE <u>SCHWARTZ INDIAN LEASE</u>		WELL # <u>1</u>		LOCATION <u>160 + Isabel Rd</u>		COUNTY <u>BARBER</u>	STATE <u>Ks.</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>2 N, w/into</u>			

CONTRACTOR VAL #3
 TYPE OF JOB 5 1/2" LONG STRING PRODUCTION
 HOLE SIZE 7 7/8" T.D. 4500'
 CASING SIZE 5 1/2" DEPTH 4504'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 2000# MINIMUM 0
 MEAS. LINE _____ SHOE JOINT 21'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 106.5 BBL

OWNER INDIAN OIL

CEMENT
 AMOUNT ORDERED 200.5X ASC + 5# KOLSEAL
.5% PL 160 + DEFOAMER
50 SX @ 40:47.6cc

EQUIPMENT

PUMP TRUCK CEMENTER K. LESLEY
 # 548/545 HELPER J. THIMESCH
 BULK TRUCK
 # 702/643 DRIVER R. JOHNSON
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>A 50 SX</u>	@ <u>17.90</u>	<u>537.00</u>
POZMIX	<u>20 SX</u>	@ <u>9.35</u>	<u>187.00</u>
GEL	<u>2 SX</u>	@ <u>23.40</u>	<u>46.80</u>
CHLORIDE		@ _____	_____
ASC	<u>200 SX</u>	@ <u>20.90</u>	<u>4180.00</u>
	<u>Kolseal 1000#</u>	@ <u>9.8</u>	<u>980.00</u>
	<u>FL-160 94</u>	@ <u>18.90</u>	<u>1776.60</u>
	<u>Defoamer 28</u>	@ <u>9.80</u>	<u>274.40</u>
	<u>Claprov 13 bbls</u>	@ <u>36.40</u>	<u>473.20</u>
	<u>ASF 12 Bbls</u>	@ <u>58.70</u>	<u>716.40</u>
		@ _____	_____
		@ _____	_____
		@ _____	_____

HANDLING 317.02 @ 2.48 786.20
 MILEAGE 13.44/7/2.60 @ (Mid) 380.00
 TOTAL 10,337.60

REMARKS:

SERVICE

DEPTH OF JOB 4504'
 PUMP TRUCK CHARGE 2765.75
 EXTRA FOOTAGE @ _____
 MILEAGE 7 @ 7.70 53.90
 MANIFOLD @ _____
LU 7 @ 4.40 30.80

TOTAL 3125.45

CHARGE TO: Indian Oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____


PLUG & FLOAT EQUIPMENT

5 1/2"
 1-APU Float shoe @ 545.00
 1-atch Down plug @ 660.00
 1-Basket @ 395.00
 12-Centralize rs @ 57.00 684.00

TOTAL 2284.00

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 15,747.05
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Jim Smith
 SIGNATURE 

ALLIED OIL & GAS SERVICES, LLC 062777

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS.

DATE <u>3-24-2014</u>	SEC <u>31</u>	TWP. <u>31</u>	RANGE <u>16W</u>	CALLED OUT <u>2:30 PM</u>	ON LOCATION <u>2:45 PM</u>	JOB START <u>3:30 PM</u>	JOB FINISH <u>3:45 PM</u>
LEASE <u>Whelan</u>	WELL # <u>1</u>	LOCATION <u>160 + Isabel Rd 2 1/2 N</u>			COUNTY <u>Barber</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>West into</u>			

CONTRACTOR VAI #3

TYPE OF JOB surface

HOLE SIZE 12" N T.D. 214'

CASING SIZE 8 7/8" DEPTH 214'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 200 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 12 1/2 Bbls water

EQUIPMENT _____

PUMP TRUCK CEMENTER Carl Balding

471-265 HELPER Dave Felio

BULK TRUCK _____

364 DRIVER Take Holcomb

BULK TRUCK _____

_____ DRIVER _____

OWNER Indian Oil Co.

CEMENT AMOUNT ORDERED
175 sk 60:40:37.6 + 27.6 gal.

COMMON <u>A</u>	<u>105 sk @ 17.90</u>	<u>1879.50</u>
POZMIX	<u>70 sk @ 9.35</u>	<u>654.50</u>
GEL	<u>3 sk @ 23.40</u>	<u>70.20</u>
CHLORIDE	<u>9 sk @ 64.00</u>	<u>576.00</u>
ASC	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
HANDLING	<u>188.01 @ 2.48</u>	<u>466.41</u>
MILEAGE	<u>790 / 7 / 2.60 min</u>	<u>380.00</u>
TOTAL		<u>4026.61</u>

REMARKS:

Rvd 214' 8 7/8"
Break circulation w/ Rig
Mix 175 sk 60:40:37.6 + 27.6 gal
Displace with 12 1/2 Bbls water
leave 20 cement in casing + shot in.
Cement did circulate

SERVICE

DEPTH OF JOB 214

PUMP TRUCK CHARGE 1512.75

EXTRA FOOTAGE @ _____

MILEAGE 7 @ 7.70 53.90

MANIFOLD @ _____

LV 7 @ 4.40 30.80

TOTAL 1597.45

PLUG & FLOAT EQUIPMENT

X	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 5624.06

DISCOUNT _____ IF PAID IN 30 DAYS

CHARGE TO: Indian Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

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 Brea Davidson

SIGNATURE Brea Davidson