



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213171
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: _____

1213171

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

266500

TICKET NUMBER 43829
LOCATION 180
FOREMAN Jeff Shell

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-035-24558-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/11/14	1128	Leo #3	21	33	4	Gowley
CUSTOMER <u>Altan Oil</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>PO Box 117</u>			<u>603</u>	<u>Jeremy A</u>		
CITY <u>Winfield</u>			<u>502</u>	<u>Joey</u>		
STATE <u>KS</u>			<u>599</u>	<u>Jeff S</u>		
ZIP CODE <u>67156</u>						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 226 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 226 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 30 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13.0 DISPLACEMENT PSI 200 MIX PSI 100 RATE 5.0

REMARKS: Safety Meeting Broke circ. pumped 120 SKS Class A cement
3% calcium 2% Gel 1/2 lb polyflake displaced to surface with 13 bbls
fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	56	MILEAGE	4.20	235.20 ✓
11045	120 SKS	Class A cement	15.70	1884.00 ✓
1102	288 lbs	calcium chloride	.78	224.64 ✓
1118 B	240 lbs	Gel	.22	52.80 ✓
1107	25 lbs	Polyflake	2.47	185.25 ✓
5407A	6 Ton	Ton mileage delivery	1.41	473.76 ✓
			Subtotal	3925.65
			minus Discount	704.00 ✓
			Subtotal	3221.65
			SALES TAX	105.14 ✓
			ESTIMATED TOTAL	3326.79 ✓

completed

Ravin 3737

AUTHORIZATION M. Shell TITLE Tool Pusher DATE 3-11-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for



CONSOLIDATED
Oil Well Services, LLC

266598

TICKET NUMBER 42933

LOCATION 180

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

Api 15-035-24552-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-16-14	1128	Leo #3	21	33	4E	Cowley

CUSTOMER Alton oil

MAILING ADDRESS
PO Box 117

CITY Winfield STATE KS ZIP CODE 67156

JR
JM
M9
DJ

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Jeamy m		
681	Bill H		
692	Mark		
702	Jacob		

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 3480 CASING SIZE & WEIGHT 5 1/2 15.5 lb

CASING DEPTH 3472 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 15 lb SLURRY VOL 40.3 WATER gal/sk 6.44 CEMENT LEFT in CASING 6.4 Shoe

DISPLACEMENT 82.39 DISPLACEMENT PSI 600 MIX PSI 200 RATE 6.1 bpm

REMARKS: Safety meeting. Run casing centralizers on 1, 3, 5, 7, 9, 15, 20, Baskets on 2, 10, 22, 4 ft Shoe Joint, land pipe load hole calculate with mud for 30 min drop ball open Basket Shoe, pump 10 bbl fresh water mix 150 sks class A 4 1/2 gel 2 1/2 cc 8% kol-seal, Release plug, flush lines, displace with 82.39 bbl landing plug at 1000 psi check float, float held Job complete.

Lost circulation at 23 bbl displacement never returned fell back at surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	60	MILEAGE	4.20	252.00 ✓
5407A	60	X 7 ton mileage X	1.41	592.20 ✓
5402	1900	footage	.22	418.00 ✓
5502	7	80 vac	90.00	630.00 ✓
1104 S	150	CLASS A	15.70	2355.00 ✓
1102	250	calcium chloride	.78	195.00 ✓
1118 B	600	gel	.22	132.00 ✓
1110A	1200	kol-seal	.46	552.00 ✓
4114	3	5 1/2 weatherford Baskets	290.00	870.00 ✓
4136	7	5 1/2 weatherford strand turbo	75.75	530.25 ✓
4255	1	5 1/2 I.R. Type b basket Shoe	1386.00	1386.00 ✓
4454	1	5 1/2 hatch down plug and beffle	266.75	266.75 ✓
4306	1	Weatherford Thread back kit	65.00	N/A ✓
4310	1	4ft 5 1/2 15.5 lb shoe joint	180.00	180.00 ✓
			Sub-total	9441.20 ✓
		discount	-	970.20 ✓
			total	8474.00 ✓
			SALES TAX	351.80 ✓
			ESTIMATED TOTAL	8825.80 ✓

Flavin 3737

AUTHORIZATION IM [Signature] TITLE Tool Pusher DATE 3-16-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form