

1214221

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	Flatirons Resources LLC
Well Name	Ehmke-Owen Unit 42-27
Doc ID	1214221

All Electric Logs Run

Induction
Compensated Neutron
Sonic
Composite
Caliper

Form	ACO1 - Well Completion
Operator	Flatirons Resources LLC
Well Name	Ehmke-Owen Unit 42-27
Doc ID	1214221

Tops

Name	Top	Datum
Anhydrite top	2183	698
Anhydrite base	2247	634
Topeka	3685	-804
Heebner	3926	-1045
Toronto	3942	-1061
Lansing	3967	-1086
Base/Kansas City	4350	-1469
Marmaton	4358	-1477
Pawnee	4448	-1567
Ft. Scott	4449	-1568
Cherokee Shale	4523	-1642
Johnson Zone	4558	-1677
Mississippian	4580	-1699



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Flatirons Resources
11080 Circle Point Rd STE#180
Wineminstor CO, 80020
ATTN: Tim Priest

27-18s-30w Lane Co KS
Ehmke-Owens 42-27
Job Ticket: 57025 **DST#: 1**
Test Start: 2014.06.25 @ 08:30:00

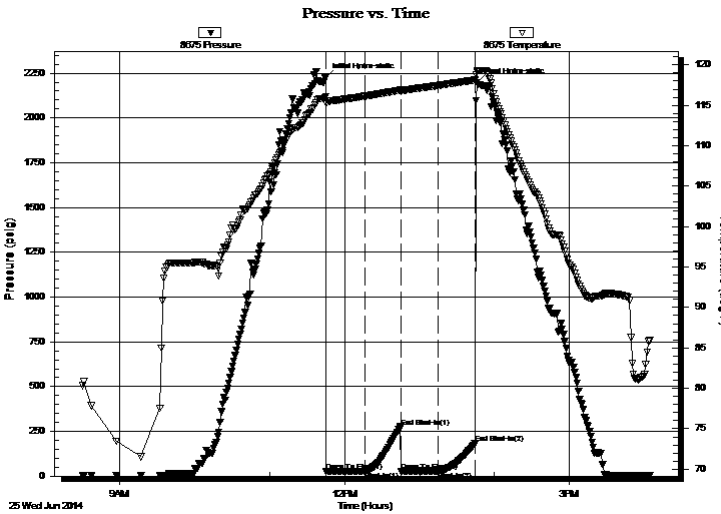
GENERAL INFORMATION:

Formation: **Myric Station - John**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole (Initial)
Time Tool Opened: 11:45:15 Tester: Jace McKinney
Time Test Ended: 16:04:15 Unit No: 75
Interval: **4475.00 ft (KB) To 4590.00 ft (KB) (TVD)** Reference Elevations: 2881.00 ft (KB)
Total Depth: 4590.00 ft (KB) (TVD) 2871.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Poor KB to GR/CF: 10.00 ft

Serial #: 8675 Inside
Press@RunDepth: 29.43 psig @ 4476.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.06.25 End Date: 2014.06.25 Last Calib.: 2014.06.25
Start Time: 08:30:15 End Time: 16:04:15 Time On Btm: 2014.06.25 @ 11:45:00
Time Off Btm: 2014.06.25 @ 13:46:00

TEST COMMENT: Weak surface blow
No return blow
No blow
No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2223.98	116.09	Initial Hydro-static
1	25.18	115.25	Open To Flow (1)
31	26.86	116.12	Shut-In(1)
60	275.41	116.87	End Shut-In(1)
60	27.96	116.72	Open To Flow (2)
90	29.43	117.44	Shut-In(2)
120	183.33	118.13	End Shut-In(2)
121	2197.50	119.17	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.02

Gas Rates

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



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TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Flatirons Resources
11080 Circle Point Rd STE#180
Wineminster CO, 80020
ATTN: Tim Priest

27-18s-30w Lane Co KS
Ehmke-Owens 42-27
Job Ticket: 57025 **DST#: 1**
Test Start: 2014.06.25 @ 08:30:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 67.95 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1200.00 ppm			
Filter Cake: 1.00 inches			

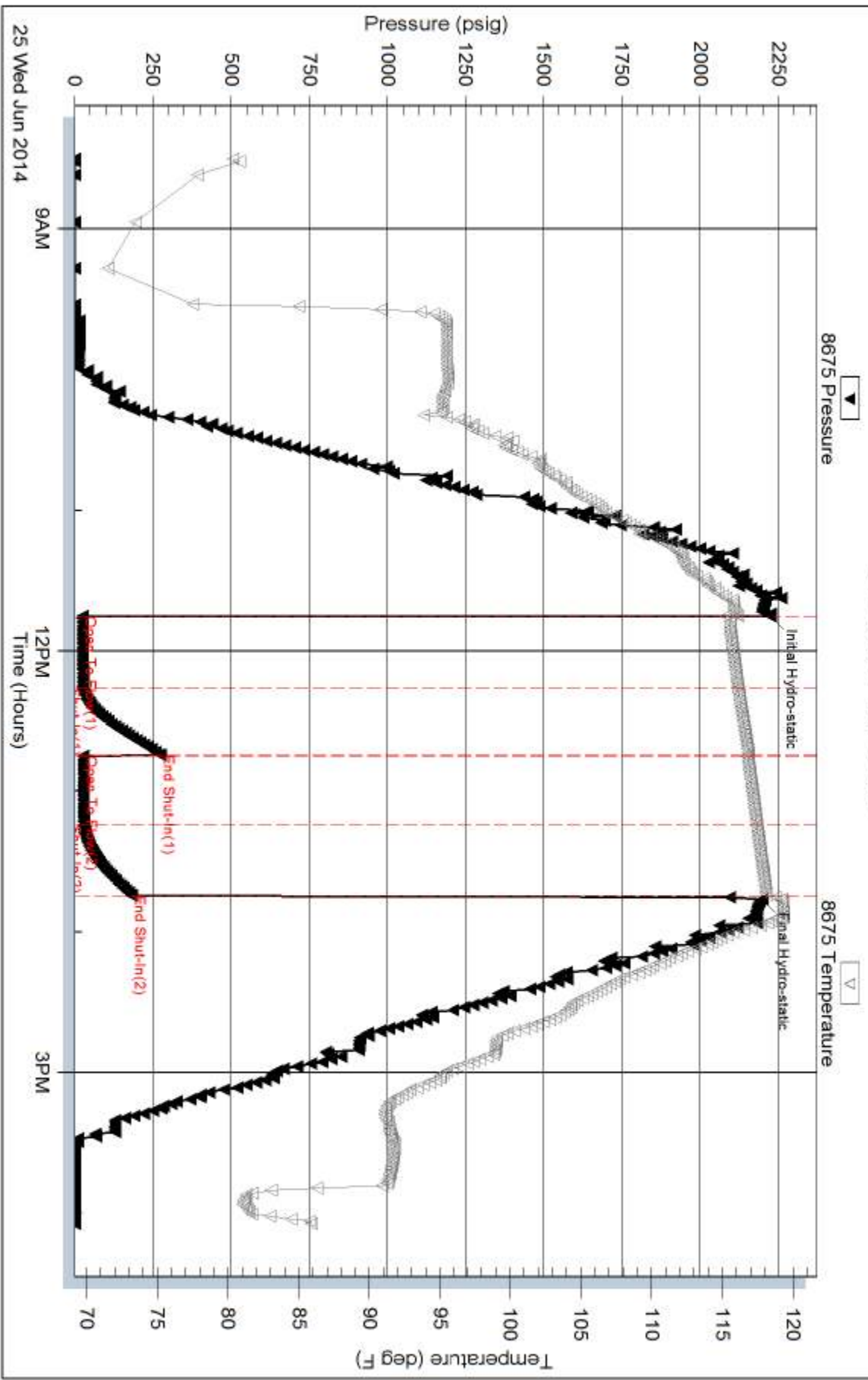
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100% Mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

Pressure vs. Time



ALLIED OIL & GAS SERVICES, LLC 062999

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: great Bend

6-17-14 DATE	SEC. 27	TWP. 18	RANGE 30	CALLED OUT 2:30 am	ON LOCATION 5:30 am	JOB START 8:00 am	JOB FINISH 8:30 am
<u>chase over</u> LEASE	WELL # <u>42-27</u>		LOCATION <u>Dighton 6w dodge rd</u>		COUNTY <u>hanc</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1 1/2 S W chata</u>				

CONTRACTOR HODrilling #2
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 268
 CASING SIZE 8 5/8 24# DEPTH 268
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT H2O 16.11 BBI

OWNER same
 CEMENT
 AMOUNT ORDERED 180 cu class A 31. CC 21 gel
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

EQUIPMENT

PUMP TRUCK # 398 CEMENTER Charles Kingon
 HELPER galt ellis
 BULK TRUCK # 871-112 DRIVER Kevin weighhouse
 BULK TRUCK # _____ DRIVER _____

REMARKS:

Rig Ran 268' 8 5/8 csg B-rope circulation
w/ rig mod pump 5 BBI H2O
ahead mix 180 cu class A 31. CC
21 gel displac 16 BBI H2O
shot cln cement did circulate

SERVICE

DEPTH OF JOB 268
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: Plot down Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

thank you!
 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 _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME X TFP Brock
 SIGNATURE X TFP Brock