



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214284
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: _____

1214284

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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ALLIED OIL & GAS SERVICES, LLC 063349

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Cockley, TX

DATE <u>7/4/14</u>	SEC. <u>2</u>	TWP. <u>20</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00 PM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>Mphler</u>	WELL # <u>2-1</u>	LOCATION <u>S. Edge Shallow Wells 2070</u>			COUNTY <u>Scott</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)		<u>2W 1 1/2 S Fract</u>					

CONTRACTOR Mphler 22

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 520'

CASING SIZE 8 5/8 DEPTH 520

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42.13

CEMENT LEFT IN CSG. 42.13'

PERFS.

DISPLACEMENT 30.44

OWNER Same

CEMENT AMOUNT ORDERED 190 Lbs 65/35 679 gal 309 CC

1M Flo Seal

100 Com 309 CC

COMMON <u>180</u>	@ <u>17.90</u>	<u>1790.00</u>
POZMIX	@	
GEL	@	
CHLORIDE <u>624 lb</u>	@ <u>1.10</u>	<u>741.00</u>
ASC	@	
<u>ALW Type 1 Class A 180/42</u>	@ <u>19.88</u>	<u>2992.00</u>
	@	
	@	
<u>Flo Seal 3816</u>	@ <u>2.92</u>	<u>1120.00</u>
	@	
<u>Material (190 lbs 56 / 200 @)</u>	@	<u>2,000.00</u>
	@	
HANDLING <u>220.00</u>	@ <u>2.10</u>	<u>691.00</u>
MILEAGE <u>225 Tonale</u>	@	<u>1646.15</u>
TOTAL		

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

443 881 HELPER Kevin Ryan

BULK TRUCK

891 DRIVER Juan T (TWS)

BULK TRUCK

DRIVER

REMARKS:

In Coy, Circulate, mix Cement, Displace Cement

Shut in Floor did NOT Close

Tenant floor Circulate

Thank You

Mphler, Juan T, Kevin

CHARGE TO: Woods Energy

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>520</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>570</u>	@ <u>2.70</u> <u>385.00</u>
MANIFOLD	@ <u>215.00</u>
<u>170 Vehicle</u>	@ <u>4.20</u> <u>220.00</u>
	@
	@
TOTAL <u>4,730.04</u>	

(1182.51/258)

PLUG & FLOAT EQUIPMENT

<u>AFU Inert</u>	@	<u>447.00</u>
<u>2- Cement (red) 100</u>	@ <u>75.00</u>	<u>150.00</u>
<u>1- Amber Plug</u>	@	<u>131.00</u>
	@	
	@	
TOTAL <u>728.00</u>		

(18200/258)

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 _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 11,084.30

DISCOUNT 2,771.07 (25%) IF PAID IN 30 DAYS

8,313.22 Net

Bid

ALLIED OIL & GAS SERVICES, LLC 063258

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley, KS

DATE <u>7-2-14</u>	SEC. <u>2</u>	TWP. <u>20</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Mohler</u>		WELL# <u>2-1</u>		LOCATION <u>Shallow Water (RD 70) 247</u>		COUNTY <u>Scott</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>1/25 Finto</u>				

CONTRACTOR Martin #22 OWNER Jame

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4780

CASING SIZE _____ DEPTH _____ CEMENT AMOUNT ORDERED 250 SKS 60/40 202 470

TUBING SIZE _____ DEPTH _____ gel 1/4" #5 flo seal

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____ COMMON _____ @ _____

MEAS. LINE _____ SHOE JOINT _____ POZMIX _____ @ _____

CEMENT LEFT IN CSG. _____ GEL _____ @ _____

PERFS. _____ CHLORIDE _____ @ _____

DISPLACEMENT _____ ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Kelly Gabel

422 HELPER Wayne McElshy

BULK TRUCK _____

3733310 DRIVER Juan M (TWS)

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Rigged up

50 @ 2170

80 @ 1260

50 @ 540

20 @ 60

30 RH

20 MH

Thank You
Kelly & Creel

CHARGE TO: Woods Energy

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 _____

SIGNATURE Sammy Fabely

CEMENT AMOUNT ORDERED 250 SKS 60/40 202 470

gel 1/4" #5 flo seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

Lite 250 SKS @ 18.92 4730.00

Flo-seal 62# @ 2.97 1841.14

Manifold tested @ 4911.14

(122053/0) @ 5.83

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 254.13 cut @ 2.78 630.24

MILEAGE 10.75 ton x 50 x 2.75 1478.13

TOTAL _____

SERVICE

DEPTH OF JOB _____ @ _____ 2170

PUMP TRUCK CHARGE _____ @ _____ 1250.00

EXTRA FOOTAGE _____ @ _____

MILEAGE Mi HV 50 @ 7.70 385.00

MANIFOLD _____ @ _____

Mi LV 50 @ 4.40 220.00

_____ @ _____

_____ @ _____

(99084/258)

TOTAL 3,963.36

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 8,877.50

DISCOUNT 2219.37 (258) IF PAID IN 30 DAYS

6,658.12 Net.



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Wood Energy Inc.

2-20s-33w Scott Co. KS.

P.o Box 828
Mount Vernon IL 62864

Mohler #2-1

Job Ticket: 57703

DST#: 1

ATTN: Tom Pronold

Test Start: 2014.07.08 @ 22:40:00

GENERAL INFORMATION:

Formation: **LKC "E - F"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:29:40

Time Test Ended: 06:51:09

Test Type: Conventional Bottom Hole (Initial)

Tester: Will MacLean

Unit No: 72

Interval: 4106.00 ft (KB) To 4150.00 ft (KB) (TVD)

Reference Elevations: 2971.00 ft (KB)

Total Depth: 4150.00 ft (KB) (TVD)

2959.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 12.00 ft

Serial #: 8674

Inside

Press@RunDepth: 307.16 psig @ 4107.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.07.08

End Date:

2014.07.09

Last Calib.:

2014.07.09

Start Time: 22:40:00

End Time:

06:51:09

Time On Btm:

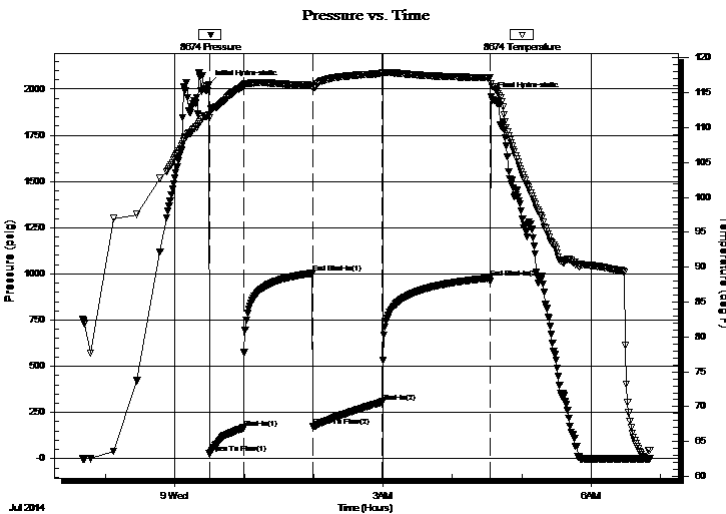
2014.07.09 @ 00:29:10

Time Off Btm:

2014.07.09 @ 04:33:39

TEST COMMENT: IF- Weak Surface Blow Built to BOB in 21 3/4min
IS- No Blow
FF- Weak Surface Blow Built to BOB in 29min
FS- No Blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2025.97	111.85	Initial Hydro-static
1	27.12	111.41	Open To Flow (1)
30	166.80	115.95	Shut-In(1)
90	1003.90	116.07	End Shut-In(1)
91	173.07	115.67	Open To Flow (2)
151	307.16	117.75	Shut-In(2)
244	977.59	117.16	End Shut-In(2)
245	1956.96	116.29	Final Hydro-static

Recovery

Gas Rates

Length (ft)	Description	Volume (bbl)
236.00	MCW 11%m 89%w	1.16
126.00	MCW 4%m 96%w	1.77
189.00	MCW 16%m 84%w	2.65
103.00	MCW 47%m 53%w with a Couple Oil S	1.44

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Wood Energy Inc.

2-20s-33w Scott Co. KS.

P.o Box 828
Mount Vernon IL 62864

Mohler #2-1

Job Ticket: 57703

DST#: 1

ATTN: Tom Pronold

Test Start: 2014.07.08 @ 22:40:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

28500 ppm

Viscosity: 63.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.00 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
236.00	MCW 11%m 89%w	1.161
126.00	MCW 4%m 96%w	1.767
189.00	MCW 16%m 84%w	2.651
103.00	MCW 47%m 53%w with a Couple Oil Spots	1.445

Total Length: 654.00 ft

Total Volume: 7.024 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW is .251 @ 65f = 28500

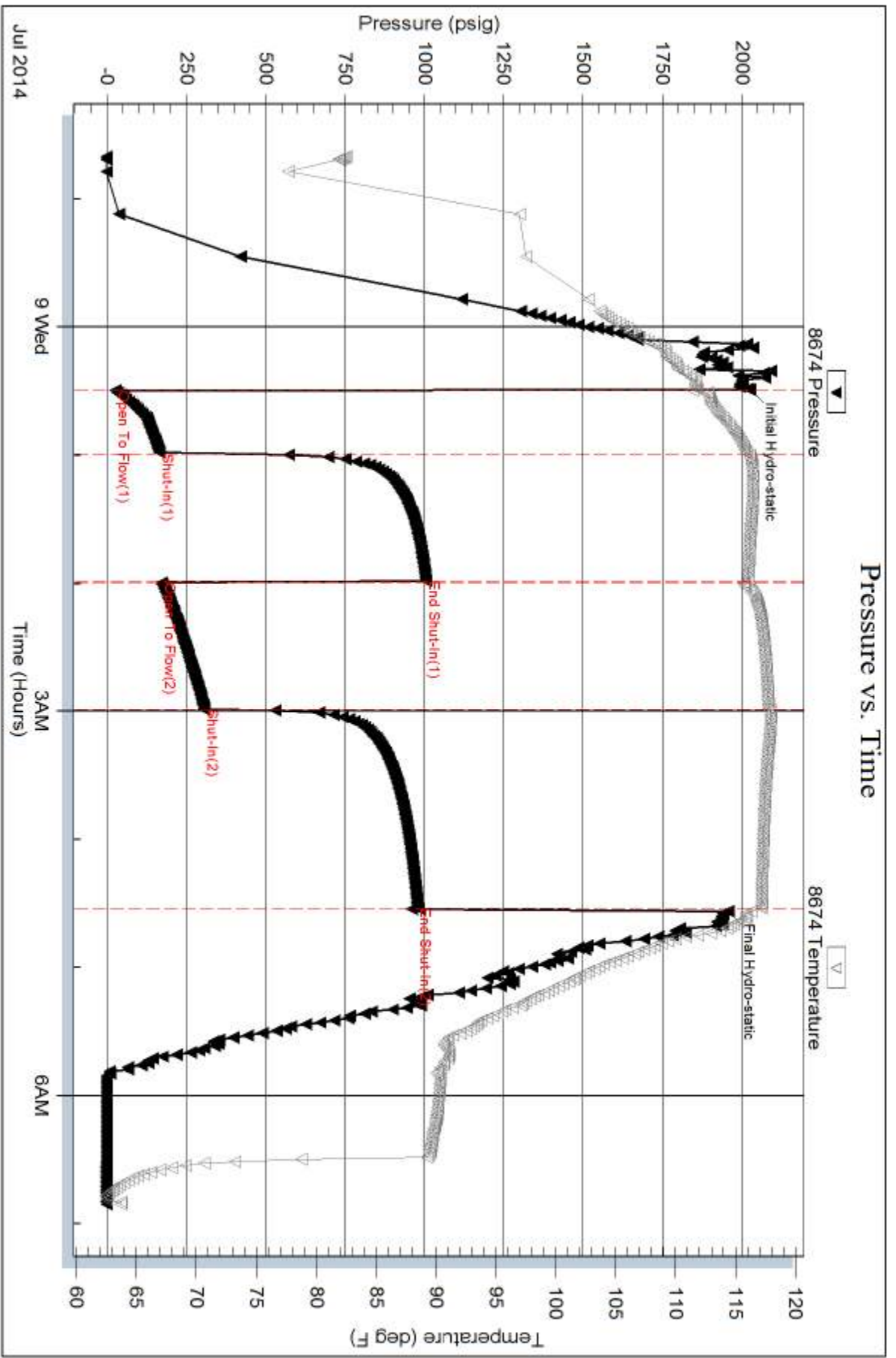
Serial #: 8674

Inside

Wood Energy Inc.

Mohler #2-1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 57703

Printed: 2014.07.09 @ 08:44:06