



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1214864  
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: \_\_\_\_\_

1214864

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> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Houlton 6
Doc ID	1214864

All Electric Logs Run

CNL/CDL
MEL
DIL
BHCS





PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 144656  
Invoice Date: Jul 21, 2014  
Page: 1

<b>Bill To:</b>
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

*Houlton # 6-4 (AFE # 14152)*

Customer ID	Field Ticket #	Payment Terms	
Lario	63144	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jul 21, 2014	8/20/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Houlton #6		
210.00	CEMENT MATERIALS	Class A Common	17.90	3,759.00
592.00	CEMENT MATERIALS	Chloride	1.10	651.20
216.00	CEMENT SERVICE	Cubic Feet Charge	2.48	535.68
50.83	CEMENT SERVICE	Ton Mileage Charge	2.75	139.78
1.00	CEMENT SERVICE	Surface	1,512.75	1,512.75
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
1.00	EQUIPMENT OPERATOR	Scott Priddy		
1.00	OPERATOR ASSISTANT	Thomas Gibson		
1.00	OPERATOR ASSISTANT	James Bowen		

*Handwritten signature and date: AUG 12 2014*

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1,997.52

ONLY IF PAID ON OR BEFORE Aug 20, 2014

Subtotal	6,658.91
Sales Tax	315.33
Total Invoice Amount	6,974.24
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,974.24</b>

*BS  
8-6-14*

# ALLIED OIL & GAS SERVICES, LLC 063144

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
MEDICINE LODGE 115

DATE <u>7-21-14</u>	SEC. <u>4</u>	TWP. <u>32</u>	RANGE <u>12</u>	CALLED OUT <u>8:30 PM</u>	ON LOCATION <u>10:15 PM</u>	JOB START <u>11:40 PM</u>	JOB FINISH <u>12:05 AM</u>
LEASE <u>HOUULTON</u>	WELL # <u>6</u>	LOCATION <u>FROM SHOP 2 E TO SPRING CREEK</u>			COUNTY <u>BARBER</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)		<u>S TO RENTHINGER RD 1/2 E S + E INTO</u>					

CONTRACTOR <u>MAXERICK</u>	OWNER <u>LARIO OIL &amp; GAS</u>
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>292</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>289</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>20'</u>	
PERFS.	
DISPLACEMENT <u>FRESH H<sub>2</sub>O</u>	

### EQUIPMENT

PUMP TRUCK	CEMENTER <u>SCOTT BRIDDY</u>
# <u>872/555</u>	HELPER <u>THOMAS GIBSON</u>
BULK TRUCK	
# <u>361/252</u>	DRIVER <u>JAMES BROWN</u>
BULK TRUCK	
#	DRIVER

### REMARKS:

ON LOCATION, SPOT IN / RIG UP  
PRESSURE TEST, PUMP SPACER  
PUMP CEMENT  
START DISPLACEMENT  
END DISPLACEMENT  
SHUT IN WELL  
DID CIRCULATE CEMENT

CHARGE TO: LARIO OIL & GAS  
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 Paul E. Farmer  
SIGNATURE Paul E. Farmer

CEMENT	AMOUNT ORDERED <u>210 SY CLASS A + 350 CC</u>
COMMON <u>CLASS A</u>	<u>210 @ 17<sup>00</sup> = 3759<sup>00</sup></u>
POZMIX	@ _____
GEL	@ _____
CHLORIDE	<u>592 @ 1<sup>00</sup> = 651.<sup>20</sup></u>
ASC	@ _____
HANDLING	@ _____
MILEAGE	<u>30% 1323.<sup>06</sup></u>
TOTAL <u>4410.<sup>20</sup></u>	

### SERVICE

DEPTH OF JOB <u>290'</u>	
PUMP TRUCK CHARGE	<u>1512.<sup>00</sup></u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>5</u>	<u>@ 7<sup>00</sup> = 38.<sup>50</sup></u>
MANIFOLD <u>SWITCH &amp; VALVES</u>	@ _____
<u>DRINKS FOR PROD TEAM, 50.63</u>	<u>@ 2<sup>70</sup> = 139.<sup>78</sup></u>
<u>PROD HANDLING FR<sup>3</sup> 216</u>	<u>@ 2<sup>48</sup> = 535.<sup>68</sup></u>
<u>LU 5</u>	<u>@ 4<sup>40</sup> = 22.<sup>00</sup></u>
TOTAL <u>2248.<sup>71</sup></u>	
<u>30% 674.<sup>40</sup></u>	

### PLUG & FLOAT EQUIPMENT

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

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 6658.41  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

NET 4660.89



# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 144760  
Invoice Date: Jul 29, 2014  
Page: 1

Voice: (817) 546-7282  
Fax: (817) 246-3361

<b>Bill To:</b>
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

Federal Tax I.D.#: 20-8651475

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lario	63224	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jul 29, 2014	8/28/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Houlton #6 AFE #14-152		
200.00	CEMENT MATE	ASC	23.50	4,700.00
1,000.00	CEMENT MATE	Kol Seal	0.98	980.00
94.00	CEMENT MATE	FI-160	18.90	1,776.60
28.00	CEMENT MATE	Defoamer	3.50	98.00
12.00	CEMENT MATE	Super Flush	25.00	300.00
12.00	CEMENT MATE	KCL	34.40	412.80
45.00	CEMENT MATE	60/40/4% Gel Blend	18.92	851.40
305.93	CEMENT SERVI	Cubic Feet Charge	2.48	758.71
66.12	CEMENT SERVI	Ton Mileage Charge	2.75	181.83
1.00	CEMENT SERVI	Production Casing	2,765.75	2,765.75
5.00	CEMENT SERVI	Light Vehicle Mileage	4.40	22.00
5.00	CEMENT SERVI	Pump Truck Mileage	7.70	38.50
1.00	CEMENT SERVI	Manifold Head Rental	275.00	275.00
1.00	EQUIPMENT SA	5-1/2 Top Rubber Plug	85.00	85.00
1.00	EQUIPMENT SA	5-1/2 Guide Shoe	281.00	281.00
1.00	EQUIPMENT SA	5-1/2 AFU Insert	335.00	335.00
8.00	EQUIPMENT SA	5-1/2 Centralizer	57.00	456.00
1.00	CEMENT SUPEI	Jake Heard		
1.00	EQUIPMENT OF	Justin Bower		
1.00	OPERATOR AS	James Bowen		

Subtotal	14,317.59
Sales Tax	734.72
Total Invoice Amount	15,052.31
Payment/Credit Applied	
<b>TOTAL</b>	<b>15,052.31</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$

ONLY IF PAID ON OR BEFORE  
Aug 28, 2014

BS  
8-12-14

# ALLIED OIL & GAS SERVICES, LLC 063224

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Medicine Lodge KS

AFE: 14-152

DATE <u>7-29-14</u>	SEC <u>4</u>	TWP. <u>32</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION <u>2:00A</u>	JOB START <u>7:40A</u>	JOB FINISH <u>9:00A</u>
LEASE <u>Houlton</u>		WELL# <u>6</u>		LOCATION <u>Allied shop 2E S1 1/2E</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <u>(NEW)</u> (Circle one)				<u>StE into</u>			

CONTRACTOR Maurick  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 4613  
 CASING SIZE 5 1/2 I.S. 15.5 DEPTH 4548  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT 45.17  
 CEMENT LEFT IN CSG. 45.17  
 PERFS.  
 DISPLACEMENT 107.5 BBL 2% Kcl

OWNER Lario O. L + Gas  
 CEMENT  
 AMOUNT ORDERED 200sx Class A ASC  
+ 5# Kolscal + 3# Fl 160 + 14 Deformer  
45sx 100' 40' 4' Gcl

EQUIPMENT

PUMP TRUCK CEMENTER Jake Heard  
 # 548/545 HELPER Justin Bower  
 BULK TRUCK  
 # 702/643 DRIVER James Bowen  
 BULK TRUCK  
 # DRIVER

COMMON ? @ 6  
 POZMIX @ ---  
 GEL @ 7  
 CHLORIDE @ ---  
 ASC 200sx @ 23.50 4700.00  
 @ ---  
Kolscal 1000# @ .98 980.00  
 @ ---  
Fl 160 99# @ 18.90 1776.60  
Deformer 28# @ 3.50 98.00  
ASF 12 bbl @ 25.00 300.00  
Kcl 12 Gal @ 34.46 412.80  
100' 40' 4' 45sx @ 18.92 851.40  
 HANDLING @ ---  
 MILEAGE

REMARKS:

On Location Safety Meeting  
Rig up Safety Meeting  
Pressure Test Pump Spacer  
Mix + Pump Rat + Mouse hole  
Go Down Hole Mix + Pump Cmt  
Wash pump + Lines Displace  
Bump plug Floats hold Wash  
up pump

30% = 2735.64 TOTAL 9118.80

SERVICE

DEPTH OF JOB 4548  
 PUMP TRUCK CHARGE 7765.75  
 EXTRA FOOTAGE Lik 5 @ 4.46 22.00  
 MILEAGE 5 @ 7.70 38.50  
 MANIFOLD + Head @ --- 775.00  
 Handling 305.93 cu ft @ 2.48 758.71  
 Drayage 66.115 Miles @ 2.75 181.82

30% = 1212.53 TOTAL 4041.78

PLUG & FLOAT EQUIPMENT

1 Top Rubber Plug @ --- 85.00  
1- Rig Guide Shoe @ --- 281.00  
1- AFD Insert @ --- 335.00  
8- Centralizers @ 57.00 456.00  
 @ ---

25% = ~~289.25~~ TOTAL 1157.00

CHARGE TO: Lario O. L + Gas  
 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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 14317.58  
 DISCOUNT 10080.16 IF PAID IN 30 DAYS

PRINTED NAME Jay Fletcher  
 SIGNATURE Jay Fletcher