



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1217333  
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: \_\_\_\_\_

1217333

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 062762

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

*29/30*  
*4.8* *Medicine Lodge, KS*  
*4-9* *4-9*

DATE <b>4-8-14</b>	SEC. <b>15</b>	TWP. <b>35S</b>	RANGE <b>12W</b>	CALLED OUT	ON LOCATION <b>11:45 PM</b>	JOB START <b>4:45A</b>	JOB FINISH <b>6:30A</b>
LEASE <b>Shore Trust</b>		WELL# <b>1</b>	LOCATION <b>281 S to Roundup Rd</b>			COUNTY <b>Barber</b>	STATE <b>Ks</b>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<b>S to Rig</b>				

CONTRACTOR **VAL S** OWNER **Indian Oil**

TYPE OF JOB **Surface**

HOLE SIZE <b>12 1/4</b>	T.D. <b>860'</b>
CASING SIZE <b>8 5/8</b>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <b>40.33</b>
CEMENT LEFT IN CSG. <b>40.33</b>	
PERFS.	
DISPLACEMENT <b>52 bbl Freshwater</b>	

EQUIPMENT

CEMENT

AMOUNT ORDERED **250 sx 65:35:6% Gel + 3% CC + 1/4" Flo Seal**

**Class A + 3% CC + 2% Gel**

COMMON <b>Class A</b>	<b>150</b>	@ <b>17.90</b>	<b>2685.00</b>
POZMIX		@	
GEL	<b>3</b>	@ <b>23.40</b>	<b>70.20</b>
CHLORIDE	<b>14</b>	@ <b>64.00</b>	<b>896.00</b>
ASC		@	
<b>Flo Seal</b>	<b>62#</b>	@ <b>2.97</b>	<b>184.14</b>
<b>ALW</b>	<b>250 sx</b>	@ <b>16.50</b>	<b>4125.00</b>
		@	
		@	
		@	
		@	
		@	
HANDLING	<b>450.03</b>	@ <b>2.48</b>	<b>1116.07</b>
MILEAGE	<b>19.28</b>	@ <b>2.60</b>	<b>1203.67</b>
TOTAL			<b>10,279.48</b>

PUMP TRUCK CEMENTER **Jale Heard**

# **548/545** HELPER **Justin Bower**

BULK TRUCK

# **381/252** DRIVER **Andrew TWS**

BULK TRUCK

# DRIVER

REMARKS:

CHARGE TO: **Indian Oil**

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<b>2058.50</b>
EXTRA FOOTAGE		@	
MILEAGE <b>24</b>		@ <b>7.70</b>	<b>184.80</b>
MANIFOLD + Head <b>8 5/8</b>		@	<b>275.00</b>
L.V. Mileage <b>24</b>		@ <b>4.40</b>	<b>105.60</b>
		@	
TOTAL			<b>2623.90</b>

### PLUG & FLOAT EQUIPMENT

<b>1 Top Rubber plug</b>	@		<b>131.00</b>
<b>2 Baskets</b>	@	<b>560.00</b>	<b>1120.00</b>
<b>1 Fiber Baffle plate</b>	@		<b>320.00</b>
	@		
	@		
TOTAL			<b>1571.00</b>

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 **Randy Smith**

SIGNATURE *Randy Smith*

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGE **11,473.38** **Field Est.**

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS



**ALLIED**  
OIL & GAS SERVICES, LLC

**CEMENTING LOG**

STAGE NO.

Date 4-13-14 District \_\_\_\_\_ Ticket No. 62309  
Company Imco Oil Rig W11'S  
Lease SHANE 10054 Well No. 1  
County Barber State Ks  
Location W 01 Kawa Ks Field \_\_\_\_\_

CASING DATA: Conductor  PTA  Squeeze  Misc   
Surface  Intermediate  Production  Liner   
Size 5 1/2 Type \_\_\_\_\_ Weight 15.5 Collar \_\_\_\_\_

Casing Depths: Top 7 Bottom 3092

Drill Pipe: Size \_\_\_\_\_ Weight \_\_\_\_\_ Collars \_\_\_\_\_  
Open Hole: Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.  
CAPACITY FACTORS:  
Casing: Bbls/Lin. ft. .0238 Lin. ft./Bbl. 42.0'  
Open Holes: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
Drill Pipe: Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
Annulus: Bbls/Lin. ft. .0309 Lin. ft./Bbl. 32.36  
Bbls/Lin. ft. \_\_\_\_\_ Lin. ft./Bbl. \_\_\_\_\_  
Perforations: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Amt. \_\_\_\_\_

COMPANY REPRESENTATIVE ANTHONY FERRO

CEMENT DATA:

Spacer Type: 12 CW, ASF Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG  
LEAD: Pump Time \_\_\_\_\_ hrs. Type ASC 5" ROSEN  
Amt. 100 Sks Yield 1.57 ft<sup>3</sup>/sk Density 14.5 PPG  
TALL: Pump Time \_\_\_\_\_ hrs. Type \_\_\_\_\_ Excess \_\_\_\_\_  
Amt. \_\_\_\_\_ Sks Yield \_\_\_\_\_ ft<sup>3</sup>/sk Density \_\_\_\_\_ PPG  
WATER: Lead \_\_\_\_\_ gals/sk Tail \_\_\_\_\_ gals/sk Total \_\_\_\_\_ Bbls  
Pump Trucks Used 543, 545  
Bulk Equip. 364

Floater Equip: Manufacturer WELTON FOOD Depth 3092  
Shoe: Type WFO FOOT SHOE Depth 3071  
Float: Type WFO L.D. BOTTLE Depth \_\_\_\_\_  
Centralizers: Quantity FLC Plugs Top \_\_\_\_\_ Btm. \_\_\_\_\_  
Stage Collars \_\_\_\_\_  
Special Equip. \_\_\_\_\_  
Disp. Fluid Type KA 112 Amt. 1207 Bbls: Weight 9.3 PPG  
Mud Type WATER BASE Weight 20.53 PPG

CEMENTER T. SEBA

TIME	PRESSURES PSI	FLUID PUMPED DATA			RATE Bbls Min.	REMARKS
		DRILL PIPE CASING	ANNULUS	TOTAL FLUID		
12:00						Called out
4:00						on loc w/FE
5:00						Rg. Laying Down Collars
						TRK'S ON LOC
6:15						SAFETY MFG
						2900 TRK'S
8:41						START CS9'
9:00						RUN 1224 1/2 5 1/2 15.5' CS9 SET 1
10:02	3000					Final SHOT 1.10 BATTLE 13F = 21
10:05	3000					Cent 2:34-5-6-7-8
						Hook up to CS9 SAFETY MFG
						Deso Bg11
						Reel air w/leg
						Dist test lines
						SMR Bumping Flashes
						12
						3
10:12	150		13.5		3	Plus 2.5M Hbls 504 14.1' total
10:27	200		28		4	M.I. Ring 10054 Disc 19.5' total
10:40	200				3	SHUT DOWN Release 511.0 Pkg. work up TEL
10:47	200				3	START DISO
11:01	2000		129		5	LIFT PG
11:10	2000		121		3	Run from
						Release 111.0
						Release 111.0

FINAL DISP. PRESS: 800 PSI BUMP PLUG TO 2000 PSI BLEEDBACK \_\_\_\_\_ BLS THANK YOU

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 ANTHONY FERRO SALES TAX (If Any) \_\_\_\_\_ TOTAL \_\_\_\_\_  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE [Signature]

# ALLIED OIL & GAS SERVICES, LLC 062809

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Mercedes K

DATE	SEC	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
4-13-14	15	35	12	12:05	4:05 PM	9:00	7:45
LEASE # <u>HL121</u>	WELL #	LOCATION <u>Mercedes K, San Zel</u>		COUNTY <u>BaBcock</u>		STATE <u>KI</u>	
OLD OR <u>(NEW)</u> (Circle one)	CONTRACTOR <u>Va1</u>			OWNER <u>Indian O.L</u>			

TYPE OF JOB 5 1/2 L.S.  
 HOLE SIZE 7 7/8 T.D.  
 CASING SIZE 5 1/2 DEPTH  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT

**EQUIPMENT**

PUMP TRUCK CEMENTER T. Scott  
 # 548-545 HELPER Justin B  
 BULK TRUCK DRIVER Robert  
 # 364  
 BULK TRUCK DRIVER

**REMARKS:**

Run 122 #1's 51/2 15.5 set 2 SO92  
Float sleeve 1.0 offset 1 ft - 21'  
CEM 2-3-4-5-6-7-9  
3000 3000 H2S 12 BBL ASE 3 BBL H2S  
100 R-M HOLES SO92 14.1' total  
14.2' Pump 1000 x ASC 3 14.5' total  
0.50 12' Bbl, total  
plus down 1000 2000' Returns: HELLO  
Good on the 503

CHARGE TO: Indian O.L

STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AMOUNT ORDERED 500 x 60/40 4 1/2 TEL  
100 x ASC 5 1/2 x KOSCAL  
.54, FL-160 Deformez  
 COMMON @  
 POZMIX @  
 GEL @  
 CHLORIDE @  
 ASC @  
 HANDLING @  
 MILEAGE @

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE @ \_\_\_\_\_  
 MANIFOLD @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

**SERVICE**

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE @ \_\_\_\_\_  
 MANIFOLD @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

1 EA 5 1/2 Float sleeve @  
1 EA 1.0 PVC ROFFLE @  
3 TP CEMENTALIZERS @  
 @  
 @

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

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 ANTHONY FERRAR  
 SIGNATURE [Signature]

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

August 12, 2014

Anthony Farrar  
Indian Oil Co., Inc.  
PO BOX 209  
2507 SE US 160 HWY  
MEDICINE LODGE, KS 67104-0209

Re: ACO-1  
API 15-007-24157-00-00  
Share Trust 1  
SE/4 Sec.15-35S-12W  
Barber County, Kansas

Dear Anthony Farrar:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 4/4/2014 and the ACO-1 was received on August 05, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department