



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217830
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: _____



1217830

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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Form	ACO1 - Well Completion
Operator	Liberty Oper & Compl, Inc
Well Name	Herman 1
Doc ID	1217830

All Electric Logs Run

Dual Receiver Cement Bond Log
Compensated Density/Neutron PE log
Dual Induction Log
Sonic Log
Micro Log

Form	ACO1 - Well Completion
Operator	Liberty Oper & Compl, Inc
Well Name	Herman 1
Doc ID	1217830

Tops

Name	Top	Datum
Anhydrite	1397	+730
Topeka	3088	-961
Heebner	3309	-1182
Toronto	3328	-1201
L/KC	3350	-1223
Stark Shale	3544	-1417
b/KC	3582	-1455
Marmator	3619	-1492
Arbuckle	3733	-1606

Form	ACO1 - Well Completion
Operator	Liberty Oper & Compl, Inc
Well Name	Herman 1
Doc ID	1217830

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	212	Common	175	
Production	7.875	5.50	15.50	3665	Common	250	
Alternate #2	7.875	5.50	15.50	1903	Common	190	
Alternate #2	7.875	5.50	15.50	725	Common	140	

REMIT TO PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell, KS

DATE	SEC.	TWP	RANGE	CALLD OUT	ON LOCATION	JOB START	JOB FINISH
9.29.14	17	10	7			8:00	9:11
LEASE #	WELL #	LOCATION				COUNTY	STATE
10002004	1	5 to BR PA 2884 LN LEN 180				ROCK	KC

OLD OR NEW (Circle one)

CONTRACTOR Black Ops
TYPE OF JOB Silica
HOLE SIZE _____ TD _____
CASING SIZE 5 1/2 DEPTH 1903
TUBING SIZE 2 1/8 DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT 13,300 - 2,000

EQUIPMENT

PUMP TRUCK CEMENTER John Almond
417 HELPER Dusty S
BULK TRUCK # 410 DRIVER Track J
BULK TRUCK # _____ DRIVER _____

REMARKS:

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____ \$ 2,213.75
EXTRA FOOTAGE _____
MILEAGE 82.40 @ 2.7 \$ 308.90
MANFOLD 15.68 @ 2.4 \$ 38.00
TOTAL 3573.20

CHARGE TO: Liberty Operations
STREET _____
CITY _____ STATE _____ ZIP _____

Signature: [Handwritten Signature]

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 Robert L. Allen

OWNER _____
CEMENT AMOUNT ORDERED 192 SK
AGY 190 SK @ 25.00 \$ 4750.00
POZ MIX _____ @ _____ \$ _____
GEL _____ @ _____ \$ _____
CHLORIDE 537 LB @ 1.10 \$ 590.70
ASC _____ @ _____ \$ _____

MATERIAL Black @ _____ \$ 3390.90
TOTAL 1174.95

HANDLING 178 SK @ 2.48 \$ 4417.20
MILEAGE 179 @ 2.75 \$ 492.25
TOTAL 4909.45

SERVICE

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
	@		
	@		
TOTAL			

SALES TAX (If Any) 6915.90
TOTAL CHARGES 19122.05 32.60
DISCOUNT 6958.85 # PAID IN 30 DAYS

6958.85

CEMENT DATA:

Spacer Type: _____ Size Yield 2.45 ft³/sk Density _____
 Amt. 19 Skon Blend

LEAD: Pump Time _____ hrs. Type _____ Excess _____

Amt. _____ Sls Yield _____ ft³/sk Density _____ PPG
 TAIL: Pump Time _____ hrs. Type _____ Excess _____

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Gals

Pump Trucks Used 417 - Danny S

Bulk Equip. 417 - Tracy D

Float Equip: Manufacturer _____ Depth _____

Shoe Type _____ Depth _____

Float Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____ Amt. _____ Gals Weight _____ PPG
 Disp. Fluid Type _____ Amt. _____ Gals Weight _____ PPG
 Mud Type _____ Weight _____ PPG

CEMENTER Dany Plummeriel

Date 9.29.14 District Russell Ticket No. 55506
 Company hiberty Operating Rig Block 03
 Lease Block S Well No. 1
 County Rock S. State KS
 Location Dillonville Field 2 c 1g 2 c n 1a
 CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 2 7/8 Type T80 Weight _____ Collar _____
2 7/8 T80 in 5 1/2 OS 10
 Casing Depth: Top 01 Bottom _____
 Drill Pipe Size _____ Weight _____ Collars _____
 Open Hole Size _____ ID _____ ft. P.B. to _____ ft.
 CAPACITY FACTORS: Bbs/Lin. ft. _____ Lin. ft./Bbl. 18238
 Casing: Bbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbs/Lin. ft. _____ Lin. ft./Bbl. -0058
 Perforations: From _____ ft. to _____ ft. Amt. _____

TIME	PRESSURES PSI		FLUID PUMPED DATA		RATE BBS MIL.	REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID		
<u>9:05</u>						<u>On location - Safety meeting</u>
<u>10:55</u>						<u>Set up material of truck</u>
<u>11:35</u>			<u>13</u>		<u>3</u>	<u>Run 80 JIS T80 in 5 1/2 OS @ 940'.</u>
<u>12:05</u>					<u>3</u>	<u>mixed 2 bbs sand @ 1350'.</u>
<u>2:35</u>					<u>3</u>	<u>Pressure to test plugs @ 1400'.</u>
<u>3:35</u>					<u>4</u>	<u>run 185 to surface @ 1531'.</u>
<u>4:05</u>					<u>3</u>	<u>run 180K from Bldg @ 42'.</u>
						<u>spread cement @ 12 1/2'.</u>
						<u>stand cement in @ 500 psi.</u>
						<u>amount did not circulate over</u>
						<u>at 850'.</u>
						<u>for completion</u>
						<u>run cement truck</u>



ATTN: PO. BOX 31
 RUSSELL, KANSAS 67665

985 434 4939

[Signature]

SERVICE POINT:
 Kusks 11 KS

DATE 9-30-14	SEC 17	TWR 10	RANGE 17	CALLER OUT	ON LOCATION	JOB START 900 PM	JOB FINISH 330 PM
WELL # 1	LOCATION Hwy 65 near CE 12256 E		COUNTY Rooks	STATE KS			

CONTRACTOR Bleed apps OWNER USE-1 190545

TYPE OF JOB <u>squeeze</u>	TD	CEMENT AMOUNT ORDERED <u>200 ACOD 3200</u>
HOE SIZE	DEPTH <u>72.5</u>	
ASING SIZE <u>5 1/2 15.5"</u>	DEPTH <u>72.5</u>	
TUBING SIZE <u>2 3/8</u>	DEPTH	
DRILL PIPE	DEPTH	
COL	DEPTH	
RES. MAX	MINIMUM	
WEAS. LINE	SHOE JOINT	
EMENT LEFT IN CSG.		
ERFS. <u>552</u>		
ISPLACEMENT <u>7881</u>		

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Robert</u>	AMOUNT	
TRUCK	HELPER <u>Robert</u>		
TRUCK	DRIVER <u>Tan</u>		
TRUCK	DRIVER		
	REMARKS:		

SERVICE

DEPTH OF JOB	72.5
PUMP TRUCK CHARGE	2058.50
EXTRA FOOTAGE	
MILBAGE 20 L/MIN	@ 4.80 88.00
MANIFOLD	@ 480.00 480.00
40 M/LITE	@ 2.20 308.00
TOTAL	3899.50

PLUG & FLOAT EQUIPMENT

DEPTH OF JOB	72.5
PUMP TRUCK CHARGE	2058.50
EXTRA FOOTAGE	
MILBAGE 20 L/MIN	@ 4.80 88.00
MANIFOLD	@ 480.00 480.00
40 M/LITE	@ 2.20 308.00
TOTAL	3899.50

To: Allied Oil & Gas Services, LLC.
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PRINTED NAME Michael Thomas

SIGNATURE *[Signature]*

SALES TAX (IF ANY)

TOTAL CHARGES	7832.00
DISCOUNT	1723.01
TOTAL	6108.99

PAID IN 30 DAYS

Date 10-30-11 District Essex 11 Ticker No. 55332
 Company Leakerty Rig Block 908
 Lease Haynes Well No. 1
 County Lake State KS
 Location Wells 16 265 W 34 E Field

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type Weight 6.5 Collar

Casing Depths: Top Bottom

Drill Pipe Size Weight Collars
 Open Hole Size 2 7/8 T.D. 725 ft. P.S. to ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. .0238 Lin. ft./Bbl.
 Open Holes: Bbls/Lin. ft. Lin. ft./Bbl.
 Drill Pipes: Bbls/Lin. ft. Lin. ft./Bbl.
 Annulus: Bbls/Lin. ft. Lin. ft./Bbl.
 Perforations: Bbls/Lin. ft. .0258 Lin. ft./Bbl.
 From ft. to ft. Amt.

COMPANY REPRESENTATIVE Mike McGinnis

CEMENT DATA:

Spacer Type: Sls Yield ft³/sk Density pp
 Amt.

LEAD Pump Time hrs. Type ADD 594 cc

Amt. 140 Sls Yield 2.45 ft³/sk Density 12 PPG
 TAIL Pump Time hrs. Type

Amt. Sls Yield ft³/sk Density PPG
 WATER: Lead 14.42 gal/sk Tail gal/sk Total Bbls.

Pump Trucks Used 407-268/45-10
 Bulk Equip. 110-Jas 8

Float Equip: Manufacturer Depth
 Shoe: Type Depth
 Float Type Depth
 Centralizers: Quantity Plugs Top Btm.
 Stage Collars
 Special Equip.
 Disp. Fluid Type Water Amt. 2 Bbls. Weight 8.37 PPG
 Mud Type Weight PPG

CEMENTER Mike McGinnis

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
208 PM	300	8		3 1/2		1 3/4 On location safety meeting pressure up RS with soft water
237 PM	300			1/2		2 load tubing got blue
238 PM	500			61		2 mix 190 lbs of ACAN 35cc @ 12
312 PM	300			7		3/4 wash up each line displace with water start 10
320 PM	300					3/4 pump off water test down pencil location

ALLIED OIL & GAS SERVICES, LLC 055213

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

Federal Tax I.D.# 20-5975804

SERVICE POINT:
Russell KS

DATE 4-7-14	SEC 17	TWP 10	RANGE 17	CALLIED OUT	ON LOCATION	JOB START 1030AM	JOB FINISH 1100AM
LEASE <i>Hansen</i>	WELL # #1	LOCATION Pierville SS 3E N10	COUNTY Leakey	STATE KS			
OLD OR NEW (Circle one)							

CONTRACTOR *Mike Knight*

OWNER _____

TYPE OF JOB *long string* I.D. **3805**
 HOLE SIZE **7 7/8** DEPTH **3665**
 CASING SIZE **5 7/8** DEPTH **3665**
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT **15.80**
 CEMENT LEFT IN CSG. **15.80**
 PERFS. _____
 DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER *Robert Glenn Co*
 # **409** HELPER *Altham D*
 BULK TRUCK **378** DRIVER *Kevin E*
 BULK TRUCK _____ DRIVER _____

REMARKS:

see log

CEMENT AMOUNT ORDERED 250 @ com 38cc 102.5¢/lb	12 FL-10	
COMMON 250 @ 17.90	4475.00	
POZ MIX _____ @ _____		
GEL _____ @ _____		
CHLORIDE 765 @ .80	564.00	
ASC 584 @ .53	672.04	
FL-10 246 @ 18.25	438.00	
Mud Flask 500 @ 1.40	700.00	
HANDLING 250 @ 2.48	620.00	
MILEAGE 235 @ 2.60	611.00	
1616 @ 2020	TOTAL 3080.04	

SERVICE

DEPTH OF JOB _____	3665
PUMP TRUCK CHARGE _____	2558.75
EXTRA FOOTAGE _____	
MILEAGE 20 @ 17.41	348.20
MANPOWER 40 @ 7.70	308.00
645 @ 95	61275.00
TOTAL	3229.75

PLUG & FLOAT EQUIPMENT

WF AEU Elast shoe	545.00	545.00
WF 1st 4 down	660.00	660.00
WF Turbars	95.00	570.00
WF baskets	375.00	790.00
573 @ 220		
TOTAL		2565.00

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cement 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 _____

SALES TAX (if Any) _____
 TOTAL CHARGES **3374.79** IF PAID IN 30 DAYS
 DISCOUNT **274.95**

SIGNATURE _____

Robert Glenn

no of 11099.84

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



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

October 16, 2014

Roger L. Comeau
Liberty Oper & Compl, Inc
100 SW 9TH
PLAINVILLE, KS 67663-2229

Re: ACO-1
API 15-163-24199-00-00
Herman 1
SE/4 Sec.17-10S-17W
Rooks County, Kansas

Dear Roger L. Comeau:

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 03/31/2014 and the ACO-1 was received on October 10, 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