



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219716
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: _____

1219716

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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TICKET 25417

PAGE 1 OF 2

CHARGE TO: *Red Oak Energy*
 ADDRESS:
 CITY, STATE, ZIP CODE:

WELL/PROJECT NO: #3
 COUNTY/PARISH: *Wallace*
 STATE: *KS*
 LEASE: *J Smith*
 CITY:
 CONTRACTOR: *Wild Cat Drilling #1*
 RIG NAME/NO.:
 TICKET TYPE: SERVICE SALES
 DELIVERED TO: *location*
 WELL TYPE: *oil*
 JOB PURPOSE: *2-stage*
 WELL CATEGORY: *Development*
 WELL PERMIT NO.:
 WELL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1								900.00
579		1		MILEAGE # 111	150	mi			6.00	900.00
221		1		Pump Charge (2-stage)	1	ea	5120		2000.00	2000.00
281		1		KEL	4	gal			25.00	100.00
290		1		Mud Flush	500	gal			1.25	625.00
402		1		D-Air	5	gal			42.00	210.00
403		1		Centralizers	10	ea	5 1/2"		70.00	700.00
407		1		Baskets	3	ea			300.00	900.00
408		1		Insert Float Shoe/Fill	1	ea			375.00	375.00
417		1		DV Tool & Plugset	1	ea			3550.00	3550.00
419		1		DV L D Plug & Baffle	1	ea			200.00	200.00
580		1		Rotating Hed	1	ea			200.00	200.00
				Add. H.F.	3	hrs			200.00	600.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: *4-4-14* TIME SIGNED: *2210*

SWIFT OPERATOR: *Mich Fokee*

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: *Swift Services, Inc.*

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

AGREE UN-DECIDED DIS-AGREE

PAGE TOTAL 1
 page 2
 sub total 24749.50
 WALLACE TAX 6.15%
 TOTAL 1,028.28

THE CUSTOMER HEREBY ACKNOWLEDGES RECEIPT OF THE MATERIALS AND SERVICES LISTED ON THIS TICKET.

SWIFT OPERATOR: *Mich Fokee*

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: *Swift Services, Inc.*

APPROVAL: *Mich Fokee*

Thank You!

JOB LOG

SWIFT Services, Inc.

CUSTOMER: Red Oak Energy
 WELL NO.: #3
 LEASE: J Smith
 JOB TYPE: 2-Stage
 DATE: 4-1-19
 TICKET NO.: 25417
 PAGE NO.:

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS	TUBING	CASING
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0730 on loc w/FE

RTD 5120'

5 1/2" x 15.5" #5120' x 42'

cont. 43, 52, 9, 11, 13, 15, 55, 57

Back 6, 56, 113

DV 56 @ 2759'

Start FE.

Break Circ. 1500 ac circ mix mud

300 Start Mudflush 50 gal

300 Start KCl flush 20 bbl

300 Start EA-2 cement 175 sks
 also return to hydrate

End Cement

Wash P/L

Drop TD Plug

200 Start Displacement Grout

250 Mud

Land Plug

Release Pressure

Float Hold

1835

Deep Opening Plug

1400 Open DV.

Circ 1 1/2 hrs

2045 2

7/5

Plug RHYMH 30/200 sks SMD

200 Start KCl flush 20 bbl

200 Start SMD cement 255 sks

End Cement

Drop Closing Plug

200 Start Displacement

250 Circ Cement

Land Plug

550/1750

Release Pressure

DV Closed

Circ 5 sks top

Thank you

Nick, David E, Rob & Sarah



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 266956

Invoice Date: 03/31/2014 Terms: 10/10/30,n/30 Page 1

RED OAK ENERGY, INC
P.O. BOX 783140
WICHITA KS 67278
(316) 652-7373

J. SMITH #3
44641
1-15S-41W
03-28-2014
KS

Part Number	Description	Qty	Unit Price	Total
1102	CALCIUM CHLORIDE (50#)	987.00	.9400	927.78
1104S	CLASS "A" CEMENT (SALE)	350.00	18.5500	6492.50
1118B	PREMIUM GEL / BENTONITE	658.00	.2700	177.66
Sublet Performed Description				Total
9996-130	CEMENT MATERIAL DISCOUNT			-759.79
9995-130	CEMENT EQUIPMENT DISCOUNT			-319.78
Description		Hours	Unit Price	Total
399	CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
399	EQUIPMENT MILEAGE (ONE WAY)	60.00	5.25	315.00
T-129	TON MILEAGE DELIVERY	1.00	1732.80	1732.80

Amount Due 11263.02 if paid after 04/30/2014

Parts:	7597.94	Freight:	.00	Tax:	420.55	AR	10136.72
Labor:	.00	Misc:	.00	Total:	10136.72		
Sublt:	-1079.57	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650

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

September 23, 2014

Ryan Davis
Red Oak Energy, Inc.
7701 E KELLOGG DR STE 710
WICHITA, KS 67207-1738

Re: ACO-1
API 15-199-20404-00-00
J. Smith 3
SW/4 Sec.01-15S-41W
Wallace County, Kansas

Dear Ryan Davis:

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 03/27/2014 and the ACO-1 was received on September 11, 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