

1217361

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

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	Indian Oil Co., Inc.
Well Name	Blackstock 3
Doc ID	1217361

Tops

Name	Top	Datum
HUSHPUCK	4519	-3157
BKC	4569	-3207
PAWN	4673	-3311
CHRK GROUP	4720	-3358
MISS	4772	-3410
KIND	5030	-3668
MISENER	5130	-3768
VIOLA	5142	-3780

ALLIED OIL & GAS SERVICES, LLC 062963

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Forest Road

DATE <i>5-13-14</i>	SEC <i>12</i>	TWP <i>35</i>	RANGE <i>12</i>	CALLED OUT <i>1:00 AM</i>	ON LOCATION <i>5:30 AM</i>	JOB START <i>7:00 AM</i>	JOB FINISH <i>12:00 AM</i>
LEASE <i>220 Satach</i>	WELL # <i>3</i>			LOCATION <i>Medicine Lodge - 18 S.</i>		COUNTY <i>Barber</i>	STATE <i>Ky</i>
OLD OR NEW (Circle one)				OWNER <i>S</i>			

CONTRACTOR *Mad*

TYPE OF JOB *Sand test*

HOLE SIZE *12 1/4* T.D. *950'*

CASING SIZE *8 7/8* DEPTH *273'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *150K* MINIMUM *100K*

MEAS. LINE SHOE JOINT *48.44*

CEMENT LEFT IN CSG. *13.44*

PERFS.

DISPLACEMENT *1124*

EQUIPMENT

PUMP TRUCK CEMENTER *Tom Dasher*

398 HELPER *Kevin Gray*

BULK TRUCK

511-199 DRIVER *Don Cooper*

BULK TRUCK DRIVER

REMARKS:

Run 273' of 8 7/8" cas. Below casing

Run 51120 Manifold 175 lbs casing to

37000 27-212, 100000 1800

Manifold 1000 920

Cement 1000 100000

DEPTH OF JOB *273'*

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

CHARGE TO: *1000 00*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

3 3/4

2 1/2" 1000 1000

1 1/2" 1000 1000

1 1/2" 1000 1000

TOTAL

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

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME *Tom Dasher*

SIGNATURE *Tom Dasher*

