

Confide	ntiality	Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1219138

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 #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R East Wes				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  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:				
Well Name:	feet depth to: w/ sx cmt.				
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 #:	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: License #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec.         TwpS. 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 Approved by: Date:						

### 1219138

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in preith final chart(s). Attach	ssure reached stati	c level, hydrosta	itic pressures, bott		
		otain Geophysical Data a or newer AND an image t		gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	ogical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-			ion, 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
_	5 "	ADDITIONAL	CEMENTING / SQU	EEZE RECORD			
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
	ılic fracturing treatment or	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydra	aulic fracturing treatment ex submitted to the chemical of	=		No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify Fo	N RECORD - Bridge Plug potage of Each Interval Perl	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth		Gas Lift (	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	N Open Hole		Comp. Cor	mmingled	PRODUCTIO	DN INTERVAL:
(If vented, Sub	omit ACO-18.)	Other (Specify)	(Submit A	(Sub	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	TexKan Exploration LLC
Well Name	Rome 2
Doc ID	1219138

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
surface	12.25	8.625	23	220	common		3%cc + 2% gel
production	7.875	5.5	15.5	4166	ASC	100	10% salt

### ALLIED OIL & GAS SERVICES, LLC 055394 Federal Tax 1.D.# 20-5975804

REMIT TO P.O. E RUSS	BOX 31 SELL, KANSAS 676	65		SERVICE POINT: Russell V.				
DATE 8-9-//	SEC. TWP.	RANGE 2.5	CALLED OUT	ON LOCATION	JOB START	JOB FINISH		
LEASE KOME	WELL# 2		, ,,,	1100	COUNTY	STATE		
OLD OR NEW Ci	g Greyon kan Albertanen et av anglere par et ar	of the foreign program and the foreign a	Leaning the 4.	3 11 15 - 15	Enwy horman	L. And		
CONTRACTOR AT TYPE OF JOB		1/e = 2	OWNER					
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CASING SIZE 8	Patricus Nederlands and care control of the control	PTH 2.20	AMOUNT O	rdered <u>170</u>	com 3200	27.41		
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<u># 4/0 </u>	DRIVER Korra	Ruga			_ @ 	( <u></u>		
BULK TRUCK #	DRIVER					·		
#	DRIVER		<ul><li>HANDLING</li></ul>		@ <u>2.77</u>	421.60		
	BEMARKS		MILEAGE 4	483.48 t/m	2.75	1153.57		
	REMARKS:		era i de la companya		TOTAL	<u>5305.07</u> .		
30c 10g			<u></u>	SERVI	CE	<b>. *</b>		
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		loration, LLC			@			
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STREET			<u></u>		TOTAL	2502,25		
CITY	STATE	ZIP		PLUG & FLOAT EQUIPMENT				
					_@ 			
To: Allied Oil &	Gas Services, LLC		(10) 10 ( <u>0) 21 (4) (80 (80 (80 (2)</u> 2)		@	<u> </u>		
You are hereby re	equested to rent cer	menting equipment			@			
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SIGNATURE	arain 1014	10 11/2	nit'	585549				

## ALLIED OIL & GAS SERVICES, LLC 063512 Federal Tax I.D. # 20-8651475

REMIT TO P.O. E SOUT	BOX 93999 HLAKE, TE	XAS 760	92		SER	VICE POINT:	ed
DATE 8-16-19	SEC.	TWP.	RANGE 25	CALLED OUT	ON LOCATION		B FINISH うろみみか
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signature <u>Y</u>	L.Cr	3 /S	Cun				
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# ALLIED OIL & GAS SERVICES, LLC 063513 Federal Tax I.D. # 20-8651475

REMIT TO P.O. B SOUTH	OX 93999 ILAKE, TEXAS 760	992	SERVICE POINT:				
DATE 8 -/4-14	SEC. TWP. 29	RANGE 25°	CALLED OUT	ONLOCATION	JOB START	JOB FINISH	
LEASE Rome	WELL# Z	LOCATION S. /	7-41-17-17-17	Iw Nino	COUNTY	STATE	
OLD OR NEW (Ci	off states a country and description of the first section of the s			100 /	Lower Branch Control		
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CONTRACTOR	American East	6	OWNER				
TYPE OF JOB /// HOLE SIZE	The transfer of the Best College Colle		- CEMENT				
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# 599	DRIVER 266	Schwaller			_@	<u> </u>	
BULK TRUCK					@ @		
# 371-844	DRIVER /Lews	· withouse	- HANDLING		_ @		
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