



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219138
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: _____

1219138

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 055394

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell, KS

DATE <u>8-9-14</u>	SEC. <u>27</u>	TWP. <u>9</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Rome</u>	WELL # <u>2</u>	LOCATION <u>Waterbury W to H.R. 1</u>			COUNTY <u>Graham</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>12 3/4 W. into</u>					

CONTRACTOR American Eagle #2
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 222
 CASING SIZE 8 7/8 23" DEPTH 220
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15
 CEMENT LEFT IN CSG. 15
 PERFS. _____
 DISPLACEMENT 13.661

OWNER _____
 CEMENT AMOUNT ORDERED 170 can 32oz 27gr 1

EQUIPMENT

PUMP TRUCK CEMENTER Robert Yatskovich
 # 409 HELPER Nathan Danner
 BULK TRUCK
 # 410 DRIVER Kevin Rupp
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>170</u>	@	<u>17.90</u>	<u>3043.00</u>
POZMIX		@		
GEL	<u>320"</u>	@	<u>.50</u>	<u>160.00</u>
CHLORIDE	<u>479"</u>	@	<u>1.10</u>	<u>526.90</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>170.1</u>	@	<u>2.48</u>	<u>421.60</u>
MILEAGE	<u>419.48</u> t/m	@	<u>2.75</u>	<u>1153.57</u>
			TOTAL	<u>5305.07</u>

REMARKS:
see log
circulated 15 sks to p-1
Thank you!!!

CHARGE TO: Tex Kan Exploration, LLC
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>222</u>
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@ _____
MILEAGE	<u>50 LVMT</u> @ <u>4.40</u> <u>220.00</u>
MANIFOLD	@ _____
	<u>100 HVMT</u> @ <u>7.70</u> <u>770.00</u>
	@ _____
TOTAL <u>2502.25</u>	

PLUG & FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL <u>Ø</u>	

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 7807.32
 DISCOUNT 1951.83 IF PAID IN 30 DAYS
net 5855.49

PRINTED NAME _____
 SIGNATURE [Signature]

ALLIED OIL & GAS SERVICES, LLC 063512

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Green Bay

DATE <u>8-16-14</u>	SEC <u>27</u>	TWP. <u>09</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION <u>8pm</u>	JOB START <u>5 AM</u>	JOB FINISH <u>5:30 AM</u>
LEASE <u>from</u>	WELL# <u>2</u>	LOCATION <u>St Peter - 3N 1W Nints</u>			COUNTY <u>Grady</u>	STATE <u>KY</u>	
OLD OR NEW (Circle one)							

CONTRACTOR American Eagle Drill
 TYPE OF JOB Production
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH 4173
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42-1/2
 CEMENT LEFT IN CSG. 4 1/2 412
 PERFS. _____
 DISPLACEMENT 99.45 6 1/2 fresh water

EQUIPMENT
 PUMP TRUCK CEMENTER Charley Kruger
 # 597 HELPER Josh Isaac
 BULK TRUCK DRIVER Ben Merrill
 # 599 DRIVER Zach Schwallier
 BULK TRUCK DRIVER Kevin Williams
 # 597 - 844

REMARKS:
on location - rig up - had safety meeting
run 5" casing, break circulation with regular
pump 10 bbl fresh water
pump 10 bbl Du 1000
mix 100 sk Asc 2% gel 10% salt clay
dropping
Displaced 50.26 420 48.14 mud
band plug 1500 psi

CHARGE TO: Texkon Exploration LLC
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 Tom Berens
 SIGNATURE Tom Berens
Thank you!

OWNER _____
 CEMENT AMOUNT ORDERED 100SK ASC 2% gel
10% salt 6% gyp 5% Kohl 1/2 flo DF
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT
Du 1100
2 Turbolizers @ _____
1- Abu guide shoe @ _____
Watch down plug & buffer @ _____
Du Tool @ _____
200 ft dets @ _____
40-clamps
 TOTAL _____

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

ALLIED OIL & GAS SERVICES, LLC 063513

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend

DATE <u>8-16-14</u>	SEC. <u>27</u>	TWP. <u>09</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION <u>8 pm</u>	JOB START	JOB FINISH
LEASE <u>Rome</u>	WELL# <u>2</u>	LOCATION <u>St Peters - 3N 1W Nino</u>	COUNTY <u>Graham</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one)							

CONTRACTOR American Eagle
TYPE OF JOB Production
HOLE SIZE _____ T.D. _____
CASING SIZE 5 1/2 DEPTH 4178
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH 2112
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT 50-26601 H2O

EQUIPMENT
PUMP TRUCK CEMENTER Cherols Kenyon
597 HELPER Ben Nunn
BULK TRUCK
594 DRIVER 206 Schmittler
BULK TRUCK
871-8444 DRIVER Kevin Wickhouse

REMARKS:
Pump 10661 from water
plug RH - 35 SKS
pump 6025x 60/40 3/4 gal X1F10
Dump plug
Displace 50,26 H2O
hard plug 1500 PSI
Cement did circulate
peg down

CHARGE TO: Texlon Exploration LLC
STREET _____
CITY _____ STATE _____ ZIP _____

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 X Tom Berens
SIGNATURE X Tom Berens

OWNER _____
CEMENT AMOUNT ORDERED 630 5x 60/40 3/4 gal X1F10
COMMON _____ @ _____
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE _____ @ _____
ASC _____ @ _____
HANDLING _____ @ _____
MILEAGE _____
TOTAL _____

SERVICE
DEPTH OF JOB _____
PUMP TRUCK CHARGE _____
EXTRA FOOTAGE _____ @ _____
MILEAGE _____ @ _____
MANIFOLD _____ @ _____
TOTAL _____

PLUG & FLOAT EQUIPMENT
@ _____
@ _____
@ _____
@ _____
@ _____
TOTAL _____

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