



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1220860
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: _____

1220860

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> _____	PRODUCTION INTERVAL: _____ _____
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Date 5/30/14 District Mallady KR Ticket No. 62295
 Company Quail Rig Dukob
 Lease Galber Well No. 1-18
 County Comanche State KS
 Location Vic Protection Field 18-295-19w

CEMENT DATA:
 Spacer Type: Top off cement #2 Class A
 Amt. 30 Sks Yield 1.34 ft³/sk Density 14.9 PPG
Water: 6.3

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 7/8 Type _____ Weight 23 Collar _____

LEAD: Pump Time _____ hrs. Type 65:35:6% Gdt
3% cc + 1/2 # Flare 1 Excess _____
 Amt. 250 Sks Yield 1.99 ft³/sk Density 12.5 PPG
 TAIL: Pump Time _____ hrs. Type Class A + 3% cc
 Excess _____
 Amt. 200 Sks Yield 1.34 ft³/sk Density 14.9 PPG
 WATER: Lead 10.9 gals/sk Tail 6.3 gals/sk Total _____ Bbbs.

Casing Depths: Top _____ Bottom 606

Pump Trucks Used 548/545
 Bulk Equip. Top off cement #1 Type: Class A + 2% cc
Amt: 140 sk Yield: 1.34 Wght 14.9
Water: 6.3

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. 606 ft. P.B. to _____ ft.

Floater Equipment: Manufacturer _____
 Shoe: Type _____ Depth _____
 Floater: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbbs. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

CAPACITY FACTORS:

Casing: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE Darren

CEMENTER Jason Thinesch

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbbs Min.	
						On loc. Safety meeting, spot in rig up
605 PM	1500		1/4 BBL	1/4		Run casing / Safety meeting / circ w/ rig
608 PM	100		8 1/2 BBL	4		Press Test
	200		24 BBL	3 1/2		Mix + Pump 1d cement Slurry
						Mix + Pump 100 sk 7L cement Slurry
						Shut Down / Release Plug
649 PM	200			3		Start Disp
700 PM	700		36 BBL	6		Bump Plug, Release, Floater Held
						cement did not circ
						Tag cement w/ lin
745 PM	125		24 BBL	2		Mix + Pump 100 sk 7L cement Slurry
						cement did not circ
						Tag cement w/ lin
1105 PM	275		34 BBL	2		Mix + Pump 140 sk Top off cement Slurry
						cement did circ
						Cement fall 20ft
100 AM	100		7 BBL	2		Top off w/ 30 cc Top off cement Slurry
						Class A Mast

ALLIED OIL & GAS SERVICES, LLC 062395

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>5/30/14</u>	SEC. <u>18</u>	TWP. <u>39s</u>	RANGE <u>19w</u>	CALLED OUT <u>12:00 Noon</u>	ON LOCATION <u>4:00 PM</u>	JOB START <u>6:00 PM</u>	JOB FINISH <u>8:00 PM</u>
LEASE <u>Selzer</u>	WELL # <u>1-18</u>	LOCATION <u>Protection KS, 3 1/2 East, South into</u>			COUNTY <u>Comanche</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>at Green Gates</u>				

CONTRACTOR Duke #6
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 606
 CASING SIZE 8 3/8 23# DEPTH 606
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 700 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 412
 CEMENT LEFT IN CSG. 42
 PERFS. _____
 DISPLACEMENT 3600L Fresh H2O

OWNER Quail Oil + Gas
 CEMENT
 AMOUNT ORDERED 250x 65:35 Class A Pozz + 6% gel + 3% cc + 1/2# Fibersol, 200x Class A + 3% cc, 140x Class A + 2% cc, ~~30x Class A~~

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimmesch
 # 548/545 HELPER Justin Bower
 BULK TRUCK
 # 819/823 DRIVER Victor
 BULK TRUCK
 # _____ DRIVER T.J.

REMARKS:

Float Hold
Topoff w/ 240sx
circ cement
Topoff additional 20sx

TOTAL _____

SERVICE

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

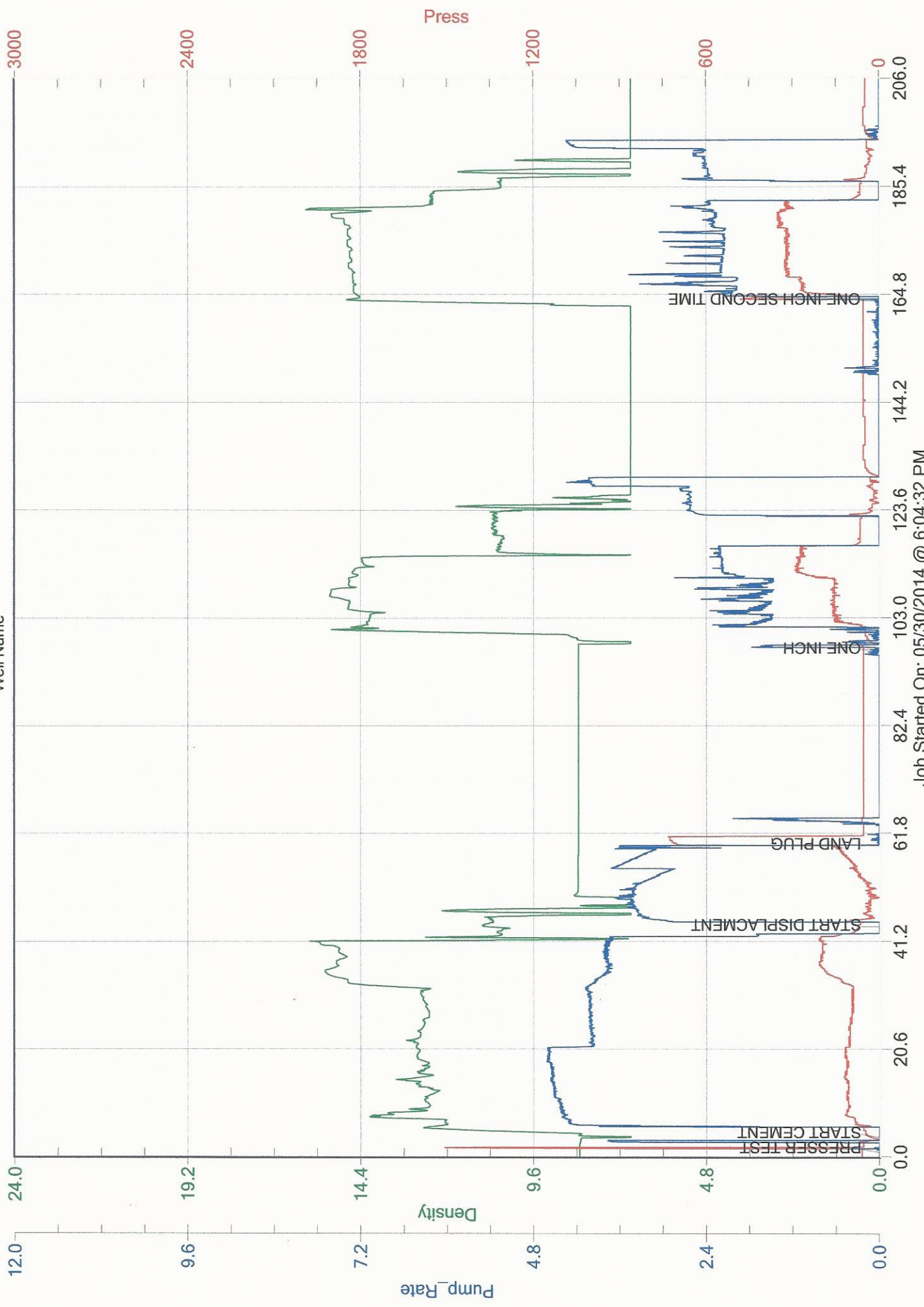
CHARGE TO: Quail Oil + Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

CUSTOMER

Well Name



Job Started On: 05/30/2014 @ 6:04:32 PM

Date 6-10-14 District MLKs Ticket No. 103196
 Company Qual Oil Gas Rig Duke 6
 Lease Selzer Well No. 1-8
 County Comanche State Ks
 Location V.C. Protection Ks Field 18 333 19w

CEMENT DATA:
 Spacer Type: 10 BBL ASF
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 15.5 Collar _____

LEAD: Pump Time _____ hrs. Type CLASS A Asc +
SH Kolsaal + 5% FI 160 Excess _____
 Amt. 200 Sks Yield 1.4 ft³/sk Density 14.1 PPG _____
 TAIL: Pump Time Rat + mouse hrs. Type 60' 40' 4 1/2 Gal
 Excess _____
 Amt. 50 Sks Yield 1.57 ft³/sk Density 14.5 PPG _____
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total 40.5 Bbls.

Casing Depths: Top _____ Bottom _____

Pump Trucks Used 558/545
 Bulk Equip. 421/290

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 6200 ft. P.B. to _____ ft.

Float Equip: Manufacturer _____
 Shoe: Type Packer Shoe Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity 10 Plugs Top LDP Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type Kel Water Amt. 130 Bbls. Weight _____ PPG _____
 Mud Type WATIVE Weight _____ PPG _____

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 10238 Lin. ft./Bbl. 42.01
 Open Holes: Bbls/Lin. ft. 10602 Lin. ft./Bbl. 16.5993
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 10309 Lin. ft./Bbl. 32.4065
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

COMPANY REPRESENTATIVE _____

CEMENTER Jake Heard

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS	
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period		RATE Bbls Min.
4:30A						On location safety meeting Run float equip. Run casing Circ in rig Drop Ball Hook up Heard manifold Circ Ball through / seen act on P Test	
		2500					
		200		10		4	Pump spacer
		140		50		4	Mix 1 pump cmt
							Stop wash pump lines
							Release plug
10:00A		220		96		4.5	Displace
		700		120		3	See left
		900-1600		136		3	Slow rate
							Bump plug
							Release pressure
							float D. clnt hold
							Put 600 psi on plug / shut in
							Rat Hole
							Mouse hole

ALLIED OIL & GAS SERVICES, LLC 063196

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Medicine Lodge KS

DATE <u>6-10-14</u>	SEC. <u>18</u>	TWP. <u>33S</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION <u>4:45A</u>	JOB START	JOB FINISH
LEASE <u>Selzer</u>	WELL # <u>1-8</u>	LOCATION <u>Protection KS 3.5 E to</u>			COUNTY <u>Comanche</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>Green Gates 5 into</u>					

CONTRACTOR Duke Co
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 6200
 CASING SIZE 5 1/2 15.5# DEPTH 5449
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 44
 CEMENT LEFT IN CSG. 44
 PERFS.
 DISPLACEMENT 130 BBL Kcl water

OWNER Qual Oil Gas
 CEMENT
 AMOUNT ORDERED 200SX Class A ASC1
S# Kalsol 1.57 FL100
50SX 60:40 47.601

EQUIPMENT
 PUMP TRUCK CEMENTER Jake Heard
 # 558/545 HELPER Justin Bower
 BULK TRUCK
 # 421/290 DRIVER Ken Jack
 BULK TRUCK
 # DRIVER

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____

REMARKS:

TOTAL _____

SERVICE

DEPTH OF JOB 5449
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD 1 Hand _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: Qual Oil Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

Weatherford Centralizers 10 @ _____
Weatherford LD Plug 1 @ _____
Weatherford Basket 1 @ _____
Weatherford Pocky Shoe @ _____
 _____ @ _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or

5 1/2



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: verlyn1-18DST1

TIME ON: 06-04 23:20
TIME OFF: 06-05 11:03

Company Quail Oil & Gas Lease & Well No. Verlyn #1-18
Contractor Duke Rig #6 Charge to Quail Oil & Gas
Elevation 1921 est Formation Lans. Swope Effective Pay _____ Ft. Ticket No. S0456
Date 06-05-14 Sec. 18 Twp. 33 S Range 19 W County Comanche State KANSAS
Test Approved By Curtis Covey Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 4772 ft. to 4841 ft. Total Depth 4841 ft.

Packer Depth 4767 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Packer Depth 4772 ft. Size 6 3/4 in. Packer depth -- ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4753 ft. Recorder Number 5515 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 4808 ft. Recorder Number 5586 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 43 Drill Collar Length 273 ft. I.D. 2 1/4 in.

Weight 9.0 Water Loss 9.6 cc. Weight Pipe Length -- ft. I.D. 2 7/8 in.

Chlorides 5,000 P.P.M. Drill Pipe Length 4466 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? Yes Reversed Out Yes Anchor Length 69 (37 A) ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BB Immediately BBBB

2nd Open: _____

Recovered 1056 ft. of CO 100% O GRAVITY: 38.5 @ 60 degrees F

Recovered 279 ft. of SLW&MCO 90% O 5% W 5% M

Recovered 1335 ft. of TOTAL FLUID

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: Gas to surface in 3 1/2 min

Oil to surface in 25 min

TOOL SAMPLE: 100% O

Time Set Packer(s) 3:01 AM ^{A.M.}/_{P.M.} Time Started Off Bottom 4:31 AM ^{A.M.}/_{P.M.} Maximum Temperature 123

Initial Hydrostatic Pressure..... (A) 2342 P.S.I.

Initial Flow Period..... Minutes 30 (B) 662 P.S.I. to (C) 784 P.S.I.

Initial Closed In Period..... Minutes 60 (D) 1563 P.S.I.

Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.

Final Closed In Period..... Minutes _____ (G) _____ P.S.I.

Final Hydrostatic Pressure..... (H) 2225 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Quail Oil & Gas

DST #1 Lan Swope 4772-4841'

Start Test Date: 2014/06/04

Final Test Date: 2014/06/05

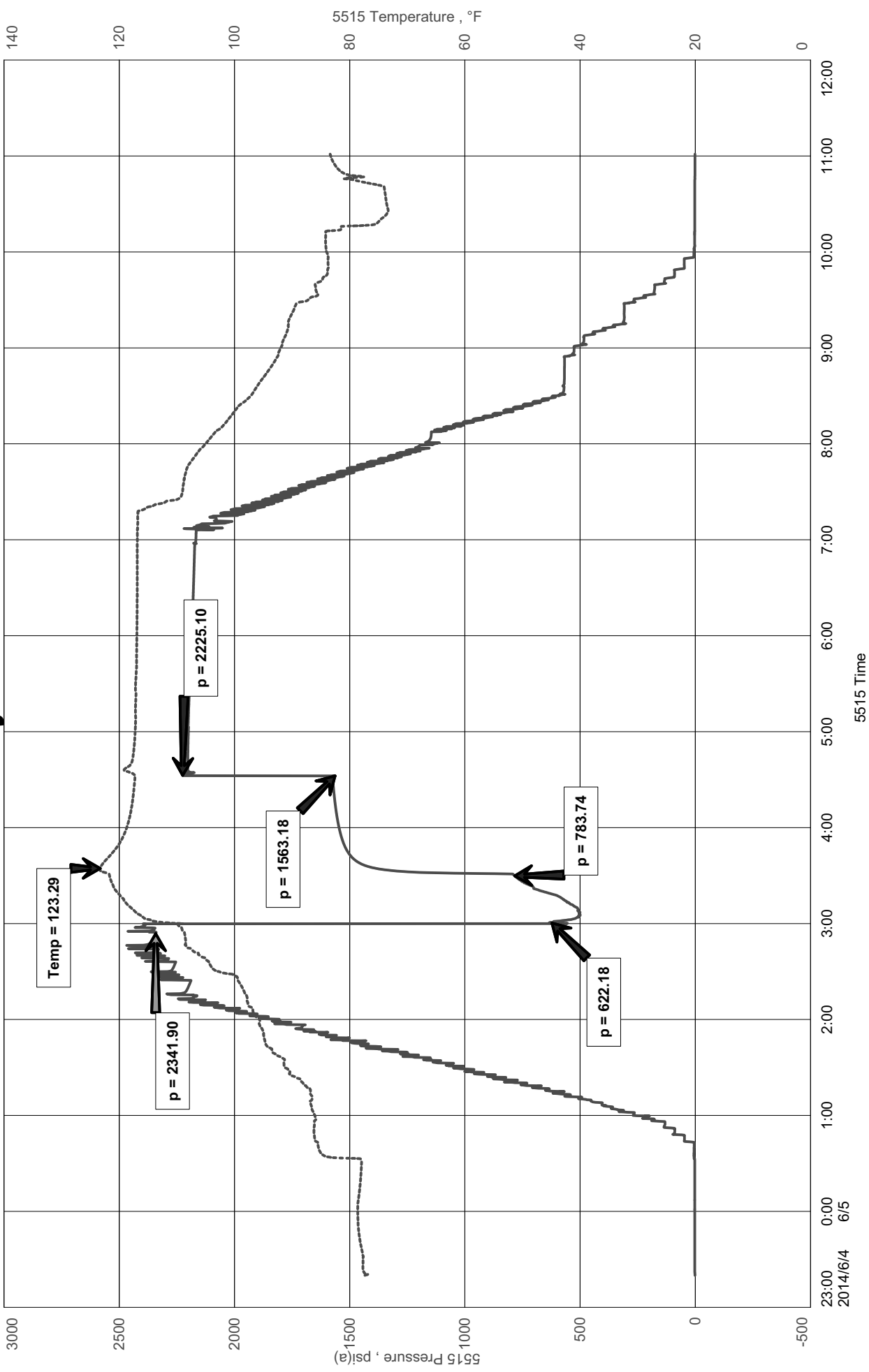
Verlyn #1-18

Formation: DST #1 Lan Swope 4772-4841'

Pool: WC

Job Number: S0456

Verlyn #1-18



Diamond Testing

General information Report

General Information

Company Name Quail Oil & Gas

Contact	Wray Valentine	Job Number	S0456
Well Name	Verlyn #1-18	Representative	Jacob McCallie
Unique Well ID	DST #1 Lan Swope 4772-4841'	Well Operator	Quail Oil & Gas
Surface Location	SEC 18-33S-19W Comanche County	Report Date	2014/06/05
Well License Number		Prepared By	Jacob McCallie
Field	WC		
Well Type	Vertical		

Test Type			
Formation	DST #1 Lan Swope 4772-4841'		
Well Fluid Type	01 Oil	Start Test Time	23:20:00
		Final Test Time	11:03:00
Start Test Date	2014/06/04		
Final Test Date	2014/06/05		
Gauge Name	5515		
Gauge Serial Number			

Test Results

RECOVERY:

1056'	CO	100% O	GRAVITY: 38.5 @ 60 degrees F
279'	SLW&MCO	90% O 5% W 5% M	
1335'	TOTAL FLUID		

Gas to surface in 3 1/2 mins

Oil to surface in 25 mins

TOOL SAMPLE:

100% O