



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221497
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: _____

1221497

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> _____
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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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ALLIED OIL & GAS SERVICES, LLC 062274

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>6-5-14</u>	SEC. <u>16</u>	TWP. <u>35</u>	RANGE <u>12</u>	CALLED OUT <u>6:00 PM</u>	ON LOCATION <u>7:30 PM</u>	JOB START <u>8:00 PM</u>	JOB FINISH <u>8:45 PM</u>
LEASE <u>WUSSER</u>	WELL # <u>6</u>	LOCATION <u>281 STATE LINE ROAD</u>			COUNTY <u>BARBER</u>	STATE <u>KS</u>	
OLD OR <u>(NEW)</u> (Circle one)			<u>1/4 E N INTO</u>				

CONTRACTOR <u>MENDEN HALL</u>	OWNER <u>VAUGHN GOOD</u>
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>357 FT</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>336.68 FT</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>42 FT</u>	
PERFS.	
DISPLACEMENT <u>19 3/4 BBL FRESH H₂O</u>	

CEMENT
AMOUNT ORDERED 150 SX 65.35 + 6% GEL
+ 3% CC + 1/4# FLO-SEAL
100 SX CLASS A 32 CC + 2% GEL

COMMON <u>Class A</u>	<u>100sx @ 17.96</u>	<u>1790.00</u>
POZMIX	@	
GEL	<u>188 lbs @ 1.05</u>	<u>197.40</u>
CHLORIDE	<u>282 lbs @ 1.10</u>	<u>310.26</u>
ASC	@	
<u>65.35: 6% Gel</u>	<u>150sx @ 19.88</u>	<u>2982.00</u>
<u>Calcium Chloride</u>	<u>291 lbs @ 1.10</u>	<u>430.16</u>
<u>Floxaal</u>	<u>37 lbs @ 2.97</u>	<u>109.89</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>SCOTT PRIDDY</u>
# <u>892-553</u>	HELPER <u>CARL RACKLEY</u>
BULK TRUCK	
# <u>702-643</u>	DRIVER <u>THOMAS GIBSON</u>
BULK TRUCK	
#	DRIVER

HANDLING	@	
MILEAGE	@	
<u>20% = 1163.91</u>		<u>TOTAL 5819.59</u>

REMARKS:

PRESSURE TEST, PUMP 3 BBL SPACER
PUMP LEAD CEMENT, PUMP TAIL CEMENT
SHUT DOWN RELIEF PLUG START
DISPLACEMENT, WASH UP ON TOP OF PLUG
DISPLACE 19 3/4 BBL'S BUMP PLUG
SHUT IN WELL DID CIRCULATE
CEMENT

SERVICE

DEPTH OF JOB	<u>357 FT</u>	
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE LV 25mi @ 4.40		<u>110.00</u>
MILEAGE 25mi @ 7.70		<u>192.50</u>
MANIFOLD + Head	@	<u>275.00</u>
Handling 2825 cuft @ 2.48		<u>695.64</u>
Drayage 301.64 ton-mi @ 2.75		<u>829.51</u>

20% 722.98 TOTAL 3614.90

CHARGE TO: VAUGHN GOOD
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>		
TOP RUBBER PLUG 1 @		<u>131.00</u>
1 FIBER BAFFLE 1 @		<u>320.00</u>
3 CENTRALIZER @ 75.00		<u>225.00</u>
@		
@		

TOTAL 676.00

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 10 110.49

PRINTED NAME Wesley Mendenhall

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Wesley Mendenhall

Net \$ 8223.59

ALLIED OIL & GAS SERVICE, LLC 063198

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>6-12-14</u>	SEC <u>16</u>	TWP. <u>35</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION <u>1:00P</u>	JOB START <u>5:25P</u>	JOB FINISH <u>6:46P</u>
LEASE <u>Nusser</u>	WELL# <u>6</u>	LOCATION <u>Hardtner KS S to St. Line Rd</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR (NEW) (Circle one)		<u>1 E into</u>					

CONTRACTOR Mendenhall
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5717
 CASING SIZE 5 1/2 15.5 DEPTH 5675
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 25
 CEMENT LEFT IN CSG. 25
 PERFS.
 DISPLACEMENT 134.5 BBL Fresh
 EQUIPMENT

OWNER Vaughn Good
 CEMENT
 AMOUNT ORDERED 220.5x Class H+
10% Gyp + 10% SALT + 6# Koseal +
.8% FI-160

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
H 220 5x	@	<u>27.24</u>	<u>5992.80</u>
Gypseal 2068	@	<u>.88</u>	<u>1819.84</u>
Salt 1188	@	<u>.68</u>	<u>807.84</u>
Koseal 1320	@	<u>.98</u>	<u>1293.60</u>
FI-160 165.44	@	<u>18.25</u>	<u>3019.28</u>
	@		
	@		
	@		
HANDLING	@		
MILEAGE			

PUMP TRUCK CEMENTER Jake Heard
 # 558/545 HELPER Justin Bower
 BULK TRUCK
 # 702/643 DRIVER Hector TWS
 BULK TRUCK
 # DRIVER

20% = 2586.67 TOTAL 12,933.36

REMARKS:

On Location Safety meeting
Running Casings

SERVICE

DEPTH OF JOB		<u>5675</u>	
PUMP TRUCK CHARGE	<u>451.30</u>		
MILEAGE	<u>25</u>	@ <u>4.40</u>	<u>110.00</u>
MILEAGE	<u>25</u>	@ <u>7.70</u>	<u>192.50</u>
MANIFOLD		@	<u>275.00</u>
Handling	<u>294.30</u>	@ <u>2.48</u>	<u>729.86</u>
Mileage	<u>317.76</u>	@ <u>2.75</u>	<u>873.84</u>
20% =	<u>1266.54</u>		
TOTAL			<u>6332.70</u>

CHARGE TO: Vaughn Good
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1 Latch Down plus	@		<u>905.00</u>
1 Reg. Guide Shoe	@		<u>281.00</u>
15 Centralizers	@	<u>57.00</u>	<u>855.00</u>
	@		
	@		
TOTAL			<u>2041.00</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 21,307.06
 DISCOUNT _____ IF PAID IN 30 DAYS
Net 17,453.84

PRINTED NAME Vaughn Good
 SIGNATURE J. Vaughn Good

D+C Cement 5 1/2 casing