



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221770
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: _____

1221770

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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CHARGE TO: American Warrior
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 26410

PAGE 1 OF 1

SERVICE LOCATIONS: 1. Ness City KS
 WELL/PROJECT NO. 15 LEASE 08state Finney COUNTY/PARISH Finney STATE KS CITY Peleeville DATE 12 AUG 14 OWNER
 2. TICKET TYPE SERVICE SALES CONTRACTOR CO TOOLS RIG NAME/NO. SHIPPED VIA CT DELIVERED TO location ORDER NO.
 3. WELL TYPE PTA WELL CATEGORY PTA JOB PURPOSE Plug to Abandon WELL PERMIT NO. WELL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
					MILEAGE <u>TRV # 112</u>						
<u>503</u>		<u>1</u>			<u>Pickup miles</u>	<u>80</u>	<u>mi</u>			<u>2.00</u>	<u>160.00</u>
<u>576P</u>		<u>1</u>			<u>Pump Charge</u>	<u>1</u>	<u>ea</u>			<u>1000.00</u>	<u>1000.00</u>
<u>328-4</u>		<u>1</u>			<u>60/40 pozmix (4%ogel)</u>	<u>400</u>	<u>sk</u>			<u>12.00</u>	<u>4800.00</u>
<u>290</u>		<u>1</u>			<u>D-air</u>	<u>1</u>	<u>yd</u>			<u>42.00</u>	<u>42.00</u>
<u>583</u>		<u>1</u>			<u>Drayage</u>	<u>32480</u>	<u>lb</u>	<u>1339.2</u>	<u>TW</u>	<u>1.00</u>	<u>1339.20</u>
<u>581</u>		<u>1</u>			<u>Service charge</u>	<u>400</u>	<u>sk</u>			<u>2.00</u>	<u>800.00</u>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X JOSE REYES
 DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<u>Finney TAX 7.3%</u>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				<u>594.31</u>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL
				<u>8735.51</u>

JOB LOG

SWIFT Services, Inc.

DATE 7/24/14 PAGE NO. 7

CUSTOMER American Warrior WELL NO. 15 5-14 LEASE O'Brien Finney JOB TYPE Plug to Abandon TICKET NO. 26410

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								Drill collars 4 1/2" surface - 462'
								400sk 60/40 pozmix (4% gel) 2nd day
	0900							on loc TRK 112 - TOL -
	0920	3 1/2	1/2				500	load pipe 1/2 bbl to load inj rate 3 1/2 @ 500
	0933	3 1/2					500	mix 60/40 pozmix (4% gel) @ 13.1 ppg 400sk
	1008						50	shot in case drill collars w/ 50 psi wash out pump & line
	1014						200	Displace w/ H2O pump 1 bbl immediately catch pressure kickout - holding pressure pump 1/4 bbl 1/4 bbl total displacement
	1025							shot in drill collars wash & pack Pack up job complete Thanks Blair Flint & Craig



CHARGE TO: American Warrior
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 26417

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Ness City KS</u>	WELL/PROJECT NO. <u>5-15</u>	LEASE <u>OBRATE-PINNEY</u>	COUNTY/PARISH <u>Finney</u>	STATE <u>KS</u>	CITY <u>Prerceiveille</u>	DATE <u>18 AUG 14</u>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>CO TOOLS</u>	RIG NAME/NO. <u>4</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>location</u>	ORDER NO.	
3.	WELL TYPE <u>oil</u>	WELL CATEGORY <u>PTA</u>	JOB PURPOSE <u>Plug to Abandon</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE TRK 114	80	mi			6.00	480.00
576P		1			PUMP Charge	1	ea			1000.00	1000.00
328-4		1			60/40 702 mix (4%gel)	320	sk			12.00	3840.00
290		1			D-AIR	3	gal			42.00	126.00
581		1			Service charge	400	sk			2.00	800.00
583		1			Drayage	3920	lb	1592.7	TM	1.00	1592.70
580		1			Additional hour	1	hr			200.00	200.00
583					Drayage	3340	lb	1339.7	TM	1.00	1339.70

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]
 DATE SIGNED: 1460 TIME SIGNED: A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	6058.16 7785.20
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Finney TAX 7.3%	568.32
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	8353.52
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

JOB LOG

SWIFT Services, Inc.

DATE: 7/8 AUG 14 PAGE NO. 1

CUSTOMER: American Warrior WELL NO. 5-15 LEASE: OBLATE Fitting JOB TYPE: Plug to Abandon TICKET NO. 26417

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
							42 PPS	4005k 60/40 premix (4% gel) 4 1/2 Drill pipe puffs @ 179'
	0900							on loc TRK 112
	0905	2 3/4	2				1250	inj rate 2 3/4 bpm @ 1250 ps.
	0930	2					600	mix 60/40 poz (4% gel) @ 13.1 PPS 1505k pressure up & down 600-1400
	1000	1/2	40				170	shut in - holding a small amount of pressure wash truck wait 3 hours to let cnt set up
	1300	2	2				1300	pipe holding slight pressure inj rate 2 bpm @ 1300ps.
	1327	1/2					650	mix 60/40 poz mix (4% gel) @ 13.1 PPS steady pressure 1305k
		1 1/2	40				650	Kickout falls to 50PS. shut in pipe
	1401	1/2	3					5/8 screw 26' sub pull sub - pump cement @ on idle mix 60/40 poz (4% gel) @ 13.1 pipe out of hole top of hole (fbbi) cement standing at surface 205k mixed 320 total mixed
	1412							wash truck
	1445							back up job complete Blaine, Dave & Isaac

Drill pipe

320 & 1300 7/14

100 1300 20

7745 10