



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222598
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: _____

1222598

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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DRILLSITE ELEVATION

CLIENT:	<u>TRI-UNITED, INC.</u>		
SECTION:	<u>8</u>	TOWNSHIP:	<u>T14S</u>
		RANGE:	<u>R19W</u>
QUARTER:	<u>SW. 1/4</u>		
COUNTY:	<u>ELLIS</u>		
LEASE NAME:	<u>GOTTSCHALK</u>		

WELL NAME: GOTTSCHALK #1

*** ELEVATION:** 2210 **DESCRIPTION:** 1. Ground elevation at wood stake on existing drillsite pad.

COORDINATES: Y = 189264 X = 1584129

State Plane-NAD 27-Kansas North
(Mapping Grade GPS Used)

*Tri-United, Inc.
 1501 W. 24th St.
 Great Bend, KS
 67530
 ATTN: [unclear]
 Rod Pipe Line*

* Elevation derived from National Geodetic Vertical Datum. Elevation is for specific point set by others. No guarantee is implied for the exact location of the drillsite location in relation to lease lines or section lines.

Date May 13, 2014

GLOBAL CEMENTING, L.L.C.

1332

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: RUSSELL, KS

API # 15-051-26693-00-00

DATE <u>5-16-14</u>	SEC. <u>8</u>	TWP. <u>14</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START <u>3:45am</u>	JOB FINISH <u>4:15am</u>
LEASE <u>Groth Schalk</u>	WELL #. <u>1</u>	LOCATION			COUNTY <u>ELLIS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR Shields

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 216

CASING SIZE 8 5/8 DEPTH 206.46

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 204

PERFS

DISPLACEMENT 12 1/4

OWNER

CEMENT AMOUNT ORDERED 150sx comp 3%CC

2%gel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Heath

P1 HELPER Cody

BULK TRUCK

B3 DRIVER Brad

BULK TRUCK

DRIVER

REMARKS:

Run 5 JTS of 8 5/8 casing and landing 1+

Est circulation with mud pump

Hook up and mix 150sx and disp 1/2 bbl

of H2O - shut in @ ps.

Cement+oil circulate.

TOTAL _____

CHARGE TO: Tri-United

STREET _____

CITY Hays STATE ks ZIP 67601

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

Global Cementing, L.L.C.,
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. Thank You.

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PRINTED NAME George Bagler

SIGNATURE George Bagler

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC

055271

Federal Tax I.D.# 20-5975804

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

API # 15-051-26693-00-00

SERVICE POINT: Russell

DATE <u>5-22-14</u>	SEC <u>8</u>	TWP <u>14</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START <u>1230</u>	JOB FINISH <u>100 pm</u>
LEASE <u>Gottschalk</u>	WELL # <u>1</u>	LOCATION <u>Hays Cr</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				<u>Circle one</u>			

CONTRACTOR Shields
 TYPE OF JOB Long string
 HOLE SIZE _____ T.D. 0
 CASING SIZE 5 1/2 DEPTH 3860'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 1350
 CEMENT LEFT IN CSG. 1350
 PERFS. _____
 DISPLACEMENT 93.8' / 1170

OWNER _____
 CEMENT AMOUNT ORDERED 175 sk
ASCO Blend
 COMMON 225 sk @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC 225 sk @ 20.70 + 4902.50

EQUIPMENT

PUMP TRUCK CEMENTER Darryl Marshall
 # 417 HELPER Denny S
 BULK TRUCK _____
 # 378 DRIVER Tracy J.
 BULK TRUCK _____
 # _____ DRIVER _____

1 x 12" (11) FLWH @ _____
550 gal @ 1.40 = 770.00
 HANDLING 225 sk @ 2.98 = 658.00
 MILEAGE 106 @ 2.60 = 275.60

REMARKS:

TOTAL 6736.10

See Cementing Job Log

SERVICE

DEPTH OF JOB 3860'
 PUMP TRUCK CHARGE 152483.50
 EXTRA FOOTAGE @ _____
 MILEAGE 41 @ 77 = 3154.00
 MANIFOLD 44 @ 844.00

CHARGE TO: Tru United Inc.
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 276159

PLUG & FLOAT EQUIPMENT

1 x 5 1/2" Guide shoe @ _____ 5250.00
1 x 5 1/2" Top Lubricator @ _____ 985.00
5 x 5 1/2" Cements @ 80.00 400.00
1 x 5 1/2" Basket @ _____ 290.00
1 x 5 1/2" Float Valve @ _____ 215.00

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment

Geological Report

Well Name: Gottschalk #1 API# 15-051-26693-00-00
Location: SW-NW-SE-SW
Sec 8, T14s-R19w
Ellis County, Kansas
Operator; Tri United, Inc
Lic #3194
Contractor: Shields Oil Producers, Inc
Lic #5184
Elevation: Central Ks Surveying & Mapping
KB 2215'
GL 2210'
Surface Casing 8 5/8 @ 206' w/ 150 sks
Production Casing: 5½ @ 3860' w/130 sks ASC cement
Spud Date: 5-15-14
td reached: 5-22-14
completion: 8-1-14

Geologic Tops;

LOG (2215 KB)

Heebner	3464'	-1249'
Lansing	3507'	-1292'
B-LKC	3769'	-1554'
Arb	3855'	-1640'
TD	3870'	-1655'

Zones Of Interest:

Lansing 3534-3549
White Chalky fossiliferous limestone, Scattered staining, Showes of free oil on break. fair porosity.

3688-3702
Tan oolocastic limestone, good porosity, fair odor, free oil, fair oil on break, good staining.

3706-3726
White oolocastic limestone, good porosity, good odor, fair amount free oil. Vugular porosity.

conglomerate 3837-3851
fine grained sand rounded, slight staining.

Geological Report

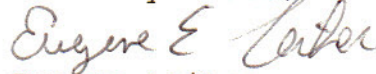
Page 2

Conglomerate; fairly tight with slight odor, faint odor in cup.
small amount of free oil.

Arbuckle: 3855-3870
white fine crystalline to surcosic Dolomite.
Fair porosity, fair odor, fair free oil on break.

The above well was drilled to a total depth of 3870' in which hole condition was in good shape, samples where in good shape also, This ~~well~~ well had good shows in the lower Kansas City, it was recommened to set pipe due to the fact the well ran structuraly high to surrounding wells. Also the Arbuckle should be tested before abandoned.

Sincerely Yours,



Eugene Leiker
Geologist