



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1221630
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: _____

1221630

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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Rock 30-12-33



Current Wellbore Schematic

FIELD: Whitewater Northwest
LEGAL: 2310' FNL & 951' FWL, Sec 30 - T25S - R4E
COUNTY, STATE: Butler, KS
WI: 100.0000%
RI:
WINS #:
API #: 15-015-24037-00-00

SURFACE CASING: 8-5/8", 23#, S-55, STC @ 354'
PROD CASING:
TUBING:
SPUD: 8/18/14
RIG RELEASE:
TD: 2694'
PBTD: 2694'

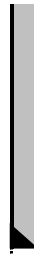
SUBSURFACE EQUIPMENT

Empty box for subsurface equipment details.

WELL HISTORY

DATE	ACTION
8/19/14	Spud well at 12:50pm
8/23/14	Plugged well at 2:00am

Last Updated By: Charles Dalton 9/9/14



11" Hole
 8-5/8", 23#, S-55, STC @ 354'
 Cmt w/150 sx Class 'A' + adds

7-7/8" Hole
 0

PBTD: 2694'
 TD: 2694'

Rock 30-12-33



Current Wellbore Schematic

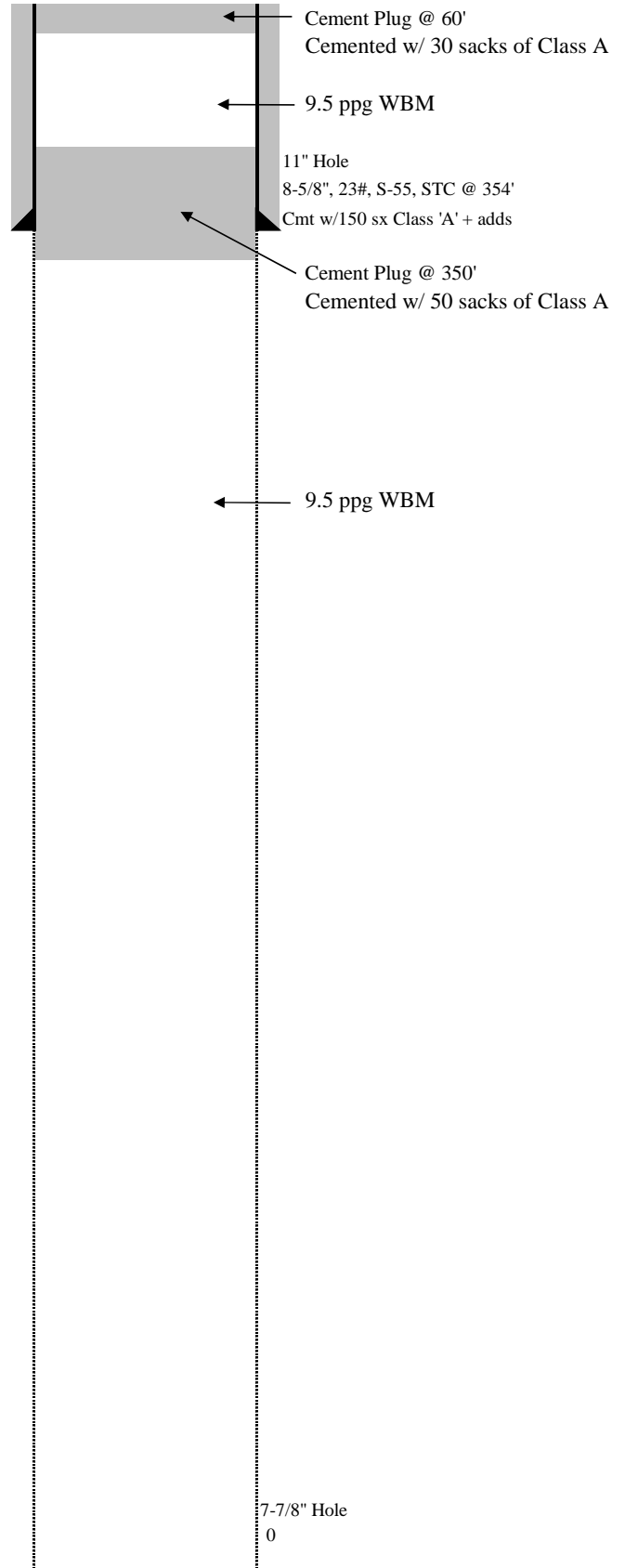
FIELD: Whitewater Northwest
LEGAL: 2310' FNL & 951' FWL, Sec 30 - T25S - R4E
COUNTY, STATE: Butler, KS
WI: 100.0000%
RI:
WINS #:
API #: 15-015-24037-00-00
SURFACE CASING: 8-5/8", 23#, S-55, STC @ 354'
PROD CASING:
TUBING:
SPUD: 8/18/14
RIG RELEASE:
TD: 2694'
PBTD: 10'

SUBSURFACE EQUIPMENT

WELL HISTORY

DATE	ACTION
8/19/14	Spud well at 12:50pm
8/23/14	Plugged well at 2:00am

Last Updated By: Charles Dalton 9/9/14



PBTD: 10'
 TD: 2694'

ALLIED OIL & GAS SERVICES, LLC 063033

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>8/19/14</u>	SEC. <u>30</u>	TWP. <u>20S</u>	RANGE <u>4E</u>	CALLED OUT <u>9:00PM</u>	ON LOCATION <u>100AM</u>	JOB START <u>5:00AM</u>	JOB FINISH <u>5:45AM</u>
LEASE <u>Rock</u>	WELL # <u>30-12-33</u>	LOCATION <u>Potwin KS, South on Diamond Rd to</u>			COUNTY <u>Butler</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		Rd 20, 1/2 South, West into					

CONTRACTOR Summit Billing OWNER Source Energy

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 354
 CASING SIZE 8 3/8 DEPTH 350
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 200 MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 30ft
 PERFS.
 DISPLACEMENT 20 Bbls Fresh H₂O

CEMENT
 AMOUNT ORDERED 150 sk Class A + 3% cc
 COMMON 150 sk A @ 17.90
 POZMIX @
 GEL @
 CHLORIDE 423 # @ 1.10
 ASC @

EQUIPMENT
 PUMP TRUCK CEMENTER Jason Thined
 # 548/545 HELPER Ron Gilley
 BULK TRUCK
 # 949/B74J DRIVER Robert Johnson
 BULK TRUCK
 # DRIVER

REMARKS:
Cement did circ
Float did not hold
 HANDLING @
 MILEAGE 28% = 982.08 TOTAL

SERVICE
 DEPTH OF JOB 350
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE 40 @
 MILEAGE 40 @
 MANIFOLD @
Handling @
Mileage @

CHARGE TO: Source Energy
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT
8 3/8
1- Rubber Plug @
1- AFV shoe @
1- Thread lock kit (2) @
4- centralizers @
 28% = 406.28 TOTAL

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

PRINTED NAME Roger Martin
 SIGNATURE RLM

Redacted charges

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.

Date 8/19/14 District Med Lodge KS Ticket No. 63033
 Company Source Energy Rig Summit
 Lease Rack Well No. 30-12-33
 County Butler State KS
 Location Vic Towanda KS Field 30-25s-4E

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type _____ Weight 23# Collar _____

Casing Depths: Top _____ Bottom 350

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.D. 354 ft. P.B. to _____ ft.

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

CEMENT DATA:
 Spacer Type: Fresh H₂O
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type Clear A + 3% cc
 Excess _____
 Amt. 1.50 Skys Yield 1.22 ft³/sk Density 15.47 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG
 WATER: Lead 5.4 gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 548/545
 Bulk Equip. 949/13741

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

COMPANY REPRESENTATIVE _____ CEMENTER Jason Thinesch

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
<u>100AM</u>						<u>On loc safety meeting, Spot in safety meeting, Rig up, Safety meeting, Run casing</u>
<u>500AM</u>		<u>1800</u>		<u>14 BBL</u>	<u>1/4</u>	<u>Press test</u>
<u>505AM</u>		<u>50</u>		<u>5 BBL</u>	<u>2 1/2</u>	<u>Pump spacer</u>
<u>511AM</u>		<u>200</u>		<u>33 BBL</u>	<u>4 1/2</u>	<u>Mix + Pump cement slurry</u>
<u>522AM</u>						<u>Shut down Release Plug</u>
<u>528AM</u>		<u>150</u>			<u>4</u>	<u>Start Disp</u>
<u>540AM</u>		<u>100</u>		<u>19 BBL</u>	<u>0</u>	<u>Shut down cement did not circulate</u>
<u>545AM</u>		<u>150</u>		<u>20 BBL</u>	<u>2 1/2</u>	<u>Pump additional barrel</u>
						<u>Cement did circ</u>
						<u>Float did not hold</u>
						<u>shut in</u>