Confidentiality Requested: Yes No

Original Comp. Date: _

Deepening

Plug Back

SWD

ENHR GSW

Recompletion Date

Spud Date or

Commingled

Dual Completion

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1224386

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

__ Feet

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from Dest / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser: Designate Type of Completion:	Lease Name: Well #:
Oil WSW SWD SIOW Gas D&A ENHR SIGW	Producing Formation: Kelly Bushing: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	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

Original Total Depth: _

Permit #:

Permit #: _____ Permit #: _____

Conv. to Producer

Completion Date or

Recompletion Date

Re-perf. Conv. to ENHR Conv. to SWD

Conv. to GSW

Permit #:

Permit #: ___

Date Reached TD

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 Approved by: Date:

	Page Two	1224386
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chow important tang of formations ponetrated	Dotail all coros Report all	final conject of drill stome tasts giving interval tasted, time tool

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ai		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		ion, 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 / SQL	IEEZE RECORD			

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

ies	
Yes	No
Yes	No

No

(If No, skip questions 2 and 3) (If No, skip question 3)

(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						ement Squeeze Record d of Material Used)	Depth	
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed	d Product	ion, SWD or ENH	٦.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DIODOOIT		240			METHOD					
DISPOSIT	d 🗌	Used on Lease		Open Hole	Perf.	OF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION INTE	
(If vented, Su	ubmit ACC)-18.)		Other (Specify)						

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Banks North 1
Doc ID	1224386

Tops

Name	Тор	Datum
HEEB	3570	-1893
TORONTO	3584	-1907
DOUG SH	3600	-1923
DOUG SD	3524	-1947
BROWN LM	3768	-2091
LANSING	3781	-2104
STARK	4112	-2435
HUSHPUCK SH	4151	-2474
ВКС	4220	-2543
MISS	4298	-2621
KIND	4384	-2706

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Banks North 1
Doc ID	1224386

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
SURFACE	12.25	8.625	23	349	А	210	
PRODUC TION	7.875	5.5	15.50	4505	75SX A; 30SX 60:40	105	KOLSEAL; 4% GEL

Company Name:	Indian Oil Company LLC
Fracture Start Date/Time:	9/17/2014 9:12am
Fracture End Date/Time:	9/17/2014 11:44am
State:	Kansas
County:	Barber
Legal Description:	Sec. 36-30S-12W
API Number:	15-007-24197
Well Name:	Banks North #1
Longitude:	-98.584067
Latitude:	37.3923056
Total Clean Fluid Volume* (gal):	381,444

ND	ARE THE ONLY CELLS TO BE ED	DITED**	Additive	Specific Gravity	Additive Quantity	Mass (lbs)
	Indian Oil Company LLC					
	: 9/17/2014 9:12am		Water	1.00	381,444	3,183,150
	: 9/17/2014 11:44am		Sand (Proppant)	2.65	176,000	176,000
ate	: Kansas : Barber		Plexcide B7	1.33	20	222
			Plexcide B7	1.33	20	222
	: Sec. 36-30S-12W		Plexgel Breaker XPA	1.03	72	619
	: 15-007-24197		Plexset 730	0.90	88	661
me	: Banks North #1		Plexset 730	0.90	88	661
			Plexsurf 580 ME	0.95	93	737
	-98.584067		Plexsurf 580 ME	0.95	93	737
ıde	: 37.3923056		Plexslick 957	1.11	259	2,399
			Claymax	1.09	185	1,683
(al	: 381,444					
						Tetal Classes Mass (Lbs)

							Total Slurry Mass (Lbs)	
ngredients Section	:						3,367,091	
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Vater	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,183,150	94.53709%	
and (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7	100.00%	176,000	5.22706%	
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	5.00%	11	0.00033%	
Plexcide B7	Chemplex	Biocide	Alkaline Bromide Salts	NA	0.00%	0	0.00000%	
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	43	0.00129%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	330	0.00981%	
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	397	0.01178%	
Plexsurf 580 ME	Chemplex	Product Stabalizer	Methyl Alcohol	67-56-1	10.00%	74	0.00219%	
Plexsurf 580 ME	Chemplex	Product Stabalizer	2-Butoxyethanol	111-76-2	50.00%	369	0.01095%	
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated LightDistillate	64742-47-8	25.00%	600	0.01781%	
Claymax	Chemplex	Clay Stabilizer	No hazardous ingredient	NA	0.00%	0	0.00000%	
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
						1		Non-MSDS Component

PRINTED NAME	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.		Plus Ret Hole	# HELPER BULK TRUCK # DRIVER BULK TRUCK # DRIVER # DRIVER # REMARKS:		CONTRACTOR TYPE OF JOB HOLE SIZE CASING SIZE DEPTH	TWP. RANGE	REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092
DISCOUNT IF PAID IN 30 DAYS	Image: Apple of the second	Image: Book of the second seco	DEPTH OF JOB 4/5/10 PUMP TRUCK CHARGE @ EXTRA FOOTAGE @ MILEAGE @ MANIFOLD @ @ @	Image: Second	COMMON POZMIX GEL CHLORIDE ASC @ @ @	OWNER TALANDA	CALLED OUT ON LOCATION JOB START JOB FINISH COUNTY STATE	& GAS SERVICES, LLC 063213 Federal Tax I.D. # 20-8651475 SERVICE POINT:

contractor to do work done to satisfaction a contractor. I have re: TERMS AND CONI PRINTED NAME	Location CASING DATA: Conduct Surfax Surfax Size	Date OI
do work as is action and sup have read and O CONDITIO	Conductor [Surface] s/Lin. ft	L & GAS SERVIC
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 PRINTED NAME	PTA nediate	District MEDICINE LONG
The above work was on of owner agent or stand the "GENERAL ited on the reverse side	uction I Ine Collar Ine Period	No.
N	s Min	CEMENT DATA: Spacer Type: AmtSks Y
SALES TAX (If Any) TOTAL CHARGES DISCOUNT	LEAD: Pump Time	Ō
	Plugs Top Plugs Top h	LOG
TOTAL	rts. Type 	STAGE NO. ft³/sk Density
30 DAYS	PPG PPG	PPG

	SIGNATURE The second second
	SIGNATIONE
DISCOUNT IF PAID IN 30 DAYS	PRINTED NAME
TOTAL CHARGES	1
SALES TAX (If Any)	TERMS AND CONDITIONS" listed on the reverse side.
TOTAL	done to satisfaction and supervision of owner agent or
@	and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was
	You are hereby requested to rent cementing equipment
	To: Allied Oil & Gas Services, LLC.
WOODEN PLUE @	
PLUG & FLOAT EQUIPMENT	
	CITYSTATEZIP
TOTAL	STREET
@	CHARGE TO. JUDIAN OIL
MILEAGE @ @	
EXTRA FOOTAGE @	DID CIRCULATE CERTENT
DEPTH OF JOB 34/ FT	SHOT IN WELL
SERVICE	START DISRACENENT, END DISPLACE "
	PRESSURE TEST, PUMP 3 BBL SPACER
TOTAL	REMARKS:
G	
	BULK TRUCK
	# 421 / 290 DRIVER JHMES BOWEN
) () () () () () () () () () () () () () (PUMPTRUCK CEMENTER SCOTT PRIMA
() () () () () () () () () () () () () (EQUIPMENT
	DISPLACEMENT 21 1/1 BBUS FRESH HED
CHLORIDE 593 @ @	PERFS.
COMMON (1455 A 200 17.92	PRES. MAX MINIMUM
die	DRILL PIPE DEPTH
AMOUNT ORDERED LW SX CLASS A	TUBING SIZE DEPTH 34/
	12 14
OWNER INDIAN OIL	CONTRACTOR FOST
	OLD OR NEW (Circle one)
INGS RD I N & THU COUNTY BARBER STATE	LEASE NORTH WELL# 1 LOCATION 99 SPA
CALLED OUT ON LOCATION JOB START JOB FINISH	DATE 7-8-14 SEC. TWP. RANGE
SERVICE POINT: MEDICINE LUBGE 165	EMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092
20-8651475	
S SERVICES, LLC 063135	ALLIED JIL & GAS