

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224650
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: _____

1224650



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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Wheelock 5
Doc ID	1224650

All Electric Logs Run

CNL/CDL
MEL
BHCS
DIL

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Wheelock 5
Doc ID	1224650

Tops

Name	Top	Datum
Heebner	3507	-2028
Stark Shale	4046	-2567
Hushpuckney	4082	-2603
Base KC	4138	-2659
Mississippian	42163	-2737
Kinderhook	4394	-2915
Chattanooga	4466	-2987
Viola	4498	-3019
Simpson	4606	-3127
Arbuckle	4700	-3221



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 146169
Invoice Date: Oct 4, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

WHEELLOCK # 5-3 SWD (AFE 14216)

Customer ID	Field Ticket #	Payment Terms	
Lario	63027	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 4, 2014	11/3/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Wheelock #5		
12.00	CEMENT MATERIALS	Super Flush	25.00	300.00
170.00	CEMENT MATERIALS	Special Blend Class A	23.50	3,995.00
850.00	CEMENT MATERIALS	Kol Seal	0.98	833.00
48.00	CEMENT MATERIALS	FL-160 Fluid Loss	18.90	907.20
24.00	CEMENT MATERIALS	Powdered Defoamer	3.50	84.00
45.00	CEMENT MATERIALS	60/40 Poz 4% Blend Class A	18.92	851.40
271.42	CEMENT SERVICE	Cubic Feet Charge	2.48	673.12
57.86	CEMENT SERVICE	Ton Mileage Charge	2.75	159.12
1.00	CEMENT SERVICE	Long String	2,765.75	2,765.75
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug	660.00	660.00
1.00	EQUIPMENT SALES	5-1/2 Packer Shoe	3,765.00	3,765.00
12.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	684.00
2.00	CEMENT SERVICE	Waiting on Location	440.00	880.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	OPERATOR ASSISTANT	Wayne Rucker		
1.00	OPERATOR ASSISTANT	Andrew Engles		

Handwritten signature and date stamp:
OCT 21 2014
2/2

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 4,812.48

ONLY IF PAID ON OR BEFORE
Nov 3, 2014

Subtotal	16,893.09
Sales Tax	863.69
Total Invoice Amount	17,756.78
Payment/Credit Applied	
TOTAL	17,756.78

Handwritten note: BS 10-20-14

10-4-14

Field Ticket Number: 0 62077 Field Ticket Date: Wednesday, February 05, 2014

Bill To:
Lario Oil & Gas
301 South Market Street
Wichita, KS 67202

Job Name: 02 Production/Long String
Well Name: Wheelock
Well Number: # 5
Shipping Point: Medicine Lodge, KS
Sales Office:

SERVICES - SERVICES - SERVICES

Description	Quantity	Unit	Rate	Amount	Discount	Net	Tax	Total
Casing Pump Charge 4001' to 5000'	1.00	min, 4 hr	2,765.75	2765.75	1,938.03	30%		1,938.03
Cementing Head Rental with Manifold (Low Pres)	1.00	per day	275.00	275.00	192.50	30%		192.50
Products handling service charge	271.42	per cu. FL	2.48	673.13	1.74	30%		471.19
Drayage for Products	57.86	ton-mile	2.75	159.12	1.93	30%		111.39
Light Vehicle Mileage	5.00	per mile	4.40	22.00	3.08	30%		15.40
Heavy Vehicle Mileage	5.00	per mile	7.70	38.50	5.39	30%		26.95

MATERIALS - MATERIALS - MATERIALS

Description	Quantity	Unit	Rate	Amount	Discount	Net	Tax	Total
5 1/2 Latch Down Plug	1.00	each	660.00	660.00	495.00	25%		495.00
5 1/2 Packer Shoe	1.00	each	3,765.00	3,765.00	2,823.75	25%		2,823.75
5 1/2 Centralizer	12.00	each	57.00	684.00	42.75	25%		513.00
5 1/2 Cement Basket	0.00	each	395.00	0.00	296.25	25%		0.00
Super Flush	12.00	per bbl	25.00	300.00	17.50	30%		210.00
ALLIED SPECIAL BLEND CEMENT - CLASS A	170.00	per sack	23.50	3,995.00	16.45	30%		2,795.50
Kol Seal	850.00	per pound	0.98	833.00	0.69	30%		583.10
Fluid Loss - FL-160	48.00	per pound	18.90	907.20	13.23	30%		635.04
Powdered Defoamer	24.00	per pound	3.50	84.00	2.45	30%		58.80
ALLIED 60/40 POZ 4% BLEND - CLASS A	45.00	per sack	18.92	851.40	13.24	30%		595.98

ADDITIONAL ITEMS - ADDITIONAL ITEMS - ADDITIONAL ITEMS

Additional hours, in excess of set hours	2.00	per hour	440.00	880.00	308.00	30%		616.00
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	Gross	Discount	Final
Services Total	3,933.50	1,180.05	2,753.45
Materials Total	12,079.60	3,368.43	8,711.17
Additional Items	880.00	264.00	616.00
Final Total	16,893.10	4,812.48	12,080.62

Allied Rep: _____
Customer Agent: _____

This output does NOT include taxes. Applicable sales tax will be billed on the final invoice.
Customer hereby acknowledges receipt of the materials and services described above and on the attached documents.
I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the following page.

* Gray [Signature]
Customer Signature

Field Ticket Total (USD): **\$12,080.62**



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 146028
Invoice Date: Sep 24, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Federal Tax I.D.#: 20-8651475

Bill To:
Lario Oil & Gas Co. Lario Oil & Gas Co. P.O. Box 1093 Garden City, KS 67846

WHEELLOCK #5-3 SWD (AFE 14216)

Customer ID	Field Ticket #	Payment Terms	
Lario	62818	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 24, 2014	10/24/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Wheelock #5		
210.00	CEMENT MATERIALS	Class A Common	17.90	3,759.00
593.00	CEMENT MATERIALS	Chloride	1.10	652.30
221.73	CEMENT SERVICE	Cubic Feet Charge	2.48	549.89
50.83	CEMENT SERVICE	Ton Mileage Charge	2.75	139.78
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
1.00	CEMENT SUPERVISOR	Todd Seba		
1.00	OPERATOR ASSISTANT	Robert Johnson		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

xe
g
OCT 21 2014
2xe

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,002.11

ONLY IF PAID ON OR BEFORE
Oct 24, 2014

Subtotal	6,673.72
Sales Tax	315.41
Total Invoice Amount	6,989.13
Payment/Credit Applied	
TOTAL	6,989.13

BS
10-20-14

ALLIED OIL & GAS SERVICES, LLC 062818

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEDLOCK K

DATE <u>9-24-14</u>	SEC <u>3</u>	TWP <u>32</u>	RANGE <u>12</u>	CALLED OUT <u>7:00</u>	ON LOCATION <u>9:00</u>	JOB START <u>12:45</u>	JOB FINISH <u>11:45</u>
LEASE <u>Wheelock</u>	WELL # <u>5</u>	LOCATION <u>FEOM SHOE 1W</u>				COUNTY <u>Bailey</u>	STATE <u>K</u>
OLD OR NEW (Circle one)							

CONTRACTOR MAUERICK 106
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. 312
CASING SIZE 8 5/8 DEPTH 307.11
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT 20
CEMENT LEFT IN CSG. 20
PERFS. _____
DISPLACEMENT 18.3 Bbl 1150

OWNER LARIO OIL & GAS
CEMENT
AMOUNT ORDERED 210 x CLASS A
370 CL

COMMON 210 @ 17.90 3759.00
POZMIX @ _____
GEL @ _____
CHLORIDE 59.3' @ 1.10 652.30
ASC @ _____

EQUIPMENT

PUMP TRUCK # 202 CEMENTER T SP 30
949-268 HELPER Robert J.
BULK TRUCK
_____ DRIVER WAYNE K.
BULK TRUCK
_____ DRIVER _____

HANDLING @ _____
MILEAGE @ _____
30% = 1323.39 TOTAL 4411.30

REMARKS:

Run 7 H's 24" 8 5/8 CSG
set 307.11
Pgi test 1000"
Pump 3 Bbls H₂O
mix 1 Pump 210 x Class A 370 CL
@ 14.9 "/gal
0.50 18.3 Bbl total

SERVICE

DEPTH OF JOB 0-500
PUMP TRUCK CHARGE 1512.25
EXTRA FOOTAGE 5 @ 4.40 22.00
MILEAGE 5 @ 7.70 38.50
MANIFOLD @ _____
Handling 221.73 @ 2.98 599.89
Waste 5083 @ 2.75 139.78

30% = 678.72 TOTAL 2262.41

CHARGE TO: LARIO OIL & GAS
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@ _____
@ _____
@ _____
@ _____
@ _____
TOTAL 6673.71

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 6673.71
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Stephen Armer
SIGNATURE [Signature]

4671.60