



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226443
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: _____



1226443

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



RECEIVED

MAY 22 2014

Invoice

DATE	INVOICE #
5/19/2014	26359

BILL TO
Palomino Petroleum Inc. 4924 S E 84th Street Newton, KS 67114-8827

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2 SWD	Atwell	Lane	Express Well Serv...	Disposal	Development	5-1/2" LongString	David
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				40	Miles	6.00	240.00
578D-L	Pump Charge - Long String				1	Job	1,500.00	1,500.00
402-5	5 1/2" Centralizer				6	Each	70.00	420.00T
403-5	5 1/2" Cement Basket				2	Each	300.00	600.00T
406-5	5 1/2" Latch Down Plug & Baffle				1	Each	275.00	275.00T
330	Swift Multi-Density Standard (MIDCON II)				350	Sacks	18.50	6,475.00T
276	Flocele				100	Lb(s)	2.50	250.00T
290	D-Air				5	Gallon(s)	42.00	210.00T
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
581D	Service Charge Cement				350	Sacks	2.00	700.00
583D	Drayage				698	Ton Miles	1.00	698.00
	Subtotal							11,418.00
	SWD &/Or InJection Well, Exempt From Sales Tax						0.00%	0.00

We Appreciate Your Business!

Total

\$11,418.00



Services, Inc.

CHARGE TO: **PALEMOND PETROLEUM**

TICKET **26359**

ADDRESS
CITY, STATE, ZIP CODE

PAGE 1 OF 1

1. SERVICE LOCATION NESS CITY, KS	WELL/PROJECT NO. #2 SWD	LEASE Atwell	COUNTY LANE	STATE KS	CITY ALAMOGA, KS.	DATE 19 May 14	OWNER
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR EXPRESS WELL SERVICE	RIG NAME NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	WELL LOCATION S2N, 1/2 E 700	
3. WELL TYPE DISPOSAL	WELL CATEGORY WASHDOWN	JOB PURPOSE 52 SHDRI STRINK	WELL PERMIT NO.				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #115	4	mi			68	270
578					Pump Charge	1	job			1500	1500
402					Centralizer	5 1/2	in	6	ea	70	420
403					Cement Basket	5 1/2	in	2	ea	300	800
406					Latch Down Plug + Baffle	5 1/2	in	1	ea	275	275
330					5MD Cement			350	shk	18	6475
276					Flocak	1/4	lbs	100	lbs	2	250
290					D-Air			5	gal	42	210
221					Liquid KCL			2	gal	25	50
581					Service Charge Cement			350	shk	2	700
583					Drayage	349	00 lbs	698	00 T/M	1	698

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.

REMIT PAYMENT TO:

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

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

DATE SIGNED: **5-19-14** TIME SIGNED: **2330**

SWIFT OPERATOR: **David Huehn**

SURVEY

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?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: **11,418.00**

TOTAL: **11,418.00**

SWD for TAX
F.H.J. Well

Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

JOB LOG

SWIFT Services, Inc.

DATE 19 MAY 14 PAGE NO.

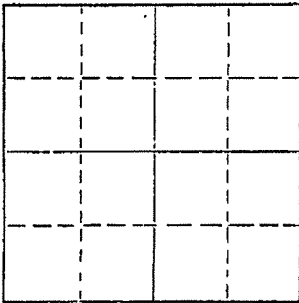
CUSTOMER ALOMINO PETROLEUM WELL NO. LEASE ATWELL # 2 SMD JOB TYPE 5 2 SHORT STRING TICKET NO. 26359

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	19:00							ON LOCATION
	20:30							START PIPE 5 1/2 - 14" TD @ 2020 SET @ 2009 SHOE ST. 33 CENTRALIZERS 1, 4, 7, 10, 13, 16 BASKETS 2, 17
	21:50							CIRCULATE
		6	5				200	Pump 5 BBL KCL SPACER
	22:20	6	110					MIX 200 Sx SMD @ 11.2 ppb
		6	26					MIX 75 Sx SMD @ 13 ppb.
		6	20					MIX 75 Sx SMD @ 14.5 ppb.
	22:50							WASH OUT Pump & LINES
	22:54	6						START DISPLACING PLUG
	23:03	Ø	48				1500	PLUG DOWN - LATCH PLUG IN. CIRCULATE 5 Sx TO PIT
	23:07							RELEASE PSI - DRY
	23:10							WASH TRUCK
	23:45							JOB COMPLETE
								THANKS # 115
								JASON DAVE DOUG JOHN

15-101-20559-00-00

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
P. O. Box 17027
Wichita, Kansas 67217
NORTH

WELL PLUGGING RECORD



Locate well correctly on above
Section Plat

Lane _____ County, Sec. 23 Twp. 17S. Rge. (E) 27W (W)
Location as "NE/CNW&SW" or footage from lines: C SE/4 SW/4
Lease Owner: Olympic Petroleum Company
Lease Name: Atwell Well No. #6
Office Address: Parkland Plaza, 2121 S. Columbia, Tulsa, Okla. 74114
Character of Well (completed as Oil, Gas or Dry Hole): Dry Hole
Date well completed: Nov. 26, 1978 19
Application for plugging filed: Nov. 26, 1978 19
Application for plugging approved: Nov. 26, 1978 19
Plugging commenced: Nov. 26, 1978 19
Plugging completed: Nov. 26, 1978 19
Reason for abandonment of well or producing formation: Dry Hole

If a producing well is abandoned, date of last production: 19
Was permission obtained from the Conservation Division or its agents before plugging was commenced? Yes

Name of Conservation Agent who supervised plugging of this well: Gilbert Balthazor
Producing formation: _____ Depth to top: _____ Bottom: _____ Total Depth of Well: 4550' Feet
Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULLED OUT
		0	306'	8 5/8"		

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from _____ feet to _____ feet for each plug set.

Plugged through drill pipe @ 700' w/70 sx. cement
Plugged through drill pipe @ 300' w/20 sx. cement
Plugged through drill pipe @ 40' w/10 sx. cement

RECEIVED
STATE CORPORATION COMMISSION

NOV 30 1978

CONSERVATION DIVISION
Wichita, Kansas

(If additional description is necessary, use BACK of this sheet)
Name of Plugging Contractor: Warrior Drilling, Inc.
Address: 905 Century Plaza, Wichita, Kansas 67202

STATE OF KANSAS, COUNTY OF SEDGWICK, ss.
Jim Robinson (employe of owner) or (owner or operator) of the above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed and that the same are true and correct. So help me God.

(Signature) Jim Robinson
905 Century Plaza, Wichita, Kansas 67202
(Address)

SUBSCRIBED AND SWORN TO before me this 29th day of November, 1978

My commission expires _____
MARILYN SINARD
STATE NOTARY PUBLIC
SEDGWICK COUNTY, KANSAS
MY COMM. EXP. APR. 30, 1979

Marilyn Sinard
Marilyn Sinard Notary Public.