



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1226743  
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: \_\_\_\_\_



1226743

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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264698

TICKET NUMBER 44598  
 LOCATION Oakley, Mo.  
 FOREMAN Duwan

PO Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12/11/13	5007	Krebs #J #1	20	14	32	Logan	
CUSTOMER Black Tea			Oakeley 235-1w Ninto				
MAILING ADDRESS							
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				463	Cory		
				693	Steven		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 269 CASING SIZE & WEIGHT 8 5/8 24"  
 CASING DEPTH 268.66 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.8 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 15.83 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Softy Meeting Rigup on Landmark Rig Run Casing Break Circulation  
with Rig Pump Hook up to Pump Truck mix 200 sks Cem 3% CL 2% Gel  
Washup pump + Lines Displace 15.83 bbl Water Rig Down  
Cement Did Circulate

Approx 5 bbl Cement To Pit

Thanks Duwan + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	7150. <sup>00</sup>	7150. <sup>00</sup>
5406	20	MILEAGE	5.25	105. <sup>00</sup>
5407	9.4	Ton Mileage Delivery	45.00	423. <sup>00</sup>
11045	200 SKs.	Class 'A' Cement	18.55	3710. <sup>00</sup>
1102	564*	Calcium Chloride	.94	530. <sup>16</sup>
1118 B	376*	Bentonite	.27	101. <sup>52</sup>
<b>SCANNED</b>			Subtotal	6026. <sup>68</sup>
			Less 10%	602. <sup>67</sup>
			Subtotal	5424. <sup>01</sup>
			SALES TAX 7.65	298.94
			ESTIMATED TOTAL	5722.95

Ravin 3737

AUTHORIZATION 

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

# ALLIED OIL & GAS SERVICES, LLC 062193

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Quilley, TX

DATE <u>12/10/13</u>	SEC. <u>20</u>	TWP. <u>14</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00</u>	JOB FINISH <u>1:00</u>
LEASE <u>Krebs</u> WELL # <u>#1</u>		LOCATION <u>235 1W WINDO</u>			COUNTY <u>109</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Concord OWNER Gene

TYPE OF JOB Prod.

HOLE SIZE 7 1/2 T.D.

CASING SIZE 5 1/2 DEPTH 4469

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL Port collar DEPTH 2153

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 20.1

CEMENT LEFT IN CSG. 20.15

PERFS.

DISPLACEMENT 108 BBL H<sub>2</sub>O

EQUIPMENT

PUMP TRUCK # <u>922</u>	CEMENTER <u>Alan Ryan</u>
BULK TRUCK # <u>396</u>	HELPER <u>Kevin Ryan</u>
BULK TRUCK #	DRIVER <u>Jason M (Two)</u>
BULK TRUCK #	DRIVER

CEMENT

AMOUNT ORDERED 230 ASC 1090 sack 29 ugal

5<sup>th</sup> Silsonite

COMMON	@		
POZMIX	@		
GEL	@	<u>4</u>	<u>23.40</u>
CHLORIDE	@		
ASC	@	<u>230</u>	<u>4807.00</u>
Sack	@	<u>2414</u>	<u>632.40</u>
WATER	@	<u>58</u>	<u>204.40</u>
Silsonite	@	<u>115016</u>	<u>1127.00</u>
HANDLING	@	<u>2.48</u>	<u>732.42</u>
MILEAGE	@	<u>25</u>	<u>845.00</u>
		TOTAL	<u>8941.22</u>

**REMARKS:**

Run Log, Circulate, Mix W/FB, IP, Mix 30 SIK 2 #1

Mix 300 SIK down 5 1/2 workup

Displace plug w/ 108 BBL H<sub>2</sub>O w/ 1500 1st C.F. land plug @ 2100

Float held Thank you

Alan Ryan

CHARGE TO: Black T

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

PRINTED NAME \_\_\_\_\_

SIGNATURE John L. Ryan

**SERVICE**

DEPTH OF JOB		<u>4469</u>	
PUMP TRUCK CHARGE		<u>2765.75</u>	
EXTRA FOOTAGE	@		
MILEAGE	@	<u>25 miles</u>	<u>192.00</u>
MANIFOLD	@	<u>9 Hrs</u>	<u>275.00</u>
Catalytic	@	<u>25 miles</u>	<u>110.00</u>
		TOTAL	<u>3343.75</u>

**PLUG & FLOAT EQUIPMENT**

Port collar	@	<u>304.200</u>
AFU float shoe	@	<u>408.33</u>
8 Truck liners	@	<u>748.80</u>
2 Buckets	@	<u>118.281</u>
Watch Penn Assembly	@	<u>324.09</u>
		TOTAL <u>5706.09</u>

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 17,991.16

DISCOUNT 2,457.01 IF PAID IN 30 DAYS

15,534.14 Net