



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227050
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
-----------------------------------	-----------------	---

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: _____



1227050

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
3/14/2014	1681

Bill To
Daniel Johnson 23253 Ks Hwy 239 Prescott, KS 66767

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	#1		
20	Set Surface, 20 feet	15.00	300.00T
442	Well Drilling, 442 feet	7.00	3,094.00T
1	Core Charge	500.00	500.00T
1	Running Long String, 2 7/8	150.00	150.00T
1	Drill Pit	400.00	400.00T
	Sales Tax	6.15%	273.31

Thank you for your business.	Total	\$4,717.31
-------------------------------------	--------------	-------------------

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
3/14/2014	1682

Bill To
Daniel Johnson 23253 Ks Hwy 239 Prescott, KS 66767

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	#1		
1	3/13/14, Well #1, ran pipe to bottom of hole (462'), pumped 30 sacks of cement, pulled 2 7/8 up to 307' and circulated 40 sacks to surface, pumped plug and set float shoe.	700.00	700.00
1	Water Truck	100.00	100.00
	Sales Tax	6.15%	49.20
Thank you for your business.		Total	\$849.20

Oil Patch Pump & Supply, Inc.
P.O. Box 591

Chanute, KS 66720

Phone: (620)431-1890 Fax: (620)431-6251
BILLED AT CHANUTE, KS LOCATION

OPC

Well # 14,2

DATE: 03/07/2014 TIME: 10:27:49
ACCT NO: 1JOHNDAN TERMS: Due on 20th
SLS ID/REP: DLC / JOB:
PO NUM: INDIAN CREEK RANCH
SHIP VIA: Delivery

TAX EXEMPT#:
PAGE: 1
ORDER: 136957
INVOICE: 137852

SOLD TO:
Johnson, Daniel L.
23253 Ks Hwy 239
PRESCOTT, KS 66767

SHIP TO:
Johnson, Daniel L.
TICKET # 84358
03/04/14
PRESCOTT, KS 66767

I N V O I C E
R E P R I N T

PH: (913)471-4939
FAX:

PL	ITEM NUMBER	DESCRIPTION	*-----QUANTITY-----*			YOUR PRICE	EXT AMOUNT
			ORDERED	SHIP	B/O		
	CSNG-RG1	PIPE STL NEW 7" 8RD T&C 17# R1	67	67		11.97	801.99 Y
	CMT-PRT	CEMENT STD TYPE 1 94 LB BAG	15	15		14.62	219.30 Y
NO ADDITIONAL DISCOUNT							

www.oilpatchpump.com
THANK YOU FOR YOUR BUSINESS

Invoice total due by 04/20/2014.

WEIGHT: .00 TAXABLE: 1021.29
TENDER: .00 CH NON-TAX: .00
CHANGE: .00 LABOR: .00

SUB TOTAL: 1021.29
FREIGHT: .00
TAX: 62.81
INV TOTAL: 1084.10

7 OPC CHA

Oil Patch Pump & Supply, Inc.
P.O. Box 591

Wall #1

DATE: 03/25/2014 TIME: 15:13:16
ACCT NO: 1JOHNDAN TERMS: Due on Recei
SLS ID/REP: VAW / JOB:
PO NUM:
SHIP VIA: Customer Pickup
TAX EXEMPT#:
PAGE: 1
ORDER: 137612
INVOICE: 138491

Chanute, KS 66720

Phone: (620)431-1890 Fax: (620)431-6251
BILLED AT CHANUTE, KS LOCATION OPC

SOLD TO:
Johnson, Daniel L.
23253 Ks Hwy 239
PRESCOTT, KS 66767

SHIP TO:
Johnson, Daniel L.
TICKET # 85081 03-25-14
PRESCOTT, KS 66767

I N V O I C E

PH: (913)471-4939
FAX:

PL	ITEM NUMBER	DESCRIPTION	*-----QUANTITY-----*			YOUR PRICE	EXT AMOUNT
			ORDERED	SHIP	B/O		
	LS-J10-TC-U	PIPE BLK STL 2-7/8" USED 8RD 6.5# T&C	319	319		2.89	921.91 Y
	231-0027	FLOAT SHOE 2-7/8" FLAPPER 8rd	1	1		158.79	158.79 Y
	100-0027	PLUG RUBBER CEMENTING 2-1/2" (2-7/8) TOP STYLE	1	1		21.64	21.64 Y
	250-0027	CENTRALIZER 4-BOW 2-1/2" X 5.50 HOLE	2	2		30.60	61.20 Y
	00026A	NIPPLE SWAGE J55 2-7/8" 8RD X 2" 11-1/2V STD X 6"	1	1		48.28	48.28 Y
	GV200-200T	VALVE GATE BRASS 125# 2"	1	1		26.19	26.19 Y

www.oilpatchpump.com
THANK YOU FOR YOUR BUSINESS

Invoice total due by 03/30/2014.

WEIGHT: .00 TAXABLE: 1238.01
TENDER: .00 CH NON-TAX: .00
CHANGE: .00 LABOR: .00

SUB TOTAL: 1238.01

FREIGHT: .00
TAX: 103.99
INV TOTAL: 1342.00

7 OPC CHA

pd. ck # 1507
03-25-14



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128

31050

Date 4/10/2014

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered GR/Neural/CCCL & Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Daniel L Johnson By [Signature]
Customer's Authorized Representative

Charge to Daniel L Johnson Customer's Order No. Leland Jackson

Mailing Address

Well or Job Name and Number Johnson No-1 County Linn State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 ea	Gamma Ray / Neutron / CCL	\$ 560.00
19 ea	2" DML ATG	
	Three (3) Perforations Per Foot	
	Minimum Charge - Ten (10) Perforations	\$ 770.00
	Nine (9) Additional Perforations @ 22.00	\$ 198.00
	Perforated At 280.0 To 286.0	
	Paid 4/10/2014	
	CR 1509	

Total \$ 1528.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name Daniel L Johnson

Served by: S Winderich

By [Signature] Date 4/10/14
Customer's Authorized Representative



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 268340

Invoice Date: 05/22/2014 Terms: 0/0/30,n/30

Page 1

INDIAN CREEK PETROLEUM
23253 KS HWY 239
PRESCOTT KS 66767
(913)731-7791

JOHNSON #1,4
49204
9-23-25
05-20-2014
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	100.00	1.7500	175.00
1202	ACID INHIBITOR	.50	50.0000	25.00
1219B	STIMOIL FBA (SR-445)	9.00	65.0000	585.00
1268	CITY WATER	9000.00	.0173	155.70
1215A	KCL (1/1000)	9.00	38.3300	344.97
1231	FRAC GEL	175.00	9.0000	1575.00
1208	BREAKER LEB4-ESA 14-GB10	.50	200.0000	100.00
1205A	BIOCIDE (AMA-35-D-P) (DR	5.00	30.0000	150.00
4326	7/8" RUBBER BALL SEALERS	7.00	3.0000	21.00
2104A	16/30 BROWN SAND	600.00	.2500	150.00
2102	12/20 BROWN SAND	2400.00	.2700	648.00

Description	Hours	Unit Price	Total
T-91 WATER TRANSPORT (FRAC)	3.00	120.00	360.00
458 PROPANT DELIVERY	1.00	315.00	315.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2300.00	2300.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2070.00	2070.00
524 FRAC VALVES (2" OR 3")	2.00	100.00	200.00
524 BALL INJECTOR	2.00	.00	.00
524 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
582 MINIMUM ACID SPOTTING CHARGE	2.00	375.00	750.00
582 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
T-221 WATER TRANSPORT (FRAC)	3.00	120.00	360.00

Parts: 3929.67 Freight: .00 Tax: 10.87 AR 10695.54
 Labor: .00 Misc: .00 Total: 10695.54
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

SERVICE COMPANY: COWS
 TICKET NO: 58417
 CUSTOMER NAME: Indian Creek
 WELL NAME: Johnson#1
 WELL LOCATION:

DATE RECORDED: 05/20/2014
 JOB NO:
 UNIT DESCRIPTION:
 UNIT NOTES:
 FILE NAME:

IndianCreek_14_05_20_#2.csv



Pen# 1: Pump Pressure (Pressure : psi) Pen# 2: Pump Rate (Flowrate : bpm) Pen# 3: Pump Totals (Volume : bbl)

Pen# 1 Pen# 2 Pen# 3

3300.00 22.00 130.00

2970.00 19.80 117.00

2640.00 17.60 104.00

2310.00 15.40 91.00

1980.00 13.20 78.00

1650.00 11.00 65.00

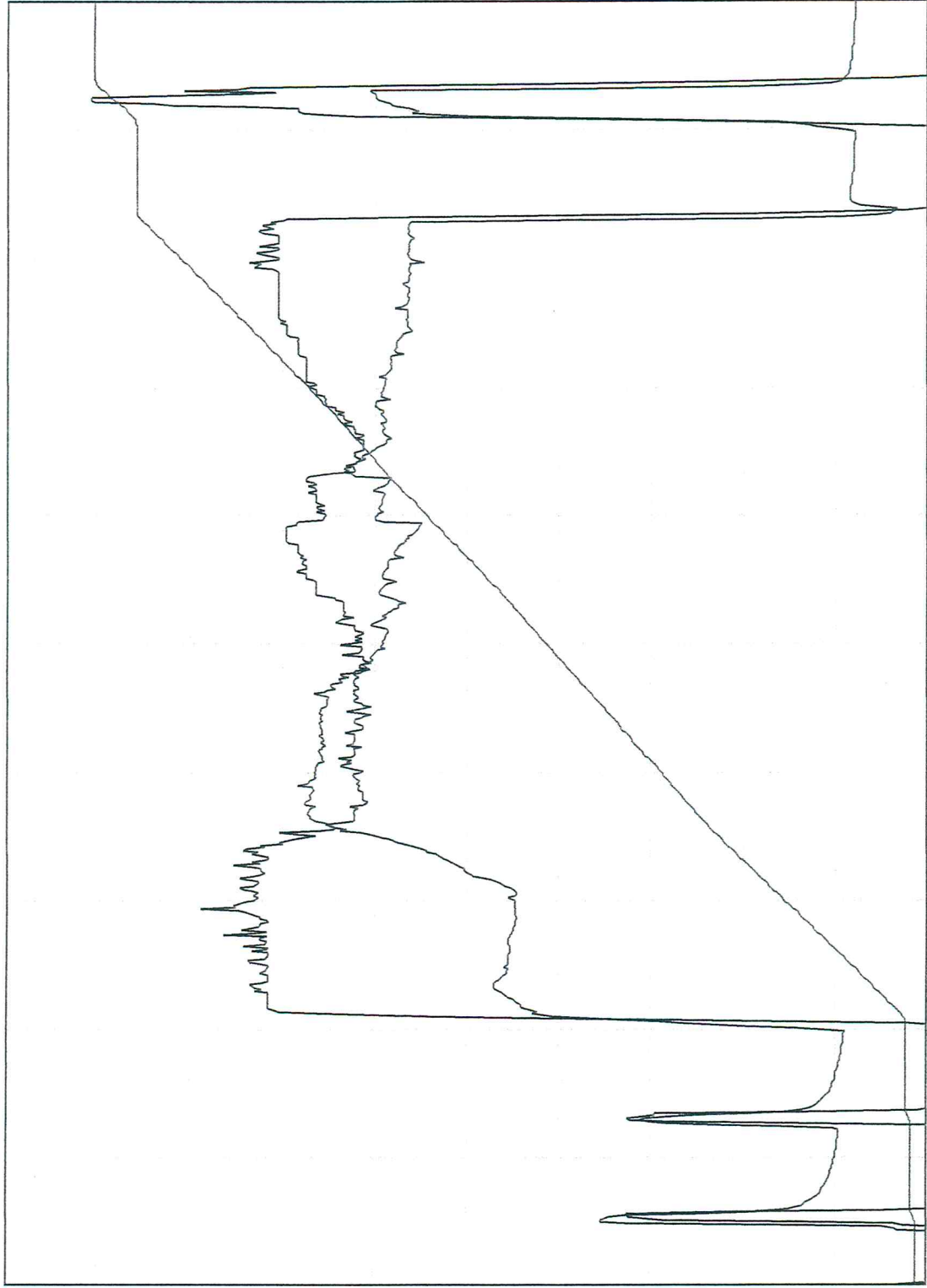
1320.00 8.80 52.00

990.00 6.60 39.00

660.00 4.40 26.00

330.00 2.20 13.00

0.00 0.00 0.00



10:57:49 10:58:59 11:00:10 11:01:20 11:02:31 11:03:42 11:04:52 11:06:03 11:07:13 11:08:24 11:09:35

Johnson # 64

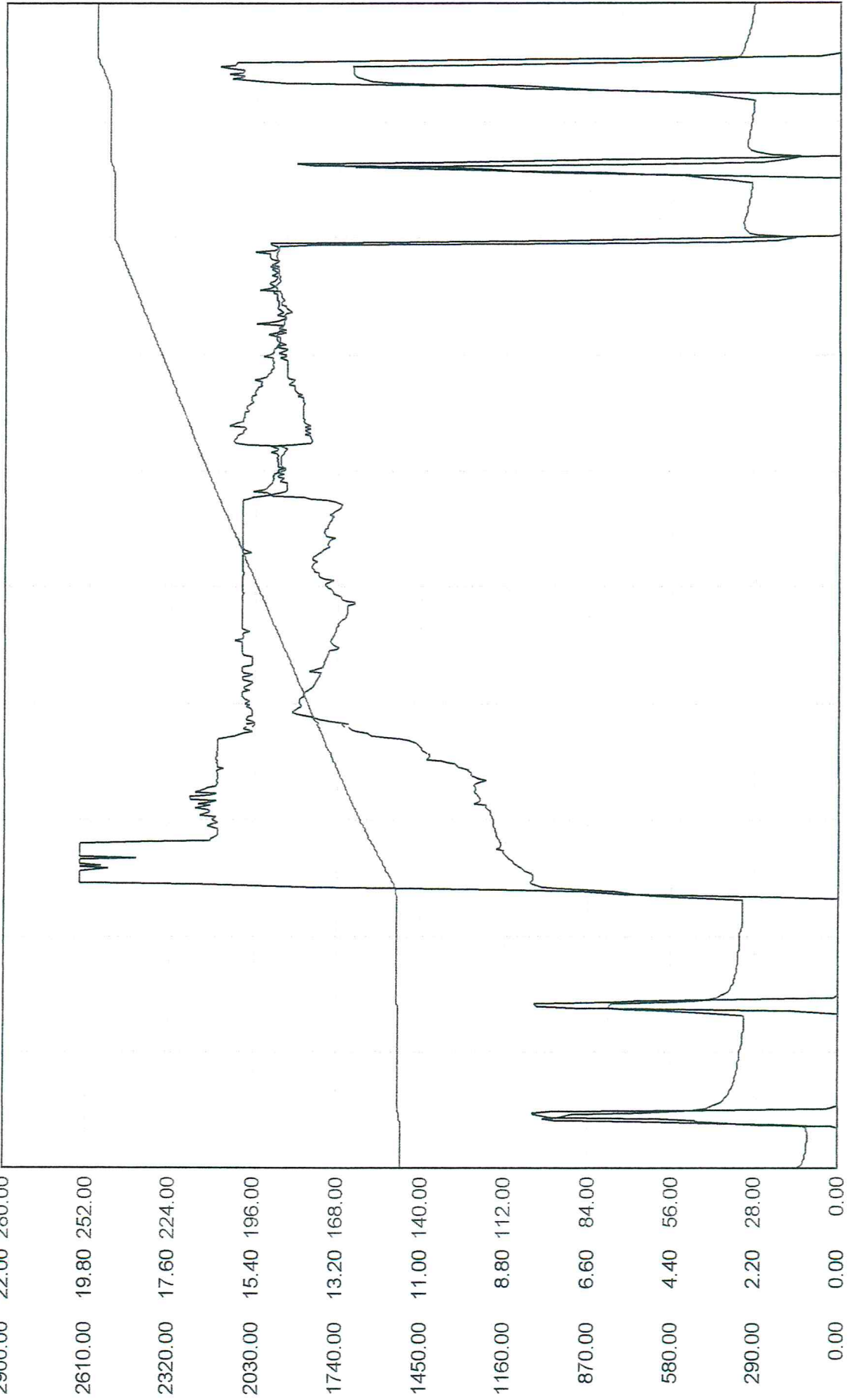


SERVICE COMPANY: Undefined
 TICKET NO: Undefined
 CUSTOMER NAME: Undefined
 WELL NAME: Undefined
 WELL LOCATION: Undefined

DATE RECORDED: Undefined
 JOB NO: Undefined
 UNIT DESCRIPTION: Undefined
 UNIT NOTES: Undefined
 FILE NAME: IndianCreek_14_05_20_#1.csv

Pen# 1: Undefined (Undefined ; Undefined) Pen# 2: Undefined (Undefined ; Undefined) Pen# 3: Undefined (Undefined ; Undefined)

Pen# 1 Pen# 2 Pen# 3
2900.00 22.00 280.00



2610.00 19.80 252.00

2320.00 17.60 224.00

2030.00 15.40 196.00

1740.00 13.20 168.00

1450.00 11.00 140.00

1160.00 8.80 112.00

870.00 6.60 84.00

580.00 4.40 56.00

290.00 2.20 28.00

0.00 0.00 0.00

10:22:26 10:23:30 10:24:35 10:25:40 10:26:45 10:27:50 10:28:54 10:29:59 10:31:04 10:32:09 10:33:14

HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE



Last Fracture Date:	5/20/2014
County:	Linn
API Number (14 Digits):	15-107-24909-0000
Operator Name:	Indian Creek Petroleum
Well Name and Number:	Johnson 1
Latitude:	38.0575625
Longitude:	-94.6679558
Datum:	NAD27
Production Type:	oil
True Vertical Depth (TVD):	322
Total Base Fluid Volume (gal)*:	5460

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
	Consolidated	Break down cement	HCL	N/A***		3	P.O. Box 884 Chanute, KS 66720
	Consolidated	N/A	Acid inhibitor		0.01	0.004	
	Consolidated	N/A	Stimcoil FBA (SR-445)		0.27	0.07	
	Consolidated	N/A	City water		N/A	73	
	Consolidated	N/A	KCL (1/1000)		0.27	0.073	
	Consolidated	keep sand in suspension	Frac gel		5.3	1.4	
	Consolidated	N/A	breaker LEB4-ESA 14-GB10		0.01	0.004	
	Consolidated	N/A	biocide		0.15	0.04	
	Consolidated	seal perms during job	rubber ball sealers		0.21	0.056	
	Consolidated	proppant	16/30 brown sand		18.1	4.8	
	Consolidated	proppant	12/20 brown sand		72.5	19.5	

***No Material Safety Data Sheet provided by previous operator

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%.
 †Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

October 24, 2014

Greg Bratton
Running Foxes Petroleum Inc.
6855 S HAVANA ST, STE 400
CENTENNIAL, CO 80112

Re: ACO-1
API 15-107-24909-00-00
Johnson 1
SW/4 Sec.09-23S-25E
Linn County, Kansas

Dear Greg Bratton:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 3/10/2014 and the ACO-1 was received on October 20, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department