



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227234
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: _____



1227234

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Liberty Oper & Compl, Inc
Well Name	Burton 1
Doc ID	1227234

All Electric Logs Run

Compensated Density/Neutron PE Log
Dual Reciever Cement Bond Log
Sonic Log
Micro Log
Dual Induction Log

Form	ACO1 - Well Completion
Operator	Liberty Oper & Compl, Inc
Well Name	Burton 1
Doc ID	1227234

Tops

Name	Top	Datum
Anhydrite	1380	+725
Topeka	3065	-960
Heebner	3287	-1182
Lansing	3328	-1223
b/KC	3563	-1458
Cong	3603	-1498
Simpson	3675	-1570
Arbuckle	3710	-1605

ALLIED OIL & GAS SERVICES, LLC 055234

Federal Tax ID # 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell, KS

DATE 5-5-14	SEC 20	TWP 10	RANGE 17	CALLED OUT 10:00 PM	ON LOCATION 10:00 PM	JOB START 7:30 AM	JOB FINISH 8:00 PM
LEASE Barton	WELL # 1	LOCATION Plainville	45 4 1/2 E 1/4 S	COUNTY Rawl	STATE KS		
OLD OR NEW (circle one)				Winto			

OWNER

CONTRACTOR White Knight

TYPE OF JOB Long string
HOLE SIZE 7 7/8 TD 3855
CASING SIZE 5 1/2 DEPTH 3854
TUBING SIZE DEPTH
DRILL PIPE DEPTH 1930.59
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT 20.95
CEMENT LEFT IN CSG. 20.95
PERFS.
DISPLACEMENT 91161
EQUIPMENT

CEMENT
AMOUNT ORDERED 280 com 32cc 102.5sf
170 F1-10 Used
Ordered 300

COMMON 280 @ 17.90 5012.00
POZMIX @
GEL @
CHLORIDE 896 @ 0.80 676.80
ASC @
SGL 1522 @ 0.53 806.66
F-10 29 @ 18.25 529.25
Mud flush 72 @ 1.40 100.80
@ 140.00

Bit time 2 hrs @ 11000 21/C
Wait time 2 hrs @ 440.00 830.00

HANDLING 300 sf @ 2.48 744.00
MILEAGE 282 @ 2.60 733.20
MATERIAL 7224.71
Misc 1694.44
TOTAL 10229.41

REMARKS:

SERVICE

PUMP TRUCK CEMENTER Robert P
407 HELPER Matthew D
423 DRIVER Tracy J
BULK TRUCK DRIVER
DRIVER

See log
had problems pulling drill pipe
Thank you!!!

DEPTH OF JOB 3855
PUMP TRUCK CHARGE 2558.75
EXTRA FOOTAGE @
MILEAGE 20 @ 11.11 222.20
MANIFOLD @
40 @ 7.70 308.00

Misc 1229.12
TOTAL 6586.95
3229.75

PLUG & FLOAT EQUIPMENT

CHARGE TO: Liberty Oper and Comply, Inc
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 understand of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME JEFF Crawford

SIGNATURE Jeff Crawford

UE 5 1/2 AEU Floats @ 515.00 545.00
WF 6 tech down @ 660.00 660.00
WF Part Call @ 3500.00 3500.00
WF Tubo @ 95.00 510.00
WF baskets 3 @ 375.00 1125.00
Misc 1421.20
TOTAL 6460.00

SALES TAX (if any) 19771.66
TOTAL CHARGES 19771.66
DISCOUNT 4349.76
net 15421.90
2488 PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 055496

Federal Tax I.D.# 20-5975804

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Muskege 15r

DATE	9.22.14	SEC	20	TWP	10	RANGE	17	CALLLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE	Purfoawell #		1	LOCATION		Missoula KS		COUNTY	Moss	STAGE	RT
OLD OR NEW (Circle one)	S to 38 14 4 1/2 e W 1/4 10										

CONTRACTOR	Blacks Ops		OWNER		
TYPE OF JOB	Pole Collar				
HOLE SIZE		T.D.			
CASING SIZE	5 1/2"	DEPTH	2 3/5'	CEMENT AMOUNT ORDERED	200 SK
TUBING SIZE	2 1/2"	DEPTH			
DRILL PIPE		DEPTH			
TOOL		DEPTH			
PRES. MAX		MINIMUM			
MEAS. LINE		SHOE JOINT			
CEMENT LEFT IN CSG.					
PERFS.					
DISPLACEMENT	10 1/2"				

EQUIPMENT			
PUMP TRUCK	CEMENTER	Gary Penward	Material
#	417	HELPER	Danny S
BULK TRUCK			Alvin
#	410	DRIVER	Jon P / Tyler 20
BULK TRUCK		DRIVER	

REMARKS:

DEPTH OF JOB	2850'
PUMP TRUCK CHARGE	\$2,213.15
EXTRA FOOTAGE	
MILEAGE	40 @ 7.17 = \$288.00
MANIFOLD	20 @ 4.4 = \$88.00
TOTAL	3628.75

CHARGE TO: Liberty DL

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL \$ 2607.15

PLUG & FLOAT EQUIPMENT

TOTAL		

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 _____

SALES TAX (if Any) _____

TOTAL CHARGES \$ 3,243.15

DISCOUNT \$ 2,310.19 (15%) IF PAID IN 30 DAYS

SIGNATURE Roger E. Egan Ver 693236

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 16, 2014

Roger L.Comeau
Liberty Oper & Compl, Inc
100 SW 9TH
PLAINVILLE, KS 67663-2229

Re: ACO-1
API 15-163-00766-00-01
Burton 1
NE/4 Sec.20-10S-17W
Rooks County, Kansas

Dear Roger L.Comeau:

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 05/01/2014 and the ACO-1 was received on October 10, 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