

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1227241

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec	Twp S. R	East West
Address 2:			Feet	t from North / Sout	h Line of Section
City: St	ate: Ziŗ	D:+	Feet	t from East / West	t Line of Section
Contact Person:			Footages Calculated from Ne	earest Outside Section Corne	r:
Phone: ()			□ NE □ NW	□ SE □ SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				g. xx.xxxxx) ((e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 N		
Purchaser:			County:		
Designate Type of Completion: New Well Re-Entry Workover			Lease Name: Well #:		
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:	
Gas D&A ENHR SIGW		☐ SIGW	Total Vertical Depth:	Plug Back Total Depth:	<u>. </u>
☐ OG CM (Coal Bed Methane)	☐ GSW	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at:	Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co		
If Workover/Re-entry: Old Well Inf			If yes, show depth set:		Feet
Operator:			If Alternate II completion, cen		
Well Name:			feet depth to:		
Original Comp. Date:			loot dopar to:		
Deepening Re-perf.	_	NHR Conv. to SWD	B	D.	
☐ Plug Back	Conv. to GS		Drilling Fluid Management (Data must be collected from the		
Commingled	Permit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion Permit #:		Dewatering method used:			
SWD	Permit #:		Location of fluid disposal if ha	auled offsite:	
☐ ENHR	Permit #:		Operator Name		
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date Reached TD Completion Date or Recompletion Date		•	QuarterSec		
		Recompletion Date	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 Approved by: Date:			

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

LITHOLOGY STRIP LOG

WellSight Systems

Scale 1:240 (5"=100") Imperial Measured Depth Log

Well Name: T-Nelson #1-26

Well Id:

Location: SE SW NW NE/4 Section 26 T14s-R31w

License Number: API:15-063-22189-00-00

Region: Gove County, Ks Drilling Completed: May-10, 2014

Spud Date: Apr-29th, 2014

Surface Coordinates: 1290' FNL & 2220' FEL Section 26 T14s-R31w

Bottom Hole Coordinates:

Ground Elevation (ft): 2762

K.B. Elevation (ft): 2772

Logged Interval (ft): 3600 To: 4511 Total Depth (ft): 4510

Formation: Topeka to Miss

Type of Drilling Fluid: Chemical mud Displaced @ 3500'

Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Pelican Hill Oil & Gas

Address: 1401 E. El Camino Real Suite 207

San Clemente, Ca 92672-5932

GEOLOGIST

Name: Cliff Ottaway (785-623-1598)

Company: 211 E. 32nd St Address: Hays, Kansas 67601

None

DSTs

None

Comments

Integrity Drilling Co. Rig #7 Surface Casing: 218' with 170 sks.

Production: 51/2"@ 4503' w/175 sks ASC

ALLIED OIL & GAS SERVICES, LLC 063484 Federal Tax LD. #20-8651478

REMIT TO E.O. BOX 93999	SERVICE POINT:
SOUTHLAKE, TEXAS 76092	Colly PS
DATE 4-30-14 SEC 1 TWP 4 RANGE 31 CALL	LEGOUT ON LOCATION JOB START JOB FINISH 14 Sp. 10 1 Jan. 17 10 Op. 10.
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TOOL DEPTH	COMMON
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To: Allied Oll & Gas Services, LLC: You gie hereby requested to reat cementing equipment	
and furnish comenter and helper(s) to assist owner or	· · · · · · · · · · · · · · · · · · ·
contractor to do work as is listed. The above work was	TOTAL
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 6, 19497
PRINTED NAME Teray Kegan	SALES TAX (If Any) 276. 27 TOTAL CHARGES 6. 2929 DISCOUNT 1.28.16 (1983) IF PAID IN 30 DAYS
- A	5,461.82.Net
SIGNATURE Lary Legan	
	<i>'</i>

ALLIED OIL & GAS SERVICES, LLC 063409

Federal Tax I.D. # 20-8651475

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SOUTHLAKE, TEXAS 76092				Dakla Ks
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ALLIED OIL & GAS SERVICES, LLC 063484 Federal Tax LD. # 20-8651475

· Federal (ax ro. »	
REMIT TO E.O. BOX 93999 SOUTHLAKE, TEXAS 76092	SERVICE POINT:
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contractor to do work as is listed. The above work was	TOTAL
done to satisfaction and supervision of owner agent or contractor, I have read and understand the "OBNERAL	
TERMS AND CONDITIONS listed on the reverse side.	SALES TAX (If Any) 276. 27
	TOTAL CHARGES 6. 21299
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-	5,461.82.Net
SIGNATURE Lung Legan	
\ / /	*