



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228649
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: _____



1228649

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

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: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 062806

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
1100 Lodge Ki

DATE <u>4-8-14</u>	SEC <u>27</u>	TWP <u>29</u>	RANGE <u>7</u>	CALLED OUT <u>3:30</u>	ON LOCATION <u>5:30</u>	JOB START <u>8:00</u>	JOB FINISH <u>7:00 AM</u>
LEASE <u>VORAW</u>	WELL # <u>H-4</u>	LOCATION <u>Rago Ki Jct 2W</u>	COUNTY <u>Kingman</u>	STATE <u>K</u>			
OLD OR NEW (Circle one) <u>NEW</u>		<u>to SE 1/4 3/4 E into</u>					

RECEIVED
KANSAS CORPORATION COMMISSION

CONTRACTOR Fossil #2
 TYPE OF JOB 85/8 SURFACE
 HOLE SIZE 12 1/4 T.D. 3166
 CASING SIZE 85/8 23 DEPTH 351.71
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 25'30"
 PERFS. _____
 DISPLACEMENT 20.6 bbl

OWNER RAKESTRAW Brothers
 CEMENT AMOUNT ORDERED 250sq A
24.62L 3% LL
 COMMON 250 5x @ 17.90 4475.00
 POZMIX @ _____
 GEL 5 @ 23.40 117.00
 CHLORIDE 9 @ 64.00 576.00
 ASC @ _____

NOV 25 2014

CONSERVATION DIVISION
WICHITA, KS

EQUIPMENT
 PUMP TRUCK CEMENTER T. Seba
 # 558-555 HELPER Scott P
 BULK TRUCK
 # B19-823 DRIVER OSCAR (TWS)
 BULK TRUCK
 # _____ DRIVER _____

HANDLING 270.30 @ 2.48 670.34
 MILEAGE 12.33/42/2.60 1347.25
 TOTAL 7195.59

REMARKS:

Run 8 #4's 23' Csg set d
Mill Pump 250sq A 24.62L 3% LL
15' 2 1/4" PL
Dis 20.6 bbl total
PLG down 3:30 250'
6000 Cfg. Thru. Top CIRC CAR TO RT

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 1512.75
 EXTRA FOOTAGE @ _____
 MILEAGE 42 @ 7.70 323.40
 MANIFOLD @ _____
2U 42 @ 4.40 184.80

TOTAL 2295.95

CHARGE TO: RAKESTRAW Brothers
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

TEA 89B Wilson Plug @ _____ 110.00
 @ _____
 @ _____
 @ _____

TOTAL 110.00

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.

SALES TAX (if Any) _____
 TOTAL CHARGES 9591.54
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Cory Enock
 SIGNATURE [Signature]

(NET) 7695.23

ALLIED OIL & GAS SERVICES, LLC 062810

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
M80 Labz Ki

DATE <u>4-15-14</u>	SEC <u>27</u>	TWP <u>29</u>	RANGE <u>7</u>	CALLED OUT <u>3:00 AM</u>	ON LOCATION <u>5:15</u>	JOB START <u>6:45</u>	JOB FINISH <u>12:00</u>
LEASE <u>Voran</u>	WELL # <u>H-4</u>	LOCATION <u>Popo Ki 2N3AE N into</u>			COUNTY <u>Wagoner</u>	STATE <u>KS</u>	

RECEIVED
KANSAS CORPORATION COMMISSION

CONTRACTOR Foss, II
 TYPE OF JOB 5/2 L.S. Production
 HOLE SIZE 7 7/8 T.D. 5120
 CASINO SIZE 5 1/2 15.5 DEPTH 47
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 21
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 113 bbls
 EQUIPMENT

OWNER Polkstrom Beds
 CEMENT
 AMOUNT ORDERED 50x 60/40 99/GEL
265x ASC 5 1/2x Koseal 57 PL-160
14x Floscal

NOV 25 2014
CONSERVATION DIVISION
WICHITA, KS

PUMP TRUCK CEMENTER T. SERA
 # 548-845 HELPER Justin B.
 BULK TRUCK
 # 702-693 DRIVER Hector (TWS)
 BULK TRUCK
 # DRIVER

COMMON <u>A 30</u> @ <u>17.90</u> <u>537.00</u>
POZMIX <u>20</u> @ <u>9.35</u> <u>187.00</u>
GEL <u>2</u> @ <u>23.40</u> <u>46.80</u>
CHLORIDE @
ASC <u>265</u> @ <u>20.90</u> <u>5558.50</u>
<u>Kolseal 1325</u> @ <u>.98</u> <u>1298.50</u>
<u>FL-160 124.5</u> @ <u>18.90</u> <u>2353.05</u>
<u>Floscal 86.25</u> @ <u>2.97</u> <u>196.76</u>
@
@
@
@
@
@
@

REMARKS:
Rm 113 H.S. 5/2 15.5' CSG 4750
PKL SDEB L.D. PART 14' MT = 21.
Plug & float
H.S. Pump 265x ASC & H.S. 5/2
Diso 113 bbl
plug down 11:10 2000' Release Hold
Close on the job

HANDLING
 MILEAGE (2539.40 / 25%)
 TOTAL 10,157.61

CHARGE TO: Polkstrom Beds
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>4758'</u>
PUMP TRUCK CHARGE <u>2765.75</u>
EXTRA FOOTAGE @
MILEAGE <u>42</u> @ <u>7.70</u> <u>323.40</u>
MANIFOLD @
<u>LJ 42</u> @ <u>4.40</u> <u>184.80</u>
Handling <u>394.90</u> @ <u>2.48</u> <u>979.35</u>
mileage <u>97.07</u> <u>142/2.60</u> <u>1864.04</u>
(1598.08 / 25%)
TOTAL <u>6392.34</u>

PLUG & FLOAT EQUIPMENT

<u>WFO 5/2</u>
<u>1 EA PKR CHB</u> @ <u>3765.00</u>
<u>1 EA L.D. Plug Part</u> @ <u>260.00</u>
<u>1 EA CMT Bulet</u> @ <u>395.00</u>
<u>10 EA Centralizer</u> @ <u>57.00</u> <u>570.00</u>
@
TOTAL <u>5390.00</u>

To: Allied Oil & Gas Services, LLC.
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SALES TAX (If Any) _____
 TOTAL CHARGES 21,929.97
 DISCOUNT (Net) 17,802.47 IF PAID IN 30 DAYS

PRINTED NAME X Craig E. Smith
 SIGNATURE X Craig E. Smith