



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1228982
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: _____



1228982

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 #
3/27/2014	1683

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	#4		
20	Set Surface, 20 feet	15.00	300.00T
302	Well Drilling, 302 feet	7.00	2,114.00T
1	Running Long String, 2 7/8	150.00	150.00T
1	Core Charge	500.00	500.00T
1	Drill Pit	400.00	400.00T
	Sales Tax	6.15%	213.04

Thank you for your business.		Total	\$3,677.04
-------------------------------------	--	--------------	-------------------

Lone Jack Oil Company

509 East Walnut

Blue Mound, KS 66010

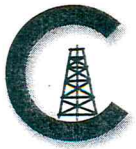
Invoice

Date	Invoice #
3/27/2014	1684

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	#4		
1	3/26/14, Well #4, circulated 50 sacks of cement to surface, pumped plug and set float shoe.	700.00	700.00T
1	Water Truck	100.00	100.00T
	Sales Tax	6.15%	49.20
Thank you for your business.		Total	\$849.20



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
~~INVOICE~~
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

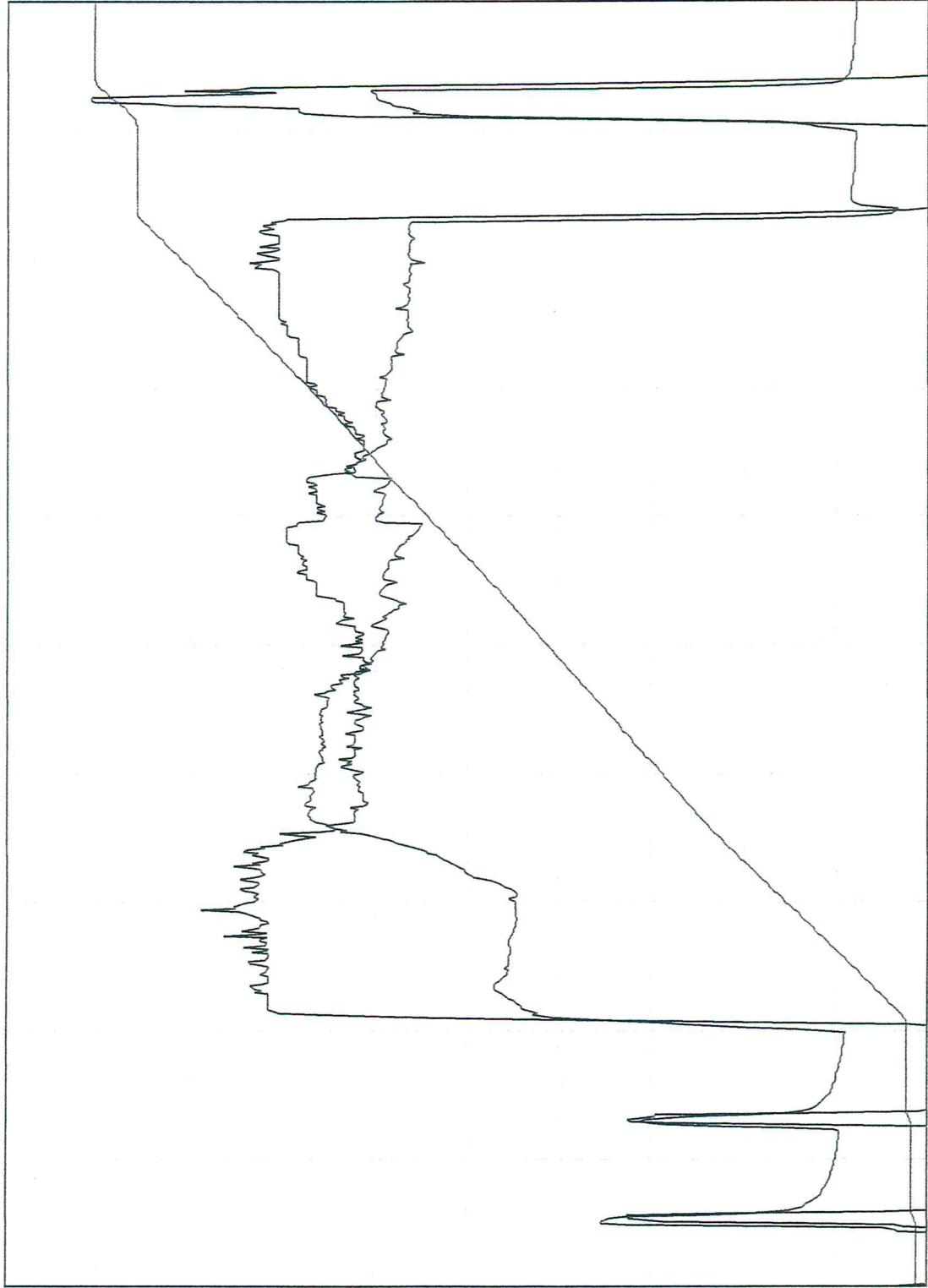
1320.00 8.80 52.00

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

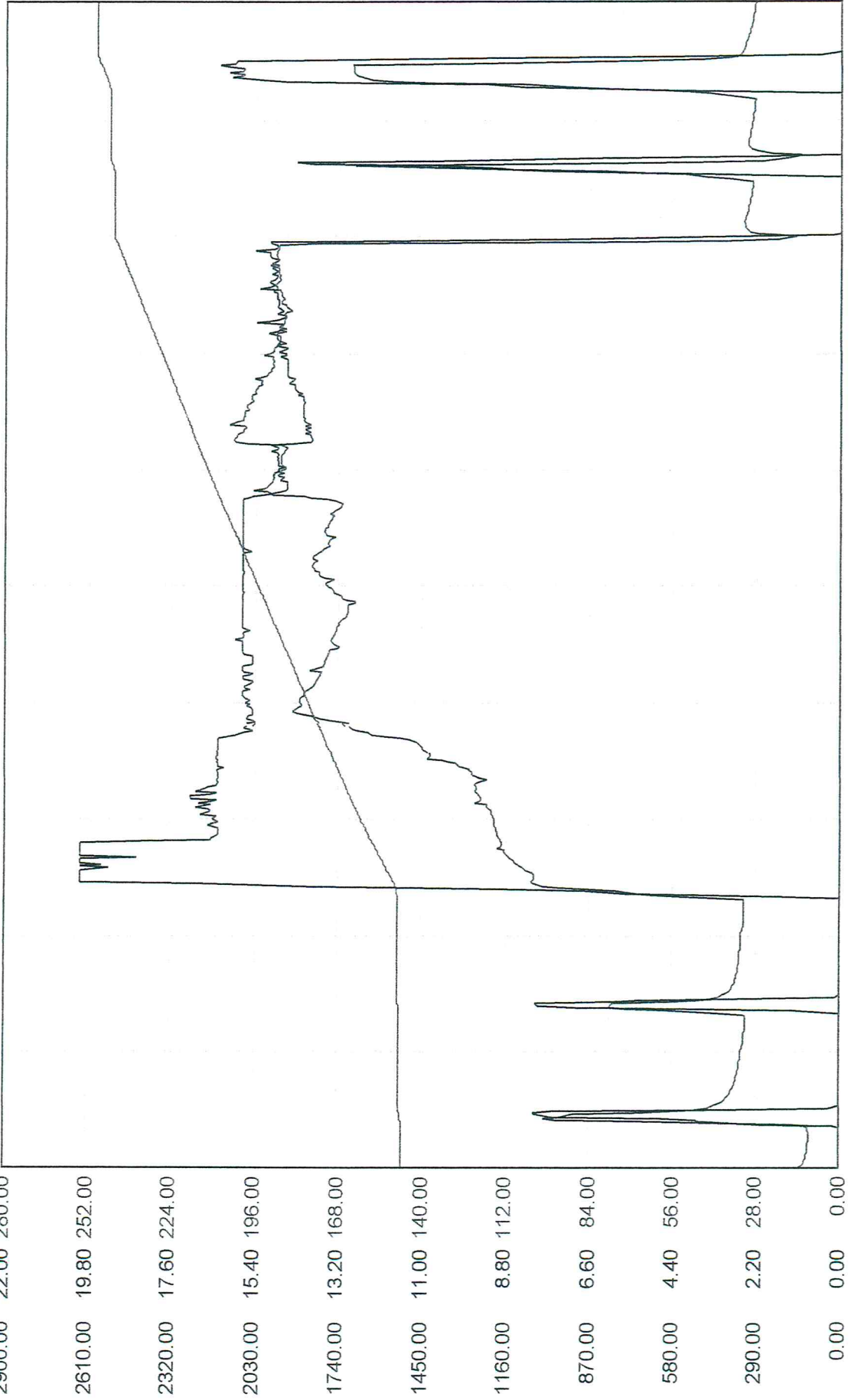


SERVICE COMPANY: Undefined
 TICKET NO: Undefined
 CUSTOMER NAME: Undefined
 WELL NAME: Undefined
 WELL LOCATION: Undefined

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