



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229330
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: _____



1229330

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	J Paul Magnison A 1
Doc ID	1229330

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Micro
Borehole Compesated Sonic

ALLIED OIL & GAS SERVICES, LLC 062349

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: M50 Lodge

DATE <u>3-29-11</u>	SEC <u>23</u>	TWP <u>33</u>	RANGE <u>13</u>	CALLED OUT <u>11:00</u>	ON LOCATION <u>1:00</u>	JOB START <u>2:45</u>	JOB FINISH <u>3:45</u>
LEASE <u>TPA1 M50 Lodge</u>		WELL # <u>A-1</u>	LOCATION <u>M50 Lodge GYP Hilled</u>			COUNTY <u>Bartlett</u>	STATE <u>KI</u>
OLD OR NEW (Circle one) <u>NEW</u>		S to SERVICE Rd 2 1/2 S W S n to					

CONTRACTOR Ninnescah Dels
 TYPE OF JOB 8 5/8 Surface
 HOLE SIZE 12 1/4 T.D. 270
 CASING SIZE 8 5/8 23' DEPTH 270
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 20
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 16 Bbls
 EQUIPMENT _____

OWNER LB Expl.
 CEMENT AMOUNT ORDERED 200sx A 396.00 1/4" CF.
 COMMON Class A 200sx @ 17.90 3580.00
 POZMIX @ _____
 GEL @ _____
 CHLORIDE 7sx @ 64.00 448.00
 ASC @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 210 cu ft @ 2.48 520.80
 MILEAGE 9.7 hrs @ 15 mix 2.60 378.30
 TOTAL 4927.10

PUMP TRUCK CEMENTER T. SOBBA
 # 550-555 HELPER Scott P
 BULK TRUCK DRIVER JAMES B
 # 421-290
 BULK TRUCK DRIVER _____
 # _____

REMARKS:
Run 6 H's, 8 5/8 23" CSG
SET @ 260'
Mix 1 Pump 200sx A 396.00 1/4" CF
@ 15" CF
Disp 16 Bbls
Good Circ thru JCS
elec cut to RT
Plug down @ 3:15 360'

SERVICE
 DEPTH OF JOB 270
 PUMP TRUCK CHARGE _____ 1512.25
 EXTRA FOOTAGE @ _____
 MILEAGE 15mi @ 7.70 115.50
 MANIFOLD + Head @ _____ 275.00
 LV 15mi @ 4.40 66.00
 @ _____
 TOTAL 1968.75

CHARGE TO: LB Expl. Inc.
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT
8 5/8
Wooden Plug @ 110.00
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 110

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 7005.85
 DISCOUNT _____ IF PAID IN 30 DAYS
Net 5254.39

PRINTED NAME Richard A. Barriger
 SIGNATURE Richard A. Barriger

Customer <i>L.B. EXPLORATION</i>	Lease No.	Date <i>04-08-14</i>	
Lease <i>J. PAUL MAGNIFIC A</i>	Well # <i>1</i>	Field Order # <i>10373</i>	Station <i>PRATT KS</i>
Casing <i>5 1/2</i>	Depth	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2" longspig</i>	Formation	Legal Description <i>23-33-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>5 1/2</i>							5 Min.
Depth <i>5051</i>	Depth	From	To	Pre Pad	Max		10 Min.
Volume <i>122</i>	Volume	From	To	Pad	Min		15 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac	Avg		Annulus Pressure
Well Connection <i>P.C</i>	Annulus Vol.	From	To		HHP Used		Total Load
Plug Depth <i>5009</i>	Packer Depth	From	To	Flush	Gas Volume		

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 33708 20920 19831 19862</i>		
Driver Names <i>Sullivan GRAMS COBB</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:45</i>					<i>on loc safety meeting</i>
					<i>Run 5 1/2 csg.</i>
					<i>cont. 1, 3, 7, 11, 13, 14, 16, 17, 21, 23, 29, 30, 32, 33</i>
<i>3:05</i>					<i>Casing on bottom</i>
<i>3:15</i>					<i>Hook up circ.</i>
<i>4:20</i>	<i>300</i>		<i>3</i>	<i>3</i>	<i>St SPACON</i>
			<i>8</i>	<i>5</i>	<i>St SCLAUENGER cont 25 sk @ 13ppg.</i>
			<i>47</i>		<i>mix 175 sk AA-2 cont</i>
					<i>cont mixed shot down wash, line, etc</i>
					<i>Release Plug</i>
				<i>6</i>	<i>St Disp</i>
					<i>lift PS</i>
	<i>600</i>			<i>4</i>	<i>Slow Rate</i>
<i>5:30</i>	<i>1800</i>		<i>122</i>		<i>Plug down</i>
			<i>7</i>	<i>2 1/2</i>	<i>Plug RH w/ 30 sk</i>
			<i>5</i>		<i>Plug MH w/ 20 sk</i>
					<i>5013 complete</i>
					<i>Thank you</i>

