

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1227699

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		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 (Explain) _____			
Estimated Production Per 24 Hours	Oil                      Bbls.	Gas                      Mcf	Water                      Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Stateline 3
Doc ID	1227699

#### Tops

Name	Top	Datum
Stark Shale	4528	-3150
Hushpuckney	4561	-3183
B/KC	4612	-3234
Pawnee	4714	-3336
Cherokee Group	4768	-3390
Mississippian	4842	-3464
Kinderhook Shale	5078	-3700
Viola	5218	-3840

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#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	944	AA	225	2%gel, 3%CC
Production	7.875	5.5	15.50	5240	ASC	150	60:40 4% gel, 5% kolseal

# ALLIED OIL & GAS SERVICES, LLC 063215

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Medicine Lodge KS

DATE <u>7-16-14</u>	SEC. <u>13</u>	TWP. <u>35</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION <u>1:30P</u>	JOB START <u>6:40</u>	JOB FINISH <u>8:00P</u>
LEASE <u>StateLine</u>		WELL # <u>3</u>		LOCATION <u>Stubbs Rd 15</u>		COUNTY <u>Barber</u>	STATE <u>Ks</u>
OLD OR <u>(NEW)</u> (Circle one)		<u>1/2 mi into</u>					

CONTRACTOR Val S  
TYPE OF JOB Production  
HOLE SIZE 7 7/8 T.D. 5240  
CASING SIZE 5 1/2 IS. 5 DEPTH 5250  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX MINIMUM  
MEAS. LINE SHOE JOINT 21'  
CEMENT LEFT IN CSG. 21'  
PERFS.  
DISPLACEMENT 127 bbl KCl water  
EQUIPMENT

PUMP TRUCK CEMENTER Jake Heard  
# 894/265 HELPER Ron G. Wiley  
BULK TRUCK  
# 364 DRIVER James Bowen  
BULK TRUCK  
# DRIVER

## REMARKS:

On Location Safety Meeting Rig up  
Run Casing. Pressure Test pump  
Spacer Mix pump Rtm Hbk Cmt  
Mix + pump Cmt. Stop wash  
pump + Lines Release plug Displace  
See Lift Slow Rate Bump plug  
Float hold

CHARGE TO: Indian Oil  
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 supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Randy Smith

SIGNATURE X Randy Smith

OWNER Indian Oil  
CEMENT  
AMOUNT ORDERED 1005x Class A ASC +  
5# Kelsalt. 5 1/2" E/H 60 + Deformer  
505x 60' 40' 4 1/2" Gel  
COMMON @  
POZMIX @  
GEL @  
CHLORIDE @  
ASC 1005x @ 23.50 2350.00  
ROSEN 505H @ .93 490.00  
FL-100 47" @ 18.90 898.00  
DEFORMER 14" @ 3.50 49.00  
CLAPED 11 gal @ 34.40 378.40  
Hilltop 60/40 4 1/2" (1/25)" @ 18.92 946.00  
505x @  
ASF 12 bbls @ 25.00 300.00  
HANDLING @  
MILEAGE  
25% 1350.43 TOTAL 5401.70

## SERVICE

DEPTH OF JOB 5250  
PUMP TRUCK CHARGE 3044.25  
EXTRA FOOTAGE @  
MILEAGE 20 @ 7.70 154.00  
MANIFOLD 1 EA @ 275.00  
LMV 20 @ 4.40 88.00  
Handline 100 @ 2.48 248.00  
25% 1117.60 148.27 2.75 407.75  
TOTAL 4470.40

## PLUG & FLOAT EQUIPMENT

1 L.O. Plug @ 660.00 660.00  
1 AFU Float shoe @ 545.00 545.00  
8 Centralizers @ 51.00 408.00  
TOTAL 1613.00

**Federal Tax I.D.# 20-5975804**

SERVICE POINT

E. POINT: Medean Lodge

COMMON	<u>135</u>	<u>5X</u>	@	<u>17.90</u>	<u>2416.50</u>
POZMIX	<u>90</u>	<u>5X</u>	@	<u>9.35</u>	<u>841.50</u>
GEL	<u>4</u>	<u>5X</u>	@	<u>23.40</u>	<u>93.60</u>
CHLORIDE	<u>725</u>	<u>5X</u>	@	<u>64.00</u>	<u>464.00</u>
ASC			@		

HANDLING		@	
MILEAGE			
20% = 743.12			
		TOTAL	3915.68

## SERVICE

DEPTH OF JOB	231		
PUMP TRUCK CHARGE	1512	25	
EXTRA FOOTAGE	22	@ 440	96.80
MILEAGE		@	
MANIFOLD	Manifold	@	275.00
	22	@ 770	169.40
	242.01	@ 2.48	600.20
Mileage	223.49	@ 2.60	581.08
20% =	646.94		
		TOTAL	3234.73

**8 5/8 PLUG & FLOAT EQUIPMENT**

1- Bassel plastic Fiber	@	320.00
1- Basket	@	560.00
1- Wooden Plug	@	110.00
	@	

20% = 198

TOTAL 990.00

**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: Harvey Smith

