

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1229181

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. 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;"> CASING RECORD <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 <i>(Specify)</i> _____</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 4
Doc ID	1229181

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Production	7.875	5.5	15.5	5098	ASC	150	60:40 4% gel, 5% kolseal
Surface	12.25	8.625	5.5	223	AA	225	3% cc, 2 % gel

ALLIED OIL & GAS SERVICES, LLC 063145

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEDICINE LODGE KS

DATE <u>7-22-14</u>	SEC <u>13</u>	TWP. <u>35</u>	RANGE <u>12</u>	CALLED OUT <u>5:30 AM</u>	ON LOCATION <u>7:00 AM</u>	JOB START	JOB FINISH
LEASE STATE LINE	WELL # <u>4</u>	LOCATION <u>281 KOWA JCT, S TO STUBBS</u>			COUNTY <u>BARBER</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		RD <u>3/4</u> S W INTO					

CONTRACTOR VAL 5

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 900'

CASING SIZE 8 5/8 DEPTH 223'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 42

PERFS.

DISPLACEMENT FRESH H₂O

EQUIPMENT

PUMP TRUCK CEMENTER SCOTT PRIDDY

892/555 HELPER THOMAS GIBSON

BULK TRUCK

521/553 DRIVER JAMES BOWEN

BULK TRUCK CARL BALDING

DRIVER LUCAS WISER

REMARKS:

ON LOCATION, SAFETY MEETING, SPOT IN, PIG UP
PRESSURE TEST, PUMP SPACER, PUMP CEMENT
SHUT DOWN, RELEASE PLUG, START DISPLACEMENT
SLOW RATE, BUMP PLUG, RELEASE PRESSURE

DID CIRCULATE CEMENT

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 Andy Brown

SIGNATURE Andy Brown

OWNER INDIAN OIL

CEMENT
AMOUNT ORDERED 225 SX 60,40 + 370cc
270 GGL

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	<u>580.5#</u>	@ <u>1.10</u>	<u>638.55</u>
ASC	@		
<u>60:40:2</u>	<u>225 SX</u>	@ <u>18.43</u>	<u>4146.75</u>
<u>SUGAR</u>	<u>50#</u>	@ <u>2.00</u>	<u>100.00</u>

HANDLING @

MILEAGE 271 = 1319.03 TOTAL 4885.30

SERVICE

DEPTH OF JOB	<u>223'</u>		
PUMP TRUCK CHARGE		<u>1705.00</u>	
EXTRA FOOTAGE	<u>12 22</u>	@ <u>4.40</u>	<u>96.80</u>
MILEAGE	<u>22</u>	@ <u>7.70</u>	<u>169.40</u>
MANIFOLD		@	<u>225.00</u>
<u>Handling</u>	<u>242.01</u>	@ <u>2.48</u>	<u>600.18</u>
<u>Mileage</u>	<u>223.49</u>	@ <u>2.75</u>	<u>614.59</u>
<u>271 = 34.46</u>			

TOTAL 3460.97

PLUG & FLOAT EQUIPMENT

<u>Baffle plate</u>	@	<u>320.00</u>
<u>Wooden plug</u>	@	<u>110.00</u>
<u>Basket</u>	@	<u>560.00</u>

271 = 267.30

TOTAL 990.00

SALES TAX (If Any)

TOTAL CHARGES 9336.27

DISCOUNT IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 063148

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEDICINE LODGE KS

DATE 7-28-14	SEC 13	TWP 35	RANGE 12	CALLED OUT 430 PM	ON LOCATION 630 PM	JOB START 215 AM	JOB FINISH 340 AM
LEASE STATE LINE	WELL # 4	LOCATION 281 KNOX JCT S TO STUBBS RD				COUNTY BARBER	STATE KS
OLD OR NEW (Circle one)			S 3/4 W INTD				

CONTRACTOR VAL #5
TYPE OF JOB PRODUCTION
HOLE SIZE 7 7/8 T.D. 5125
CASING SIZE 5 1/2 DEPTH 5098
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT 20.93
CEMENT LEFT IN CSG. 20.93
PERFS.
DISPLACEMENT 2% KCL WATER

EQUIPMENT

PUMP TRUCK CEMENTER SCOTT PRIDDY
892/555 HELPER THOMAS GIBSON
BULK TRUCK
5E1/553 DRIVER ROBERT JOHNSON
BULK TRUCK
DRIVER

REMARKS:

ON LOCATION, SPOT IN RG UP MIX LC SPACER
SAFETY MEETING PRESSURE TEST; PUMP SPACER
PLUG RAY HOLE, PLUG MOUSE HOLE
PUMP CEMENT, SHUT DOWN, CLEAN LINES, RELIEF
PLUG, START DISPLACEMENT W/ 2% KCL WATER
SLOW RATE 70 BBL TO 1 3/4 BPM
BUMP PLUG RELIEF PRESSURE
FLOAT DID HOLD WASH UP

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 Dustin Wells

SIGNATURE Dustin Wells

OWNER INDIAN OIL
CEMENT
AMOUNT ORDERED 20 Bbls stop loss
50sx 60:40:4% GEL

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
Stop loss 20 Bbls	@ 250.00	5000.00
60:40:4 50 sx	@ 18.43	921.50
ASC 100 sx	@ 23.50	2350.00
Kolsac 500#	@ .98	490.00
FL-160 47#	@ 18.90	888.30
DeFoamer 14#	@ 3.50	49.00
Clapro 12 bbls	@ 34.40	412.80
	@	
HANDLING	@	
MILEAGE		

25% = 2527.90 TOTAL 10,111.60

SERVICE

DEPTH OF JOB 5112'		
PUMP TRUCK CHARGE	399.25	
EXTRA FOOTAGE 10 22	@ 4.40	96.80
MILEAGE 22	@ 7.70	169.40
MANIFOLD	@	275.00
Handling 182.26	@ 2.48	452.00
Mileage 172.51	@ 2.75	474.41
25% = 1141.71		
TOTAL		4566.86

PLUG & FLOAT EQUIPMENT

5 1/2"		
1 AFU Float shoe	@	545.00
1 Hatch Down plug	@	660.00
6 Centralizers	@ 57.00	342.00
2 Baskets	@ 50.00	110.00

TOTAL 2667.00

SALES TAX (If Any)
TOTAL CHARGES 17,345.46
DISCOUNT IF PAID IN 30 DAYS

