



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229359
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: _____

1229359

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 <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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Yates 1
Doc ID	1229359

Tops

Name	Top	Datum
Stark Shale	4504	-3153
Hushpuckney	4535	-3184
B/KC	4584	-3233
Pawnee	4689	-3338
Cherokee Group	4740	-3389
Mississippian	4798	-3447
Kinderhook Shale	5052	-3701
Woodford	5130	-3779
Misner	5149	-3798
Viola	5189	-3838

ALLIED OIL & GAS SERVICES, LLC 063511

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend

DATE <u>8-15-14</u>	SEC <u>13</u>	TWP <u>35</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION <u>5 AM</u>	JOB START <u>1:00 pm</u>	JOB FINISH <u>1:50 pm</u>
LEASE <u>Yates</u>	WELL# <u>1</u>	LOCATION <u>South 281-5f-bbs rd</u>			COUNTY <u>Parmer</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>5-Statline Rd - 1W - Gr. N. E. into</u>				

CONTRACTOR Vol 5

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 5 1/2 DEPTH 928.99

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42.06

CEMENT LEFT IN CSG. 42.06

PERFS.

DISPLACEMENT 54.49 bbl fresh water

OWNER

CEMENT

AMOUNT ORDERED 250 60/40 3 1/4 cc 2 1/2 gal

225 class A 3 1/4 cc 2 1/2 gal

COMMON	<u>225</u>	@ <u>17.90</u>	<u>4,027.50</u>
POZMIX		@	
GEL	<u>423</u>	@ <u>.50</u>	<u>211.50</u>
CHLORIDE	<u>1279</u>	@ <u>1.10</u>	<u>1,406.90</u>
ASC		@	
<u>250 60/40 + 2%</u>		@ <u>18.43</u>	<u>4,607.50</u>
<u>Mastal</u>	<u>63</u>	@ <u>2.97</u>	<u>187.11</u>
		@	
<u>Materials Total</u>		@	<u>10,440.51</u>
<u>Disc</u>		@ <u>20%</u>	<u>2,088.10</u>
		@	
		@	
		@	
HANDLING	<u>511.91</u>	@ <u>2.48</u>	<u>1,269.54</u>
MILEAGE	<u>22.39 + 20</u>	@ <u>2.75</u>	<u>1,231.45</u>

REMARKS:

On location - Rig up - had safety meeting
run 5 1/2 casing - Break circulation w/ 2 1/2 gal
pump 5 bbl fresh water ahead
mix 250 60/40 3 1/4 cc 2 1/2 gal
mix 225 5X class A 3 1/4 cc 2 1/2 gal
Displace 54.49 bbl fresh water
Shut in
Cement did circulate

DEPTH OF JOB 928

PUMP TRUCK CHARGE 2058.50

EXTRA FOOTAGE @

MILEAGE Hum 20 @ 7.70 154.00

MANIFOLD @ 2.75 275.00

Hum 20 @ 4.40 88.00

@

CHARGE TO: Indian Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 5,076.49
Disc 20% 1,015.30

PLUG & FLOAT EQUIPMENT

<u>2 - Baskets</u>	@ <u>560</u>	<u>1120.00</u>
<u>Rubber plug</u>	@ <u>131.00</u>	<u>131.00</u>
<u>wooden Baffle plate</u>	@ <u>320.00</u>	<u>320.00</u>
	@	
	@	

TOTAL 1,571.00
Disc 20% 314.20

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 17,088.00

PRINTED NAME X Randy Smith

SIGNATURE X Randy Smith

Thank you!!

ALLIED OIL & GAS SERVICES, LLC 063159

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEDINA LODGE KS

DATE <u>8-23-14</u>	SEC. <u>13</u>	TWP. <u>35</u>	RANGE <u>12</u>	CALLED OUT <u>800 AM</u>	ON LOCATION <u>1000 AM</u>	JOB START <u>430 PM</u>	JOB FINISH <u>545 PM</u>
LEASE <u>YATE'S</u>	WELL # <u>1</u>	LOCATION <u>281 KNOX JCT S TO STUBBS RD</u>			COUNTY <u>BARBER</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		STO STATE LINE RD 1 W N, THEN E INTO					

CONTRACTOR <u>VAL 5</u>	OWNER <u>INDIAN OIL</u>
TYPE OF JOB <u>PRODUCTION</u>	
HOLE SIZE <u>7 7/8</u> T.D.	CEMENT
CASING SIZE <u>5 1/2</u> DEPTH <u>5195</u>	AMOUNT ORDERED
TUBING SIZE	
DRILL PIPE	
TOOL	
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>21'</u>
CEMENT LEFT IN CSG. <u>21'</u>	
PERFS.	
DISPLACEMENT <u>FRESH H₂O</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>SCOTT PRIDDY</u>	
# <u>892/555</u> HELPER <u>JUSTIN BOWER</u>	
BULK TRUCK	
# <u>364</u> DRIVER <u>JAMES BOWEN</u>	
BULK TRUCK	
#	DRIVER

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC <u>75 sx</u>	@	<u>23.50</u>	<u>1762.50</u>
<u>60:40:4 50 sx</u>	@	<u>18.43</u>	<u>921.50</u>
<u>Kolseal 375</u>	@	<u>.98</u>	<u>367.50</u>
<u>P1-160 35.25</u>	@	<u>18.90</u>	<u>666.22</u>
<u>Deframer 10-5</u>	@	<u>3.50</u>	<u>36.75</u>
	@		
	@		
	@		
	@		
HANDLING	@		
MILEAGE			
<u>25% = 938.61</u>			
			TOTAL <u>3754.47</u>

REMARKS:

ON LOCATION RUN CASING SAFETY MEETING
SPOT IN RIG UP, PROCSURE TEST
PUMP SPINNER, PLUG RAY HOLE, PLUG mouse HOLE
PUMP CEMENT, SHUT DOWN, CLEAN LINES
STREET DISPLACEMENT
SLOW RATE
BUMP PLUG
RELIEF PRESSURE, FLOAT DID HOLD

SERVICE

DEPTH OF JOB <u>5195</u>			
PUMP TRUCK CHARGE <u>3099.25</u>			
EXTRA FOOTAGE <u>10 22</u>	@	<u>4.40</u>	<u>96.80</u>
MILEAGE <u>22</u>	@	<u>2.70</u>	<u>169.40</u>
MANIFOLD	@		<u>175.00</u>
<u>Handling 150.41</u>	@	<u>2.48</u>	<u>373.01</u>
<u>Mileage 141.68</u>	@	<u>2.75</u>	<u>389.62</u>
<u>25% = 1100.77</u>			
			TOTAL <u>4403.08</u>

CHARGE TO: INDIAN OIL
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1- AFU Float Show</u>	@	<u>545.00</u>	
<u>1- Patch Down Plug</u>	@	<u>660.00</u>	
<u>8- Centralizers</u>	@	<u>57.00</u>	<u>456.00</u>
	@		
	@		
	@		
			TOTAL <u>1661.00</u>

To: Allied Oil & Gas Services, LLC.
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SALES TAX (If Any) _____
TOTAL CHARGES 9818.55

PRINTED NAME Randy Smith
SIGNATURE Randy Smith

