



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231898
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: _____



1231898

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: <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 055495

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell Ks

Cementing log attached

DATE <u>9.18.14</u>	SEC <u>16</u>	TWP <u>8</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00</u>	JOB FINISH <u>7:00</u>
LEASE <u>APO Derby</u>	WELL # <u>14</u>	LOCATION <u>Zuriott Ks</u>				COUNTY <u>Wood</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)		<u>n to Prd 3/4 W north into</u>					

CONTRACTOR <u>American Eagle Drilling</u>	OWNER
TYPE OF JOB <u>Surfgr.</u>	
HOLE SIZE <u>18 1/4</u>	T.D.
CASING SIZE <u>8 7/8</u>	DEPTH <u>257.03</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>15'</u>
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>15.73</u>	

CEMENT AMOUNT ORDERED <u>170 SK em</u>	
<u>+ 2% gel + 3% CC</u>	
COMMON <u>170sk</u>	@ <u>17.9</u> \$ <u>3043.00</u>
POZMIX	@
GEL <u>320 lb</u>	@ <u>.50</u> \$ <u>160.00</u>
CHLORIDE <u>480 lb</u>	@ <u>1.10</u> \$ <u>528.00</u>
ASC	@
	@
	@
	@
	@
	@
	@
HANDLING <u>170sk #3</u>	@ <u>2.40</u> \$ <u>421.60</u>
MILEAGE <u>280 Tlm</u>	@ <u>2.75</u> \$ <u>770.00</u>
TOTAL \$ <u>4,922.60</u>	

EQUIPMENT

PUMP TRUCK # <u>417</u>	CEMENTER <u>Greg Pfannenstiel</u>
BULK TRUCK # <u>481</u>	HELPER <u>Danny S</u>
BULK TRUCK # <u>481</u>	DRIVER <u>Tyler W.</u>
BULK TRUCK #	DRIVER

REMARKS:

See Cementing log book

SERVICE

DEPTH OF JOB	<u>257.03</u>
PUMP TRUCK CHARGE	\$ <u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>Heavy .70</u>	@ <u>7.7</u> \$ <u>539.00</u>
MANIFOLD <u>light 35</u>	@ <u>4.4</u> \$ <u>154.00</u>
	@
	@

CHARGE TO: American Patriot
STREET
CITY STATE ZIP

TOTAL \$ 2,205.25

PLUG & FLOAT EQUIPMENT

@
@
@
@
@

TOTAL 0

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 Derby Reeve

SIGNATURE Derby Reeve

SALES TAX (If Any)
TOTAL CHARGES \$ 7,127.85
DISCOUNT \$ 1,995.80 IF PAID IN 30 DAYS

Date 9.18.14 District Russell Ticket No. 55495
 Company American Patriot Rig American Eagle
 Lease APD HOLDRY Well No. 14
 County Roxie State KS
 Location Zuni Field _____

CEMENT DATA:
 Spacer Type: _____
 Amt. 170 Sks Yield 1.27 ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 7/8 Type CS Weight #20 Collar _____

LEAD: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

8 7/8 cas. in @ 257.03 in 12 1/4 Hole.
 Casing Depths: Top 0' Bottom 257.03

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

SJ-15'

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.
 Pump Trucks Used #417 - Denny S
 Bulk Equip. #481 - Tyler W.

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. .065
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. 13.9037
 Perforations: From _____ ft. to _____ ft. Amt. _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Long Planning

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
4:00 pm						on location - Safety meeting - set up trucks for moving
12:00						Run to Hs. 8 7/8 CS in 12 1/4 Hole in @ 257.03'
1:00			6		6	Broke circuit with rig 1/2 hr.
1:30			22		3	Mixed 170SK con + 27 gal + 31 cc @ 22" mix.
2:10			15.73		3	Displaced cement @ 15.73' H2O cement to surface!
2:45			#305		0	Shot 8 7/8 in @ 4300 psi cement to surface.
3:30						- Job Complete -
4:00 pm			8		3	Washed truck

ALLIED OIL & GAS SERVICES, LLC 055499

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

Corrected

DATE <u>9.25.14</u>	SEC. <u>10</u>	TWP <u>S</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START <u>1030</u>	JOB FINISH <u>1130</u>
LEASE <u>Lowry</u>	WELL # <u>14</u>	LOCATION <u>Zurich</u>	<u>Ks</u>	COUNTY <u>Frank</u>	STATE <u>Ks</u>		
OLD OR NEW (Circle one) <u>NEW</u>		<u>9 n 96 P of 1/4 W 1/2</u>					

CONTRACTOR <u>American Eagle</u>	OWNER
TYPE OF JOB <u>DTA</u>	
HOLE SIZE <u>7 7/8</u>	T.D.
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>3490'</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>0</u>	

CEMENT AMOUNT ORDERED	<u>290 sk</u>
	<u>40/40 + 4/20</u>
COMMON	<u>290 sk @ 18.43 \$5,344.70</u>
POZMIX	@
GEL	<u>997 lb @ .50 \$498.50</u>
CHLORIDE	@
ASC	@
	@
	<u>Material @ 5843.20</u>
	@
	<u>Lise @ 1460.80</u>
	@
	@
	@
HANDLING	<u>290 sk @ 2.45 \$719.20</u>
MILEAGE	<u>477 Tm @ 2.75 \$1,311.75</u>
TOTAL	<u>11,277.62</u>

EQUIPMENT

PUMP TRUCK # <u>417</u>	CEMENTER <u>Tony Pfann</u>	HELPER <u>Darryl S.</u>
BULK TRUCK # <u>482</u>	DRIVER <u>Ogden W.</u>	
BULK TRUCK #	DRIVER	

REMARKS:

P1 = 3490' @ 50% P2 = 1465' @ 50%
P3 = 875' @ 100% P4 = 300' @ 50%
See Cement Job log
P5 = 40' @ 100% - P6 = RBT00E-30%
1x 8 5/8 Wooden Plug

SERVICE

DEPTH OF JOB	<u>3490'</u>
PUMP TRUCK CHARGE	<u>\$2600.40</u>
EXTRA FOOTAGE	@
MILEAGE <u>477</u>	<u>70 @ 7.1 \$539.0</u>
MANIFOLD <u>679</u>	<u>35 @ 4.4 \$154.0</u>
	@
	@

CHARGE TO: American Patriot
 STREET _____
 CITY _____ STATE _____ ZIP _____

Lise 1331.10 TOTAL 5324.40
~~11,277.62~~

PLUG & FLOAT EQUIPMENT

<u>1x 8 5/8 Wooden Plug</u>	@	<u>110.00</u>
	@	
	@	
	@	
	@	
<u>Lise 27.50</u>		
TOTAL		<u>\$ 110.00</u>

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 \$ 11,277.62
 DISCOUNT \$ 2,819.40 (25%) IF PAID IN 30 DAYS
Net 8458.22

PRINTED NAME Clayton Herrick
 SIGNATURE [Signature]