



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232683
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: _____



1232683

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

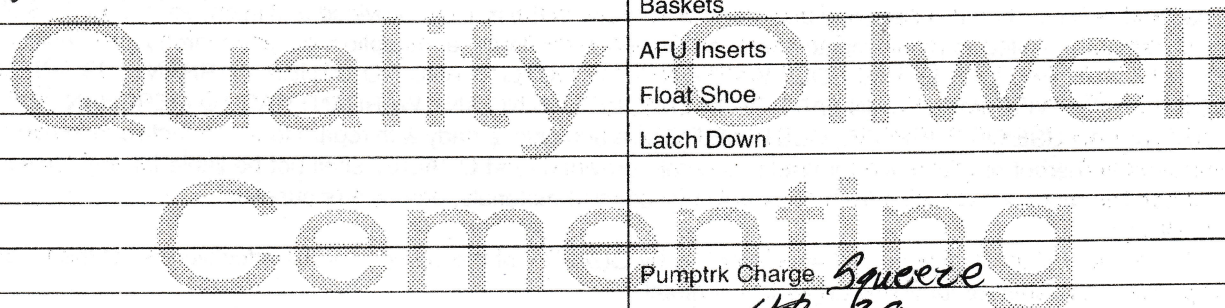
Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 964

Date	Sec.	Twsp.	Range	County	State	On Location	Finish
10-30-14				ROCKS	KS		12:30pm
				Location <u>Zunch 3W 297 23 1/4 W Ninto</u>			
Lease <u>Coddington</u>		Well No. <u>5</u>		Owner			
Contractor <u>Fischer well</u>		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Type Job <u>Squeeze</u>		Charge To <u>Tengasco</u>					
Hole Size <u>2 7/8</u>		T.D.		Street			
Csg. <u>5 1/2</u>		Depth		City			
Tbg. Size <u>2 7/8</u>		Depth		State			
Tool <u>Expert shaver</u>		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered <u>100 lb</u>			
Meas Line		Displace		<u>USED 253K</u>			
		EQUIPMENT		Common <u>25</u>			
Pumptrk <u>5</u>	No.	Cementer <u>Chris</u>		Poz. Mix			
Bulktrk	No.	Driver <u>Brent</u>		Gel.			
Bulktrk <u>15</u>	No.	Driver <u>Chad</u>		Calcium			
JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt			
Rat Hole				Flowseal			
Mouse Hole				Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
<u>Penls - 3800-14 & 3814-22</u>				Handling <u>100</u>			
<u>Race 3/4 BL @ 1500#</u>				Mileage			
<u>Spot 253K @ 3844 Wash Clean @ 329</u>				FLOAT EQUIPMENT			
<u>Will 1jt & Squeeze @ 3677</u>				Guide Shoe			
<u>Squeezed to 1500#</u>				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>Squeeze</u>			
				Mileage <u>39</u>			
				Tax			
				Discount			
				Total Charge			
Signature <u>Harry Wagner</u>							



ALLIED CEMENTING CO., LLC. 039743

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell

DATE <u>6-29-11</u>	SEC. <u>2</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 AM</u>	JOB FINISH <u>10:30 AM</u>
LEASE <u>Cuddington</u>		WELL# <u>5</u>	LOCATION <u>Zurich 3W 2S 1W</u>			COUNTY <u>ROCKY</u>	STATE <u>KY</u>
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)							

CONTRACTOR <u>Fischer well</u>	OWNER _____
TYPE OF JOB <u>Port Colln</u>	CEMENT _____
HOLE SIZE <u>2 7/8</u> T.D. _____	AMOUNT ORDERED <u>400 @ 1.70</u>
CASING SIZE <u>5 1/2</u> DEPTH _____	<u>to Flt</u>
TUBING SIZE <u>2 3/8</u> DEPTH _____	COMMON _____ @ _____
DRILL PIPE DEPTH _____	POZMIX _____ @ _____
TOOL DEPTH _____	GEL _____ @ _____
PRES. MAX MINIMUM _____	CHLORIDE _____ @ _____
MEAS. LINE SHOE JOINT _____	ASC _____ @ _____
CEMENT LEFT IN CSG. _____	_____ @ _____
PERFS. _____	_____ @ _____
DISPLACEMENT _____	_____ @ _____

EQUIPMENT					
PUMP TRUCK # <u>409</u>	CEMENTER <u>Bill</u>	<u>Lite 40w</u>	@ <u>14.50</u>	<u>5800.00w</u>	
	HELPER <u>Todd TWS</u>	<u>Flt Seal 100"</u>	@ <u>2.70</u>	<u>270.00w</u>	
BULK TRUCK # <u>473</u>	DRIVER <u>RON</u>		@ _____		
BULK TRUCK # _____	DRIVER _____		@ _____		
		HANDLING <u>400</u>	@ <u>2.25</u>	<u>900.00w</u>	
		MILEAGE <u>11/5k/2.0</u>		<u>1980.00w</u>	
					TOTAL <u>8950.00w</u>

REMARKS:

PC. C 1630

test 1000" ac

run 240 bbls of med

had some Retrus

cemt w/ 400lb lite

Cement did not cure

ran 6 hrs wash clean

close tool press to 800"

CHARGE TO: TR099500

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1925.00</u>
EXTRA FOOTAGE	@		
MILEAGE <u>90</u>	@ <u>7.00</u>		<u>630.00</u>
MANIFOLD	@		
<u>LUX 90</u>	@ <u>4.00</u>		<u>360.00</u>
	@		
			TOTAL <u>2915.00</u>

PLUG & FLOAT EQUIPMENT

_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
			TOTAL _____

To Allied Cementing Co., 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 _____

SALES TAX (If Any) _____

TOTAL CHARGES 11,865.00

DISCOUNT 200 IF PAID IN 30 DAYS

SIGNATURE Allan Hemmerson

ALLIED CEMENTING CO., LLC. 035899

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell

DATE <u>7/1/11</u>	SEC. <u>2</u>	TWP <u>10S</u>	RANGE <u>20W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:45pm</u>	JOB FINISH <u>4:15pm</u>
LEASE <u>Coddington</u>	WELL # <u>5</u>	LOCATION <u>Zurich SW 25 1/2W</u>			COUNTY <u>Rooks</u>	STATE <u>Ks.</u>	
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)				<u>None</u>			

CONTRACTOR Fisher Well Service
 TYPE OF JOB Circulate Cement
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. 530'
 DISPLACEMENT Displace 11 bbl
 EQUIPMENT _____

PUMP TRUCK CEMENTER Shane
 # 409 HELPER Todd
 BULK TRUCK _____
 # 410 DRIVER Mark
 BULK TRUCK _____
 # 378 DRIVER Woody

REMARKS:

Perfs @ 530'. Tried to Est a blow or circulation could not be gained @ 250 Lbs & failed in with 50 skr. Cem. washed pump & line, displaced 11 bbl & failed in. (600 ps.)
Cement did not circulate

CHARGE TO: Ferguson
 STREET _____
 CITY _____ STATE _____ ZIP _____

OWNER _____
 CEMENT AMOUNT ORDERED 250 cft
50 cft
 COMMON 50 @ 16.25 812.50
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Lite 250 @ 14.50 3625.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 300 @ 2.25 675.00
 MILEAGE 11/sk/Lite 1650.00
 TOTAL 6762.50

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 1050.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 100 @ 7.00 700.00
 MANIFOLD _____ @ _____
LUK 100 @ 4.00 400.00
 _____ @ _____

TOTAL 2150.00

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____

ALLIED CEMENTING CO., LLC. 039746

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Great Bend

DATE <u>7-5-11</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>2:00 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Goldwyn</u>	WELL # <u>A-5</u>	LOCATION <u>ZURICH 3W25 1/2 W</u>			COUNTY <u>Rooks</u>	STATE <u>Kan</u>	
<input checked="" type="checkbox"/> OLD OR NEW (Circle one)							

CONTRACTOR Fischer well OWNER _____

TYPE OF JOB 1"

HOLE SIZE _____ T.D. _____ CEMENT _____

CASING SIZE 5-3/8 DEPTH _____ AMOUNT ORDERED _____

TUBING SIZE 1" DEPTH _____ 50 lbw 60/40 62/60

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____ COMMON 30 @ 16.25 487.50

MEAS. LINE _____ SHOE JOINT _____ POZMIX 20 @ 8.50 170.00

CEMENT LEFT IN CSG. _____ GEL 1 @ 21.25 21.25

PERFS. _____ CHLORIDE @ _____

DISPLACEMENT _____ ASC @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Bill _____ @ _____

366-404 HELPER Frank TWS GARY-G.O. _____ @ _____

BULK TRUCK _____ @ _____

410 DRIVER MACK _____ @ _____

BULK TRUCK _____ @ _____

_____ DRIVER _____ @ _____

HANDLING 51 @ 2.25 114.75

MILEAGE 51x60x11 _____ 336.60

REMARKS:

TOTAL 1130.01

SERVICE

Rgn 1" to 200'
Circ. Cement w/ 50 lbw 60/40 62/60
put 1"

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 1250.00

EXTRA FOOTAGE @ _____

MILEAGE 120 @ 7.00 840.00

MANIFOLD _____ @ _____

600 120 @ 4.00 480.00

_____ @ _____

CHARGE TO: Tengasco

TOTAL 2570.00

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., 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 3700.01

PRINTED NAME _____

DISCOUNT 20% IF PAID IN 30 DAYS

SIGNATURE Ally Hammer