



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1233071  
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: \_\_\_\_\_



1233071

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 064259

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

DATE <u>10-4-14</u>	SEC <u>5</u>	TWP. <u>15</u>	RANGE <u>41</u>	CALLED OUT	ON LOCATION <u>10:00 PM</u>	JOB START <u>1:00 AM</u>	JOB FINISH <u>1:30 AM</u>
LEASE <u>Flying V</u>	WELL # <u>3-5</u>	LOCATION <u>Sharon Springs 8S 8W</u>			COUNTY <u>Wallace</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>1 S 1/2 W N10</u>			

Dukley  
Central Time

CONTRACTOR <u>Dukley 9</u>	OWNER <u>same</u>
TYPE OF JOB <u>surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>445'</u>
CASING SIZE <u>8 7/8</u>	DEPTH <u>443.71</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>27.30 BBL</u>	

CEMENT	AMOUNT ORDERED <u>300 SKS com 395cc</u>
	<u>2% gel</u>
COMMON <u>300 SKS</u>	@ <u>17.90</u> <u>5370.00</u>
POZMIX	@
GEL <u>56.476</u>	@ <u>.50</u> <u>28.24</u>
CHLORIDE <u>8.46 #</u>	@ <u>1.10</u> <u>9.30.60</u>
ASC	@

**EQUIPMENT**

PUMP TRUCK # <u>431</u>	CEMENTER <u>Andrew Forstlund</u>
	HELPER <u>Brandon Wilkinson</u>
BULK TRUCK # <u>818</u>	DRIVER <u>Wayne Messelle</u>
BULK TRUCK #	DRIVER

Material Total	@	<u>6,382.60</u>
(1845.65/25%)	@	
	@	
	@	
	@	
	@	
HANDLING <u>324.4 cu/ft</u>	@ <u>2.48</u> <u>804.51</u>	
MILEAGE <u>2.75 to/return 14.81 ton</u>	@ <u>19.25</u> <u>2850.92</u>	

**REMARKS:**

TOTAL \_\_\_\_\_

LOST circulation about 100 SKS  
Cement mixed.  
Cement did not circulate  
Fell back 20'  
100\* L.F.T Pressure

Thank you

**SERVICE**

DEPTH OF JOB <u>443.71'</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	@
MILEAGE <u>20 miles</u>	@ <u>2.70</u> <u>539.00</u>
MANIFOLD <u>swedge</u>	@ <u>2.75</u> <u>275.00</u>
Light vehicle	@ <u>4.40</u> <u>308.00</u>

(1572.42/25%) TOTAL 6,289.68

CHARGE TO: American warrior  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL \_\_\_\_\_

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 12,872.28  
DISCOUNT 3,218.07 (25%) IF PAID IN 30 DAYS

PRINTED NAME Emigdio Rojas  
SIGNATURE Emigdio Rojas

9,654.21 Net

# ALLIED OIL & GAS SERVICES, LLC 064260

Federal Tax I.D. # 20-3651475

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

SERVICE POINT:

DATE <u>10-5-14</u>	SEC. <u>5</u>	TWP. <u>15</u>	RANGE <u>41</u>	CALLED OUT	ON LOCATION <u>10-4-14 10:00 pm</u>	JOB START <u>Central Time 10:00 am</u>	JOB FINISH <u>10:30 p.m.</u>
LEASE <u>Flying V</u>	WELL # <u>3-5</u>		LOCATION <u>sharon springs 8s 8w</u>		COUNTY <u>Wallace</u>	STATE <u>K5</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>1 1/2 w Nitro</u>			

CONTRACTOR <u>Duke 9</u>	OWNER <u>Same</u>
TYPE OF JOB <u>1 inch</u>	
HOLE SIZE _____ T.D. _____	CEMENT _____
CASING SIZE _____ DEPTH _____	AMOUNT ORDERED <u>300 sks com 28cc</u>
TUBING SIZE <u>1"</u> DEPTH <u>130'</u>	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>300 sks</u> @ <u>17.92</u> <u>5370.80</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. _____	GEL _____ @ _____
PERFS. _____	CHLORIDE <u>5L4"</u> @ <u>1.10</u> <u>620.40</u>
DISPLACEMENT _____	ASC _____ @ _____

**EQUIPMENT**

PUMP TRUCK CEMENTER <u>Andrew Ferslund</u>	<u>Material total</u> @ _____ <u>5,990.40</u>
# <u>431</u> HELPER <u>Brandon Wilkinson</u>	<u>(1497.60/238)</u> @ _____
BULK TRUCK _____	@ _____
# <u>818</u> DRIVER <u>Wayne Messalle</u>	@ _____
BULK TRUCK _____	@ _____
# _____ DRIVER _____	@ _____
	HANDLING <u>310 cu/ft</u> @ <u>2.48</u> <u>768.80</u>
	MILEAGE <u>2.25 ton/mile</u> <u>14.382 ton</u> <u>2728.53</u>
	TOTAL _____

**REMARKS:**

Put 130' 1 inch in mix 300 sks com  
Need to bring cement to surface

*thank you*

CHARGE TO: American warrior

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>1718.75</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>20 miles</u> @ <u>2.70</u> <u>N/C</u>	
MANIFOLD _____ @ _____	
<u>Light vehicle</u> @ <u>4.40</u> <u>N/C</u>	
	@ _____
	<u>(1311.00/2520)</u> TOTAL <u>5,256.08</u>

**PLUG & FLOAT EQUIPMENT**

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

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 Emigdio Rojas

SIGNATURE Emigdio Rojas

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 11,246.48

DISCOUNT 2,811.62 (25%) IF PAID IN 30 DAYS

8,434.86 Net

# ALLIED OIL & GAS SERVICES, LLC 064217

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Calvey

DATE <u>10-29-14</u>	SEC. <u>5</u>	TWP. <u>15</u>	RANGE <u>41</u>	CALLED OUT	ON LOCATION <u>12:00 noon</u>	JOB START <u>1:00 pm</u>	JOB FINISH <u>7:30 pm</u>
LEASE <u>Flying V</u>	WELL # <u>3-5</u>	LOCATION <u>Shore Springs 8.5 SW</u>	COUNTY <u>Wallace</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one)		<u>15 1/2w NINTD</u>					

CONTRACTOR <u>American warrior</u>	OWNER <u>same</u>
TYPE OF JOB <u>OHP</u>	
HOLE SIZE _____ T.D. _____	CEMENT _____
CASING SIZE <u>8 3/8</u> DEPTH _____	AMOUNT ORDERED <u>200 sls w/ 1/40 # 409-L</u>
TUBING SIZE <u>2 3/8</u> DEPTH <u>245</u>	<u>500# Hulls inside</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. _____	GEL _____ @ _____
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT _____	ASC _____ @ _____

EQUIPMENT			
PUMP TRUCK # <u>423-251</u>	CEMENTER <u>Andrew Forstund</u>	Hulls <u>500#</u>	@ <u>.99</u> <u>495.00</u>
BULK TRUCK # <u>818</u>	HELPER <u>Brandon W. Kinson</u>		
BULK TRUCK # _____	DRIVER <u>Wayne McSallk</u>	Material Total	@ _____ <u>4271.00</u>
BULK TRUCK # _____	DRIVER _____	( <u>1069.75 / 25</u> )	@ _____
		HANDLING <u>221.46 c/y/ft</u>	@ <u>2.48</u> <u>549.22</u>
		MILEAGE <u>2.25 mi/mile</u>	@ <u>9.19 / mi</u> <u>176.907</u>

REMARKS:

start mixing cement with Hulls, lost down tubing, lost circulation approx 150 sls mixed. cement did not circulate, 400# lift pressure

TOTAL \_\_\_\_\_

SERVICE

DEPTH OF JOB <u>245</u>	
PUMP TRUCK CHARGE _____	<u>1250.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>20 miles</u> @ <u>2.70</u>	<u>539.00</u>
MANIFOLD _____ @ _____	
Light Vehicle _____ @ <u>4.40</u>	<u>308.00</u>

(1103.82 / 253) TOTAL 4415.29

PLUG & FLOAT EQUIPMENT

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	

TOTAL \_\_\_\_\_

CHARGE TO: American warrior  
 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 \_\_\_\_\_

SIGNATURE Joe Reynolds

SALES TAX (if Any) \_\_\_\_\_  
 TOTAL CHARGES 8,694.29  
 DISCOUNT 2,173.57 (25%) IF PAID IN 30 DAYS

6,520.71 Net.



# Halde Redi-Mix, Inc.

Main Office 46321 Hwy. 24 • Burlington, CO 80807 • 719-346-0352  
 14105 CO RD 43.3 • Cheyenne Wells, CO 80810  
 21637 Hwy. 40/287 • Limon, CO 80828  
 Kerry Halde 719-340-0329

19658

DATE: 10-30 20 14

NAME: American Warrior No \_\_\_\_\_

MAIL ADD.: \_\_\_\_\_

DEL'Y ADD.: Smith Flying V 3-5 TIME \_\_\_\_\_

QUAN.	UNIT/REFERENCE	UNIT PRICE	AMOUNT
	YDS SK.		
	FIBER		
	AIR ENTRAINMENT		
	WATER REDUCER		
<u>100 sack down casing purpose</u>			
	Service Charge 2 yds. or less		
TOTAL MINUTES	ALLOWED	UNLOADING TIME	
GALLONS OF WATER ADDED =			
I acknowledge receipt of the above described material. I assume responsibility for reduced strength when water is added. I also assume responsibility for and waive any claim against the seller for damage occasioned by its delivery to the above address.			CITY TAX
X CAUTION: Freshly mixed cement, mortar, concrete or ground mix cause skin injury. Avoid contact with skin where possible and wash exposed skin area promptly with water. If any cement mixtures get into eyes, rinse immediately and repeatedly with water and get prompt attention. KEEP OUT OF REACH OF CHILDREN			STATE TAX
			TOTAL

MILEAGE <u>32</u>	DRIVER <u>Sammes</u>	TRUCK # <u>232</u>
UNLOADING TIME	START	STOP
		TOTAL