



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231327
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: _____

1231327

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: **Bitchie Exploration**

LEASE #1 **Briney-Kramer**

FIELD #1 **Little Beaver-Creek**

LOCATION **S/2 S/2 NW**

SEC. **36** TWP. **4** REF. **37W**

COUNTY **Cherokee** STATE **KS**

CONTRACTOR **W.W. #4**

SPUD **8-18-14** COMP. **8-31-14**

R/D **4972** LTD **4974**

MUD UP **3431** TYPE **MUD Chem**

FORMATION TOPS AND STRUCTURAL POSITION

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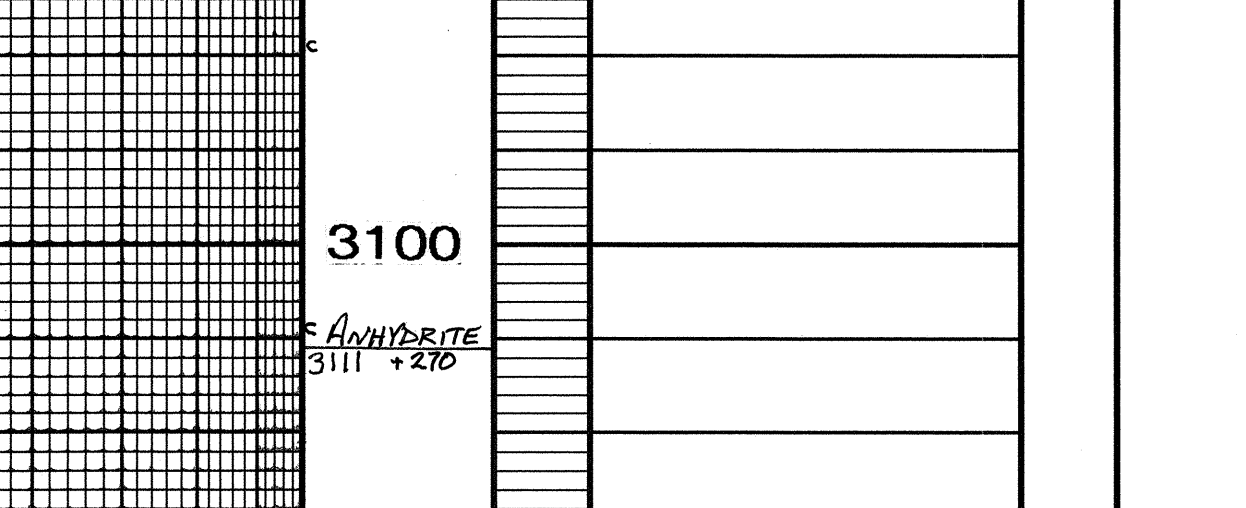
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LEGEND



DEPTH	LITHOLOGY	REMARKS
3100	ANHYDRITE 3111 +270	
	BASE 3148 +233	
3200		
3300		
3400		
3500		
3600		
3700		
3800		
3900		
4000		
4100		
4200	HEEBNER 4197 -816	
4300		
4400		
4500		
4600		
4700		
4800		
4900		
5000		

DRILLING TIME IN MINUTES PER FOOT



Rate of Penetration Decreases



5" 10" 15" 20" 25"

DEPTH

REMARKS

Oil Shows

Lithology

Chart

Oil Shows

REMARKS

Chart

Oil Shows

REMARKS

Chart

Oil Shows

REMARKS

Chart



#1 Briney-Kramer

2430' FNL & 1250' FWL

120' S & 70' W of S/2 S/2 NW Section 36-4S-37W

Cheyenne County, Kansas

API# 15-023-21407-0000

Elevation: GL: 3376', KB: 3381'

Sample Tops			Ref. Well
Anhydrite	3112'	+269	-2
B/Anhydrite	3148'	+233	Flat
Heebner	4197'	-816	+6
Toronto	4238'	-857	+5
Lansing	4253'	-872	+3
Muncie Shale	4368'	-987	+7
Stark Shale	4450'	-1069	+1
Hush	4486'	-1105	-3
BKC	4510'	-1129	-2
Pleasanton	4516'	-1135	+2
Marmaton	4537'	-1156	+8
Altamont	4569'	-1188	+7
Pawnee	4619'	-1238	+8
Myrick	4665'	-1284	+6
Fort Scott	4684'	-1303	+8
Cherokee	4705'	-1324	+5
Mississippian	4902'	-1521	N/A
RTD	4972'	-1591	

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. # 20-8651475

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

SERVICE POINTS: Odessa, TX

DATE <u>6/31/14</u>	SEC. <u>36</u>	TWP. <u>4</u>	RANGE <u>37</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30p</u>	JOB FINISH <u>5:30p</u>
LEASE <u>Britney Hammer</u>	WELL # <u>1</u>	LOCATION <u>Brewster N 70 Rd G 3W</u>		COUNTY <u>DeWitt</u>	STATE <u>TX</u>		
OLD OR NEW (Circle one) <u>NEW</u>				<u>12-12 E-jato</u>			

CONTRACTOR W.W. El

TYPE OF JOB PTA

HOLE SIZE 7 7/8" T.D.

CASING SIZE 8 7/8" DEPTH 339-59

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 840 60/40 400 gal

14 Flo

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

423-281 HELPER Kevin Ryan

BULK TRUCK # 870 DRIVER Esteban (Two)

BULK TRUCK # _____ DRIVER _____

COMMON	_____	@	_____
POZMIX	_____	@	_____
GEL	_____	@	_____
CHLORIDE	_____	@	_____
<u>60/40 400 gal 240</u>	@	<u>18.92</u>	<u>4540.80</u>
<u>Po seal 60</u>	@	<u>2.92</u>	<u>178.20</u>
<u>Material 100 gal</u>	@	_____	<u>477.00</u>
<u>(943.20/200 gal)</u>	@	_____	_____
HANDLING <u>257.27</u>	@	<u>2.18</u>	<u>639.87</u>
MILEAGE <u>225</u>	@	<u>10.263 7N</u>	<u>1903.89</u>

REMARKS:

SD site 3140

100 site 2131

SD site 290

70 site 410

700 site 410

700 site 410

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 2483.52

EXTRA FOOTAGE _____

MILEAGE 65 @ 65 500.00

MANIFOLD Lite Vehicle 65 @ 65 286.00

CHARGE TO: Ritahre Exp

STREET _____

CITY _____ STATE _____ ZIP _____

(1166.65/200 gal)

TOTAL 5,233.05

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.

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PRINTED NAME Mark Bisso

SIGNATURE Mark Bisso

SALES TAX (If Any) _____

TOTAL CHARGES 10,552.25

DISCOUNT 2,110.45 (20%) IF PAID IN 30 DAYS

8,441.80

ALLIED OIL & GAS SERVICES, LLC 064077

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Jackey, KS

DATE <u>8-19-14</u>	SEC. <u>36</u>	TWP. <u>4</u>	RANGE <u>37</u>	CALLED OUT	ON LOCATION <u>8:00am</u>	JOB START <u>8:20am</u>	JOB FINISH <u>4:20pm</u>
LEASE <u>Briney Klame</u>		WELL # <u>1</u>	LOCATION <u>Brewster Rd, Jackey, KS</u>			COUNTY <u>Wagoner</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>3W, Y21, East</u>			

CONTRACTOR WWG
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. 339'
CASING SIZE 8 7/8 DEPTH 339.59
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. 15'
PERFS.
DISPLACEMENT 20.77661

OWNER _____
CEMENT AMOUNT ORDERED 225 stks com 38cc
2% gel
COMMON 225 stks @ 19.90 4497.50
POZMIX _____
GEL 423# @ .50 211.50
CHLORIDE 635# @ 1.80 1143.00
ASC _____
HANDLING 243.31 2.48 603.41
MILEAGE 11.1 hr @ 65 X 2.77 1985.91

EQUIPMENT _____
PUMP TRUCK CEMENTER LaRone E. Deutz
422 HELPER Terry Henrich
BULK TRUCK DRIVER Juan Gomez (JUS)
890/241
BULK TRUCK DRIVER _____

REMARKS:
mix 225 stks cement
Displace with water
Cement did circulate
10 stks to pit

Thank You.

CHARGE TO: Ritchie
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 Mark Bisse
SIGNATURE Mark Bisse

TOTAL _____
SERVICE
DEPTH OF JOB _____
PUMP TRUCK CHARGE 1512.25
EXTRA FOOTAGE _____
MILEAGE MLH 65 @ 7.90 518.50
MANIFOLD MLH 65 @ 4.40 286.00
(1032.61/20%) TOTAL 5,168.07

PLUG & FLOAT EQUIPMENT

TOTAL _____

SALES TAX (if Any) _____
TOTAL CHARGES 10,100.57
DISCOUNT 2,020.11 (20%) IF PAID IN 30 DAYS
8,080.45 Net.