



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232324
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: _____

1232324

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> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 48628
LOCATION El Dorado
FOREMAN Fuzzy

270923

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-3-14	1128	Moore #2	16	335	4E	Cowley
CUSTOMER Alton Oil LLC			winkfield old Hwy S. Rd 202 1125 E+S IN			
MAILING ADDRESS P.O. Box 117			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Winkfield			446	Josh		
STATE KS	ZIP CODE 67156		713	Jud		

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 224' CASING SIZE & WEIGHT 95/8 24"
CASING DEPTH 221' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
DISPLACEMENT 12.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting on Gufok Drg. Ris-up and circulate. Pump
10 BBL water, mix 120gals class 'A' 390cc 290cc 1/2" poly. flake. Displace
12 3/4 BBL and station.

Cement did circulate approx 3 BBLs to pin.

Thanks
Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	55	MILEAGE	4.20	231.00
5407A	5.6 TON	Tow mileage Delivery	1.41	434.28
11045	120 gals	Class 'A'	15.70	1884.00
1102	350*	Calcium Chloride	.78	273.00
11185	250*	Gel	.22	55.00
1107	60*	Poly. flake	2.47	148.20
		subtotal		3895.48
		disc		708.00
		subtotal		3187.48
		SALES TAX		105.73
		ESTIMATED TOTAL		3293.15

Revin 3737

AUTHORIZATION M. D. [Signature] TITLE Tool Pusher DATE 9-2-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 48634

LOCATION EL Dorado

FOREMAN Fuzz4

270943

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-7-14	1128	moore #2	16	335	4E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Aitow Oil LLC			603	Tracey		
MAILING ADDRESS			681	Steeve		
P.O. Box 117			692	Mark		
CITY	STATE	ZIP CODE				
Winfield	KS	67156				

JOB TYPE <u>Production</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3436</u>	CASING SIZE & WEIGHT <u>5 1/2 15.5</u>
CASING DEPTH <u>3432'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>10'</u>
DISPLACEMENT <u>81.4</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting on Gulick Oulg. Float equip Turbos. 1-3-5-7
Basket #10. Rig up and circulate. Pump 5 BBL water & 500 gal mud flush
5 BBL water. mix 125 sacks class A 300cc 20cc 5* Kolseal.
Wash pump and lines. Drop plug and displace 82 sacks 500* list
land plug @ 1000* float held.

Thanks Fuzz4 + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085 ⁰⁰	1085 ⁰⁰
5406	55	MILEAGE	42 ⁰⁰	231 ⁰⁰
5402	1500	CASING FOOTAGE	.23	345 ⁰⁰
5407	5.9 ton	Ton Mileage Delivery	141	457 ⁵⁸
11045	125 sacks	Class A	157 ⁰⁰	1962 ⁵⁰
1102	250*	Calcium chloride	.78	195 ⁰⁰
11188	400*	Bentonite	.22	88 ⁰⁰
1110A	650*	Kolseal	.46	299 ⁰⁰
4159	1	5 1/2 AFU Float shoe	361 ⁰⁰	361 ⁰⁰
4154	1	5 1/2 - Latchdown Assy	266 ²⁵	266 ²⁵
4136	4	5 1/2 Turbolizers	75 ²²	303 ⁰⁰
4104	1	5 1/2 Basket	240 ⁰⁰	240 ⁰⁰
11446	500 gal	mud slush	112	550 ⁰⁰
55026	83 hrs	80 UAC water truck	90 ⁰⁰ /hr	270 ⁰⁰
1123	3000	City water	17 ³⁰ /1000	51 ⁹⁰
		subtotal		6705 ⁶⁹
		less Discount 763 ³⁵	subtotal	5942 ³⁴
		SALES TAX		227 ⁴⁴
		ESTIMATED TOTAL		6169 ⁷⁹

Rev'n 3737

AUTHORIZATION M. Jett TITLE Tool Pusher DATE 9-7-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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