



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236197
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: _____



1236197

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bow Creek Oil Company, General Partnership
Well Name	Skolout 1-25
Doc ID	1236197

Tops

Name	Top	Datum
Anhydrite	3046	133
Base	3082	97
Neva	3568	-389
Red Eagle	3629	-450
Foraker	3680	-501
Topeka	3901	-722
Deer Creek	3952	-773
Oread	4019	-840
Lansing	4116	-937
BKC	4370	-1191

ALLIED OIL & GAS SERVICES, LLC 064078

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

*Oakley, KS
8-20-14*

DATE <i>8-19-14</i>	SEC. <i>25</i>	TWP. <i>1</i>	RANGE <i>35</i>	CALLED OUT	ON LOCATION <i>11:00 pm</i>	JOB START <i>12:30 pm</i>	JOB FINISH <i>2:00 pm</i>
LEASE <i>Skolout</i>	WELL # <i>1-25</i>	LOCATION <i>Atwood 6N, 6W, 2N, 2W, 1N, 1/2 E, N into</i>	COUNTY <i>Rawlins</i>	STATE <i>KS</i>			
OLD OR NEW (Circle one)							

CONTRACTOR <i>UOI 7</i>	OWNER <i>same</i>
TYPE OF JOB <i>Production</i>	
HOLE SIZE <i>7 7/8</i>	T.D. <i>4750'</i>
CASING SIZE <i>5 1/2</i>	DEPTH <i>4532.78</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL <i>DU-</i>	DEPTH <i>3096'</i>
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <i>17.2</i>
CEMENT LEFT IN CSG. <i>17.2'</i>	
PERFS.	
DISPLACEMENT <i>107.47 bbl</i>	

EQUIPMENT

PUMP TRUCK # <i>431</i>	CEMENTER <i>LaPone E. Wente</i>
	HELPER <i>Wayne McElhugh</i>
BULK TRUCK # <i>373/308</i>	DRIVER <i>George Grant</i>
BULK TRUCK # <i>566/595</i>	DRIVER <i>Cory Brown</i>

CEMENT			
AMOUNT ORDERED	<i>210 sks ASC 109000 lb 29 gal 1</i>		
	<i>5th gilsonite, 590 FL 160, 159.00 300 sks</i>		
	<i>595 sks Lite 1/2 # 510 5000 24661 mud 1000</i>		
COMMON		@	
POZMIX		@	
GEL	<i>395#</i>	@	<i>1.50 197.50</i>
CHLORIDE		@	
ASC	<i>210 sks</i>	@	<i>23.50 4935.00</i>
Lite	<i>595 sks</i>	@	<i>19.89 11834.55</i>
Salt	<i>1071#</i>	@	<i>.68 728.28</i>
gilsonite	<i>1050#</i>	@	<i>.91 1029.00</i>
FL 160	<i>99#</i>	@	<i>18.70 1871.10</i>
Defoamer	<i>30#</i>	@	<i>4.85 145.50</i>
Flu-seal	<i>278#</i>	@	<i>2.77 885.06</i>
Mud Flush	<i>24661</i>	@	<i>41.09 986.16</i>
		@	
HANDLING	<i>955.35 ft³</i>	@	<i>2.40 2369.27</i>
MILEAGE	<i>39.03 ton x 70 x 2.75</i>		<i>7513.28</i>
TOTAL			

REMARKS:

*Pumpball through 500 #, Mix mud & flush,
Mix 210 sk cement. Displace with water
& mud. Land plug 1800#. Open DU tool 800#
Plug M.H. 15 sk. Plug P.H. 30 sk. Mix
550 sk cement. Displace with water.
Land plug 1800#.*

Thank you

CHARGE TO: *Bow Creek Oil*
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE	<i>170 ton stage</i>		<i>2765.25</i>
EXTRA FOOTAGE	<i>Taps</i>	@	<i>2486.25</i>
MILEAGE	<i>MJLU 70</i>	@	<i>7.70 539.00</i>
MANIFOLD	<i>Hood</i>	@	<i>275.00</i>
	<i>MJLU 70</i>	@	<i>4.40 308.00</i>
	<i>Waiting time 8hr</i>	@	<i>440.00 3520.00</i>

TOTAL

PLUG & FLOAT EQUIPMENT

AFM Float Shore			<i>545.00</i>
Latch down plug	@		<i>660.00</i>
D-U-Tool	@		<i>3335.00</i>
(10) Centralizers	@	<i>57.00</i>	<i>570.00</i>
(2) Baskets	@	<i>395.00</i>	<i>790.00</i>
	@		

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or

ALLIED OIL & GAS SERVICES, LLC 064227

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Oakley, KS

DATE <u>9-11-14</u>	SEC. <u>25</u>	TWP. <u>1</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION <u>8:30 a.m.</u>	JOB START <u>10:00 a.m.</u>	JOB FINISH <u>10:30 a.m.</u>
LEASE <u>Skolout</u>		WELL# <u>1-25</u>	LOCATION <u>Atwood 6 N 6 W 2 N 2 W</u>		COUNTY <u>Rawlins</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		LOCATION <u>1 N 1/2 E Ninto</u>					

CONTRACTOR <u>Quality rig 2</u>	OWNER <u>Same</u>
TYPE OF JOB <u>casing squeeze</u>	
HOLE SIZE _____ T.D. _____	CEMENT _____
CASING SIZE <u>5 1/2</u> DEPTH <u>1676'</u>	AMOUNT ORDERED <u>300 sks 65/35</u>
TUBING SIZE _____ DEPTH _____	<u>61 gal 1/4" Flo-seal, 50 sks</u>
DRILL PIPE _____ DEPTH _____	<u>Com</u>
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>50 sks @ 17.90</u> <u>895.00</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>50'</u>	GEL _____ @ _____
PERFS. <u>1676'</u>	CHLORIDE _____ @ _____
DISPLACEMENT <u>38.50 bbl water</u>	ASC _____ @ _____

EQUIPMENT

PUMP TRUCK # <u>481</u>	CEMENTER <u>Paul Beaver</u>
BULK TRUCK # <u>896/241</u>	HELPER <u>Brandon Wilkinson</u>
BULK TRUCK # _____	DRIVER <u>George Grant</u>
BULK TRUCK # _____	DRIVER _____

class A lite <u>300 sks</u>	@ <u>19.89</u>	<u>5967.00</u>
Flo-seal <u>75"</u>	@ <u>2.97</u>	<u>222.75</u>
<u>Material total</u>		<u>7089.75</u>
<u>(2007.17/20%)</u>		
HANDLING <u>381.10 ft³</u>	@ <u>2.48</u>	<u>945.13</u>
MILEAGE <u>13.87 tons x 70 mi</u>	@ <u>2.75</u>	<u>2669.98</u>
TOTAL		_____

REMARKS:
get rate, mix 300 sks lite tail w/
50 sks Com, Release plug/displace
w/ water, shut in head, lost 50'
cement in pipe, lost circ around
40 bbl out mixing, never did return
completely, cement did not come to
surface.
 Thank You!
 Paul + crew

SERVICE

DEPTH OF JOB <u>1676'</u>	
PUMP TRUCK CHARGE _____	<u>2213.75</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>MLHV 70</u>	@ <u>7.70</u> <u>539.00</u>
MANIFOLD <u>Head</u>	@ _____ <u>275.00</u>
MLHV <u>70</u>	@ <u>4.40</u> <u>308.00</u>
TOTAL	

CHARGE TO: Paw Creek Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

(1390.17/20%) TOTAL 6950.86

PLUG & FLOAT EQUIPMENT

<u>5 1/2 rubber plug</u>	@ _____	<u>75.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL		<u>85.00</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 14,120.61
 DISCOUNT 2,807.12 (20%) IF PAID IN 30 DAYS
11,313.48 Net

PRINTED NAME Tim Gillogly
 SIGNATURE Tim Gillogly