



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236450
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: _____



1236450

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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Form	ACO1 - Well Completion
Operator	Wells, Rodger D. dba Pioneer Resources
Well Name	A WHITNEY 1
Doc ID	1236450

All Electric Logs Run

DII
Micro
CDL
N

ALLIED OIL & GAS SERVICES, LLC 055576

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS

DATE <u>11-26-14</u>	SEC. <u>12</u>	TWP. <u>3</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>300 PM</u>	JOB FINISH <u>330 PM</u>
LEASE <u>A Whifney</u>		WELL# <u>1</u>	LOCATION <u>Phillipsburg 17W 1 1/2 S</u>		COUNTY <u>Norton</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			Winto				

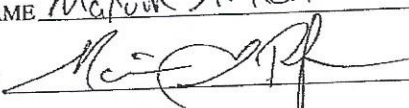
CONTRACTOR Skytop
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 222
 CASING SIZE 8 3/4 23 DEPTH 222
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 13

EQUIPMENT
 PUMP TRUCK CEMENTER Robert Y
 # 407 378 HELPER Wathen D
 BULK TRUCK
 # 378 DRIVER Tracy J
 BULK TRUCK
 # DRIVER

REMARKS:
see log

CHARGE TO: Pioneer Resources
 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 Marvin A. Reif
 SIGNATURE 

OWNER _____
 CEMENT
 AMOUNT ORDERED 150 cam 35 acc 2 1/2 gal
1/4" 416
 COMMON 150 @ 17.90 2685.00
 POZMIX @ _____
 GEL 282 @ 0.50 141.00
 CHLORIDE 423 @ 1.10 465.30
 ASC @ _____
Flou-sul 36 @ 2.97 106.92
 @ _____
 @ _____
Materials @ _____ 3398.22
Disc @ 849.56
 @ _____
 @ _____
 @ _____
 HANDLING 150 @ 2.48 372.00
 MILEAGE 458.25 @ 2.75 1260.19
 TOTAL 5030.44

SERVICE
 DEPTH OF JOB 222
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @ _____
 MILEAGE 65 LVMI @ 4.40 286.00
 MANIFOLD @ _____
130 HVMI @ 7.70 1001.00
 @ _____
Disc 1107.86 TOTAL 2797.25

PLUG & FLOAT EQUIPMENT
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

SALES TAX (if Any) _____
 TOTAL CHARGES 7829.66
 DISCOUNT 1957.42 (25%) IF PAID IN 30 DAYS
 net \$ 5872.24



**COMPLETION
& PRODUCTION
SERVICES CO.**

**DUAL
INDUCTION
LOG**

Company PIONEER RESOURCES
Well A. WHITNEY #1
Field WILDCAT
County NORTON
State KANSAS

Company PIONEER RESOURCES
Well A. WHITNEY #1
Field WILDCAT
County NORTON State KANSAS

Location: API # : 15-137-20722-0000
2025' FSL & 2060' FEL
SEC 12 TWP 3S RGE 21W
Permanent Datum GROUND LEVEL Elevation 2321
Log Measured From KELLY BUSHING 7' A.G.L.
Drilling Measured From KELLY BUSHING
Other Services
CDL/CNL
MEL
Elevation
K.B. 2328
D.F. 2326
G.L. 2321

Date	12/5/14		
Run Number	ONE		
Depth Driller	4000		
Depth Logger	4000		
Bottom Logged Interval	3998		
Top Log Interval	00		
Casing Driller	8 5/8" @ 222		
Casing Logger	220		
Bit Size	7 7/8"		
Type Fluid in Hole	CHEMICAL MUD	CHLORIDES 1100 PPM	
Density / Viscosity	9.560		
pH / Fluid Loss	10.5/7.2		
Source of Sample	FLOWLINE		
Rm @ Meas. Temp	2.0 @ 53F		
Rmt @ Meas. Temp	1.50 @ 53F		
Rmc @ Meas. Temp	2.40 @ 53F		
Source of Rmf / Rmc	MEASUREMENT		
Rm @ BHT	.91 @ 116F		
Time Circulation Stopped	2 HOURS		
Time Logger on Bottom	2.45 A.M.		
Maximum Recorded Temperature	116F		
Equipment Number	4010		
Location	HAYS, KANSAS		
Recorded By	JASON CAPPELLUCCI		
Witnessed By	CLIFF OTTAWAY		

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU FOR USING NABORS, HAYS, KS. (785) 628-6395
DIRECTIONS:
PHILLIPSBURG, KS. - WEST TO COUNTY LINE - 1 1/2 SOUTH - WEST INTO



MAIN SECTION

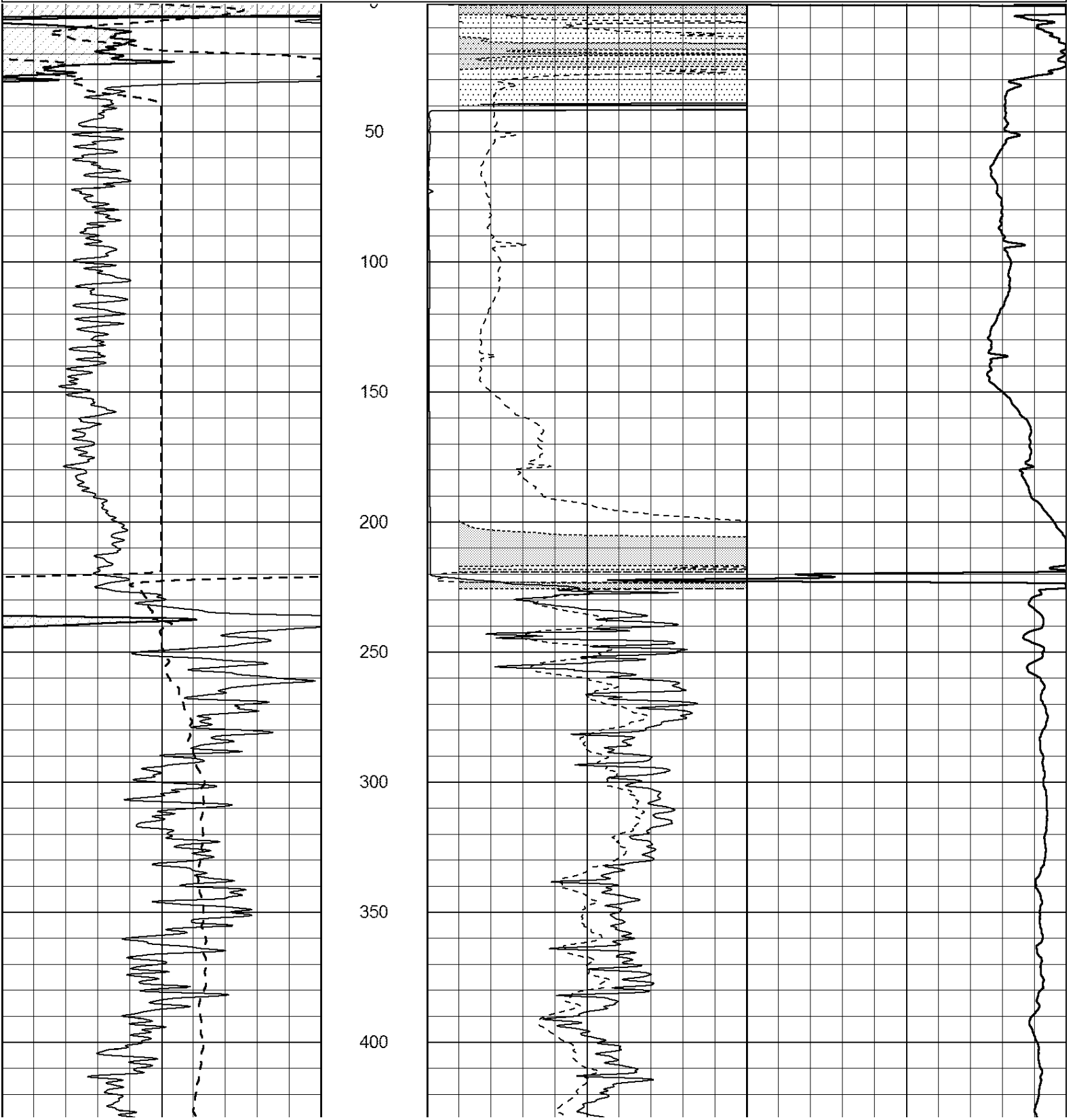
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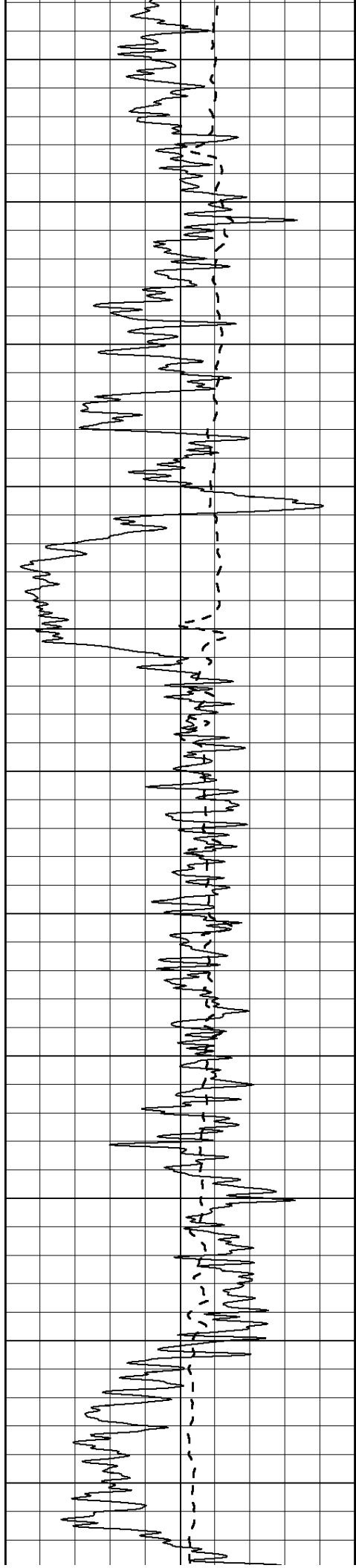
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-100	SP (mV)	100

0	RLL3 (Ohm-m)	50
0	RILD (Ohm-m)	50

1000	CILD (mmho/m)	0
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50	RILD X10 (Ohm-m)	500
50	RLL3 X10 (Ohm-m)	500





450

500

550

600

650

700

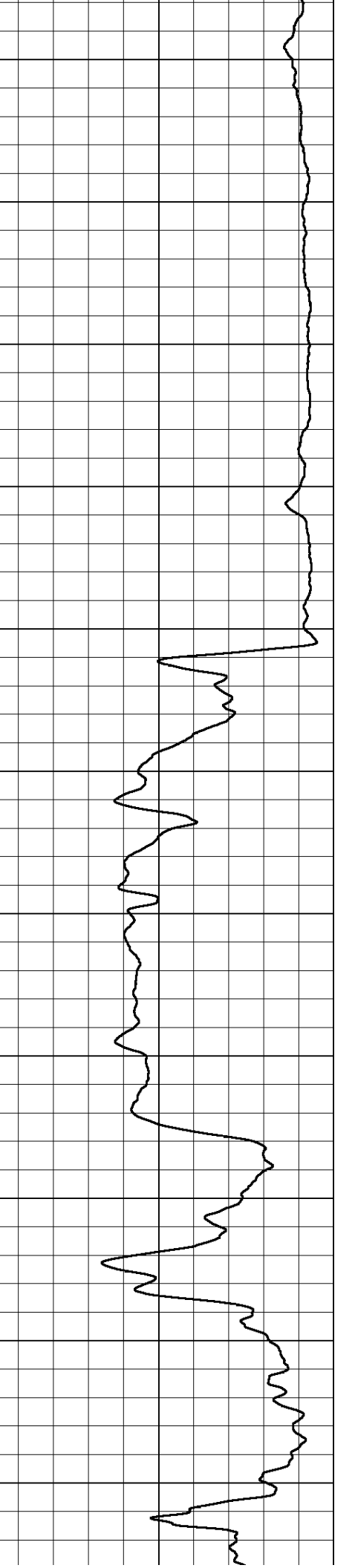
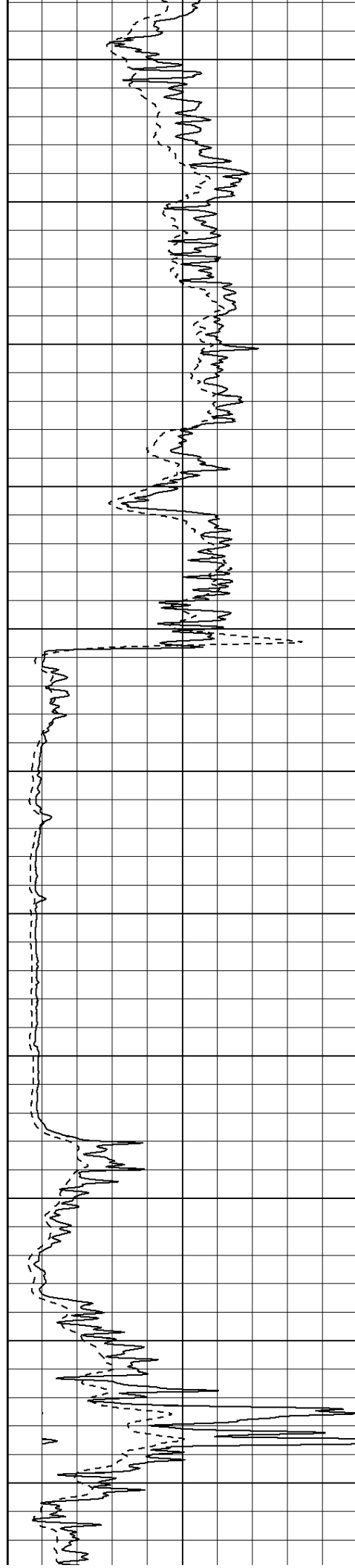
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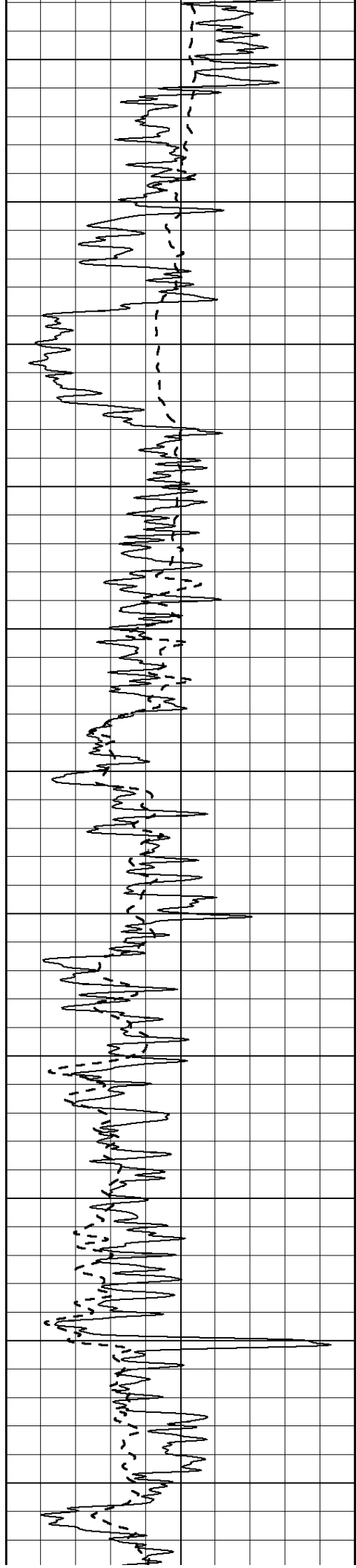
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850

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950





1000

1050

1100

1150

1200

1250

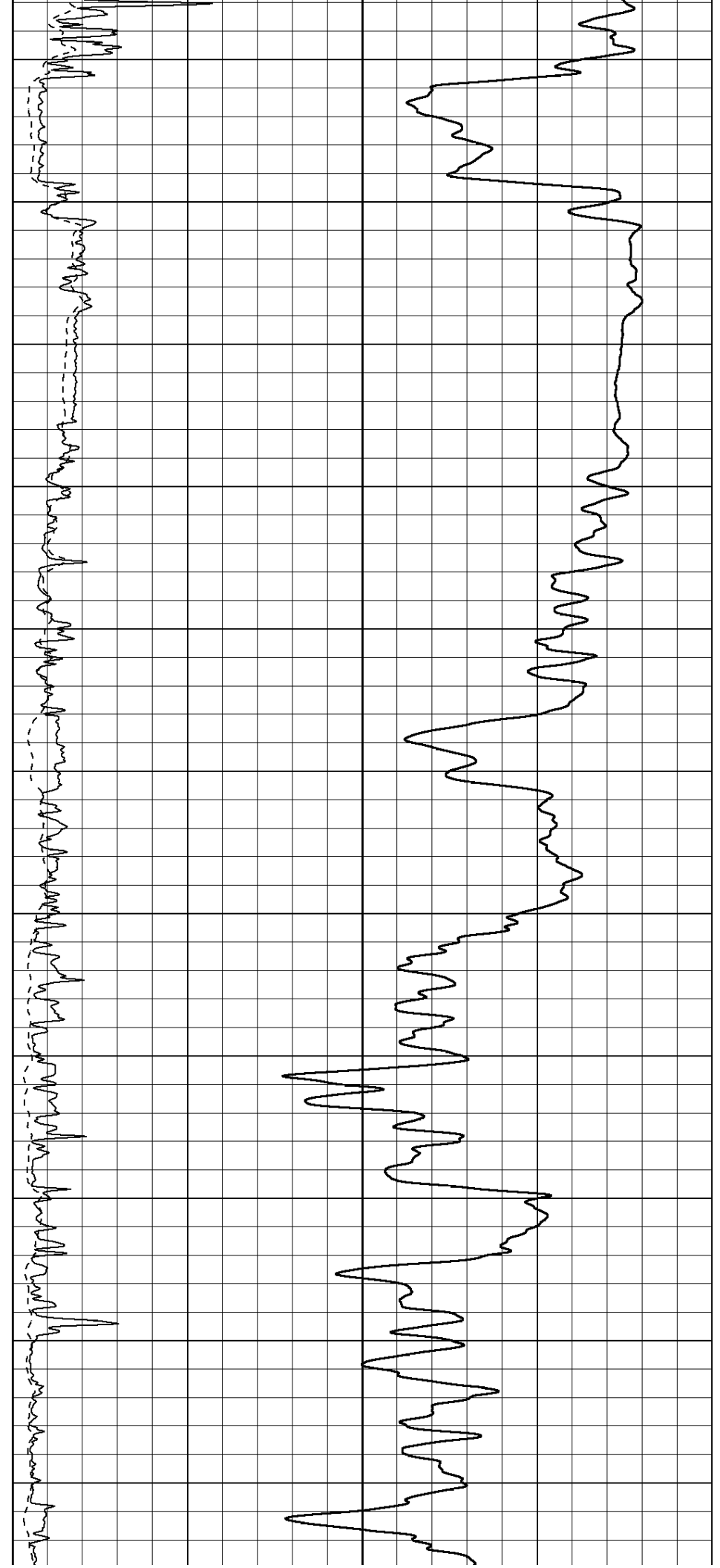
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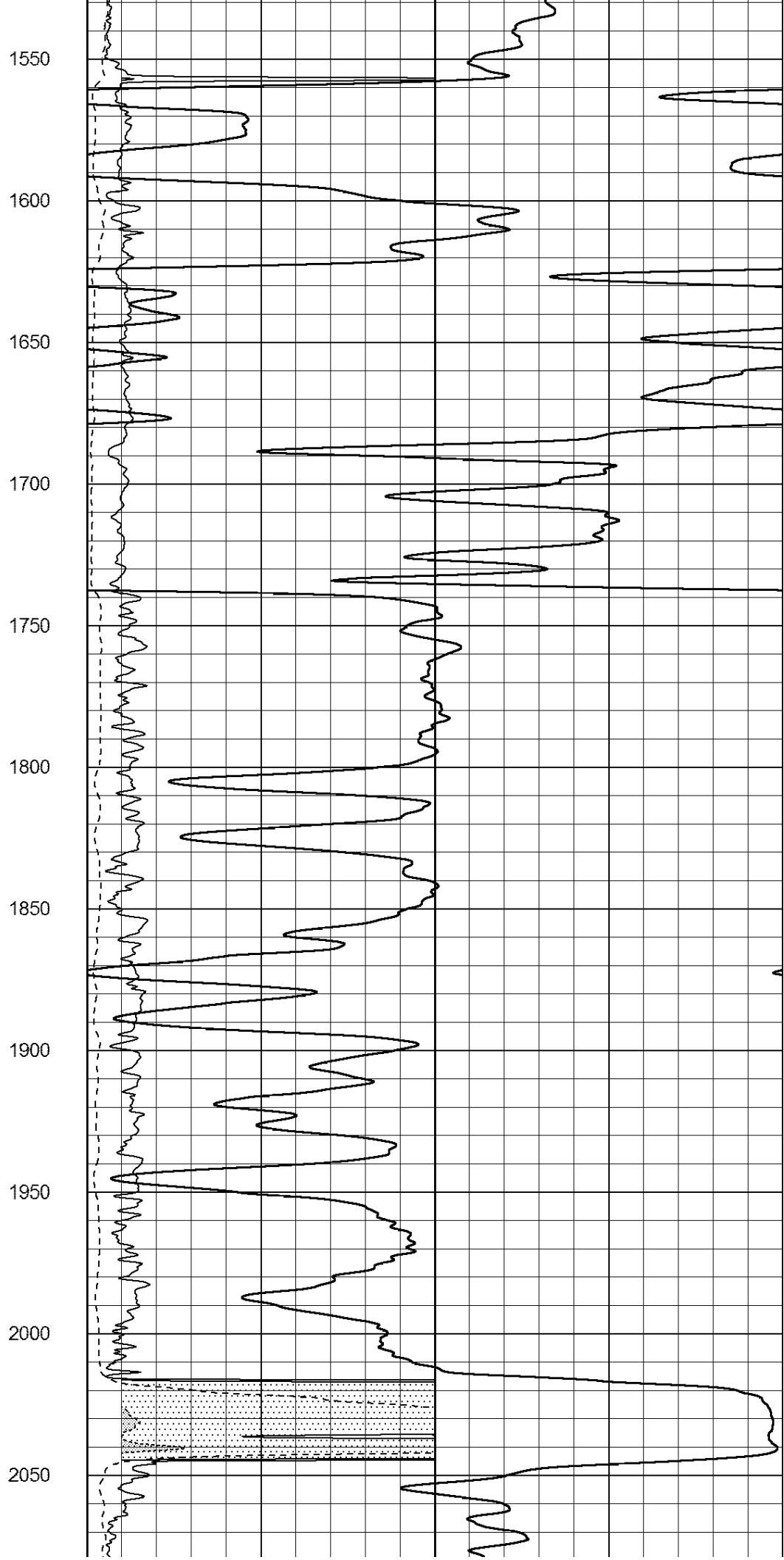
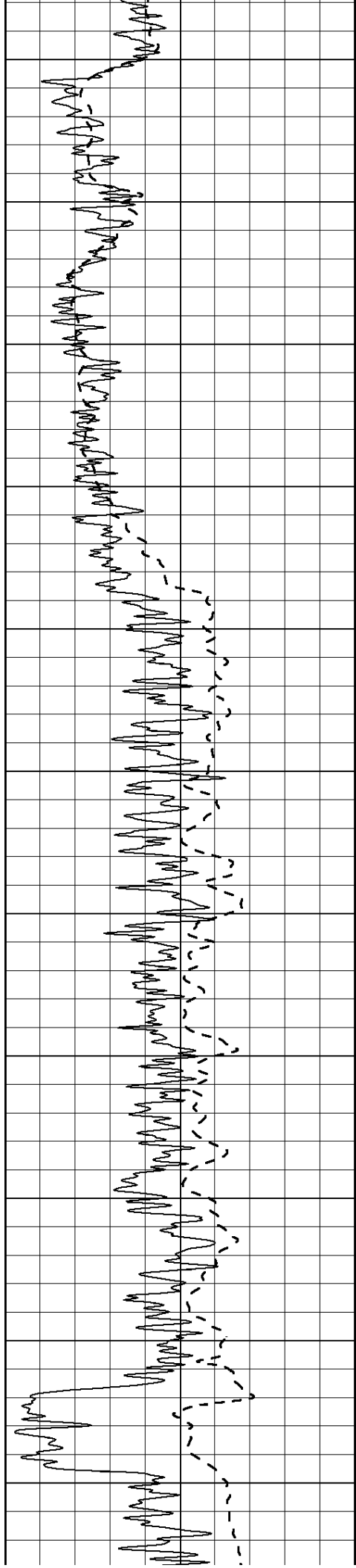
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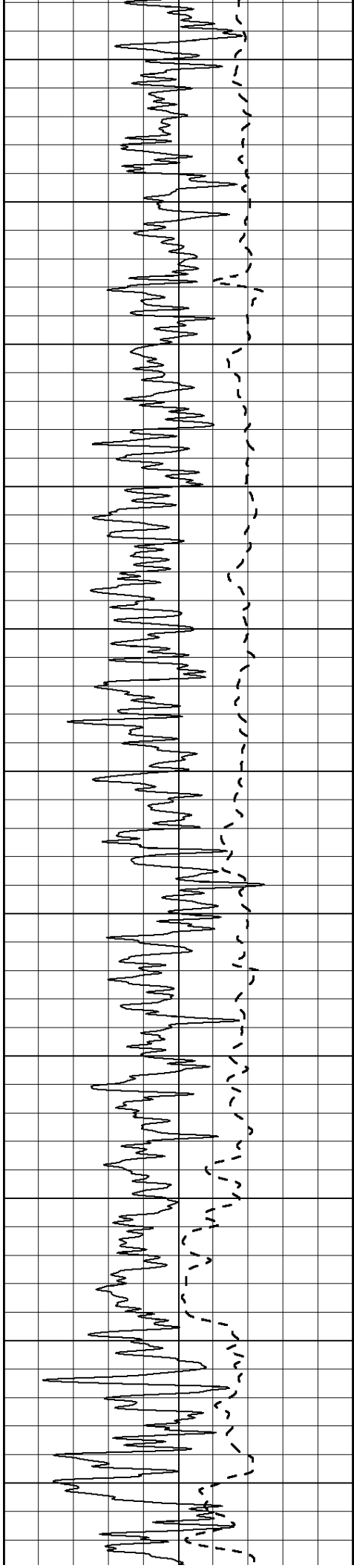
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1500







2100

2150

2200

2250

2300

2350

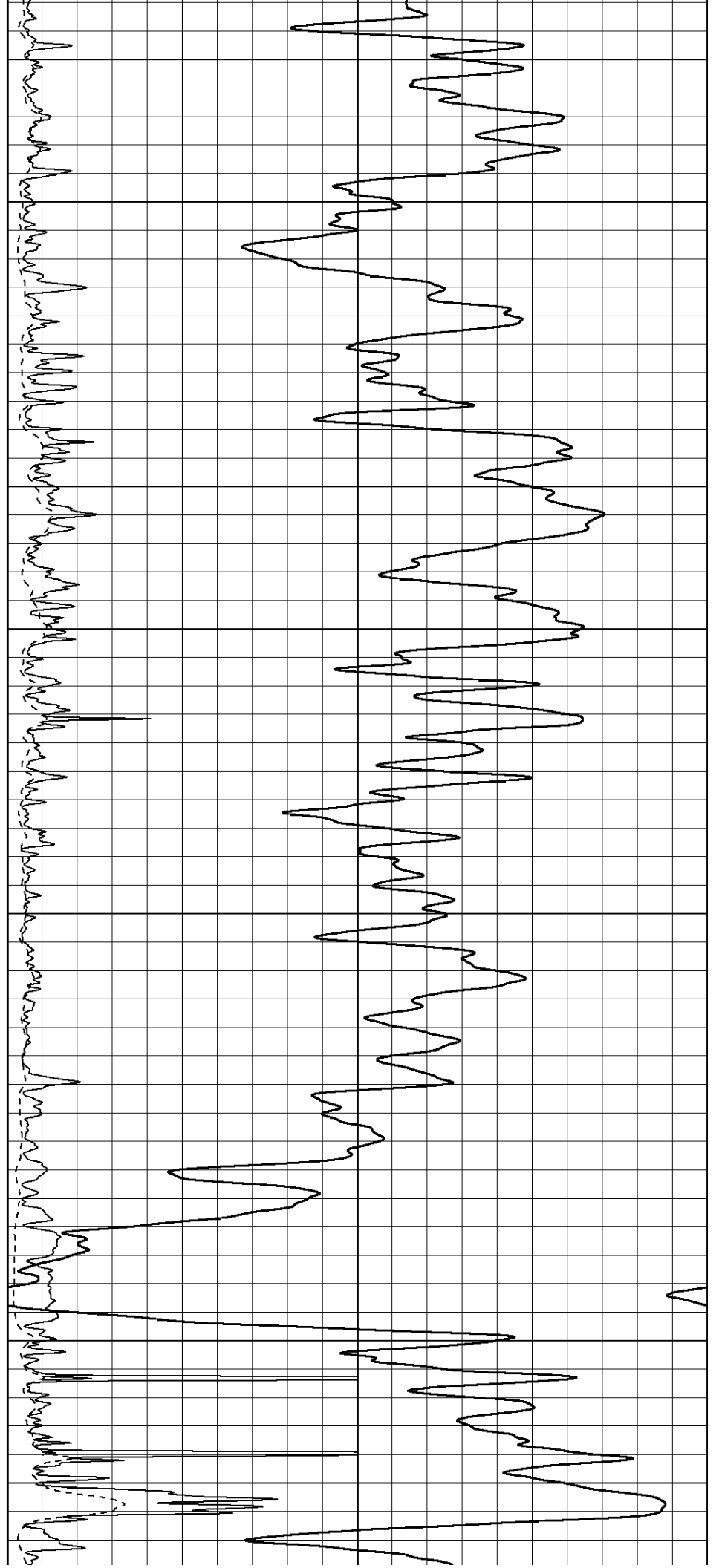
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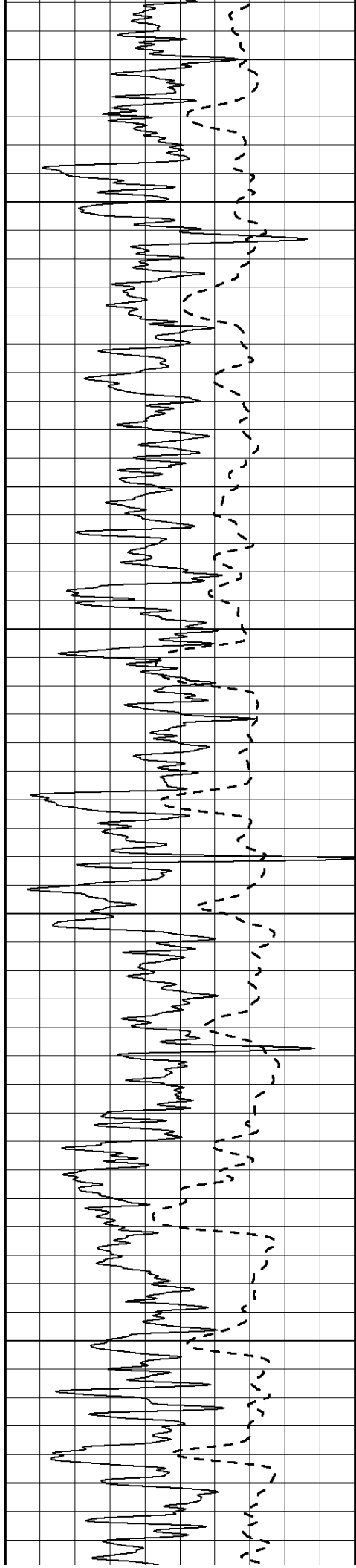
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2500

2550

2600





2650

2700

2750

2800

2850

2900

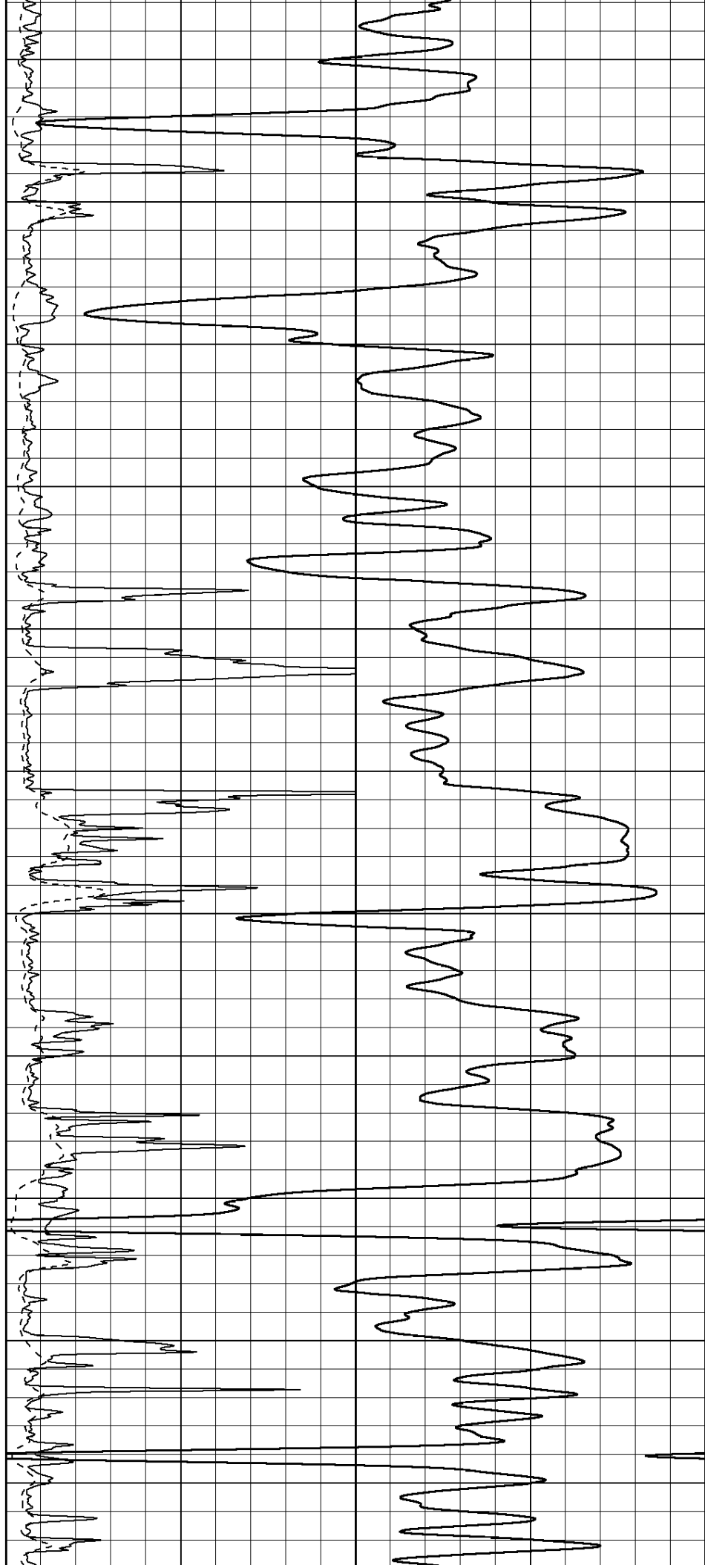
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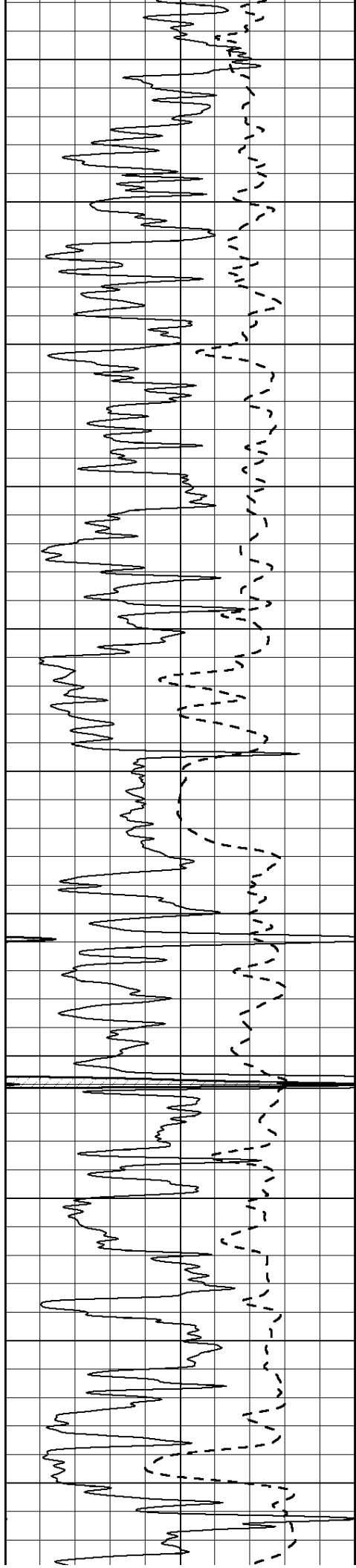
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3050

3100

3150





3200

3250

3300

3350

3400

3450

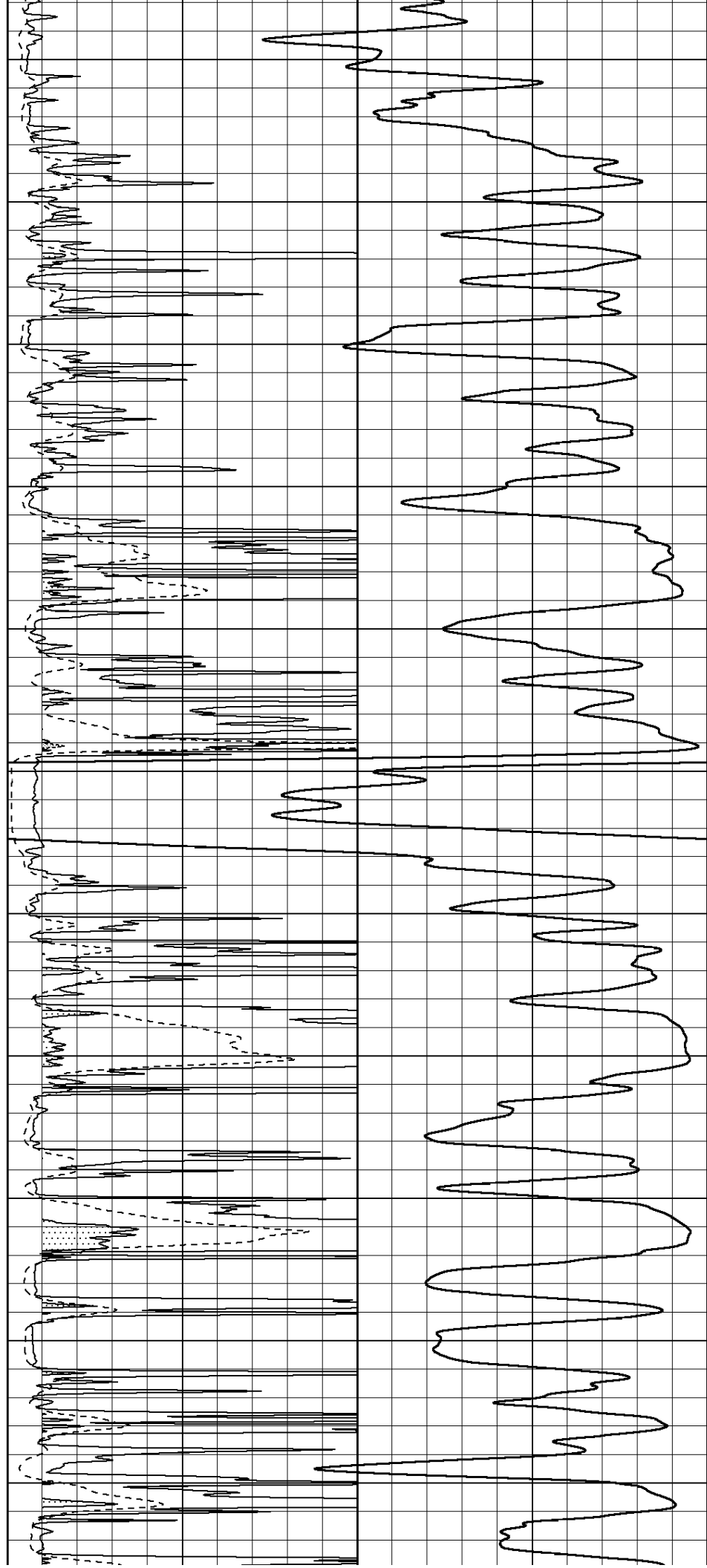
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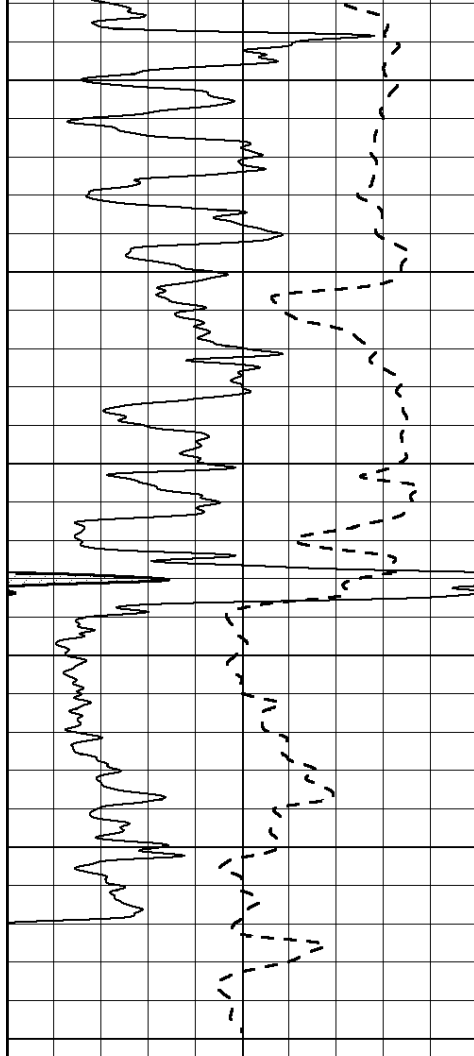
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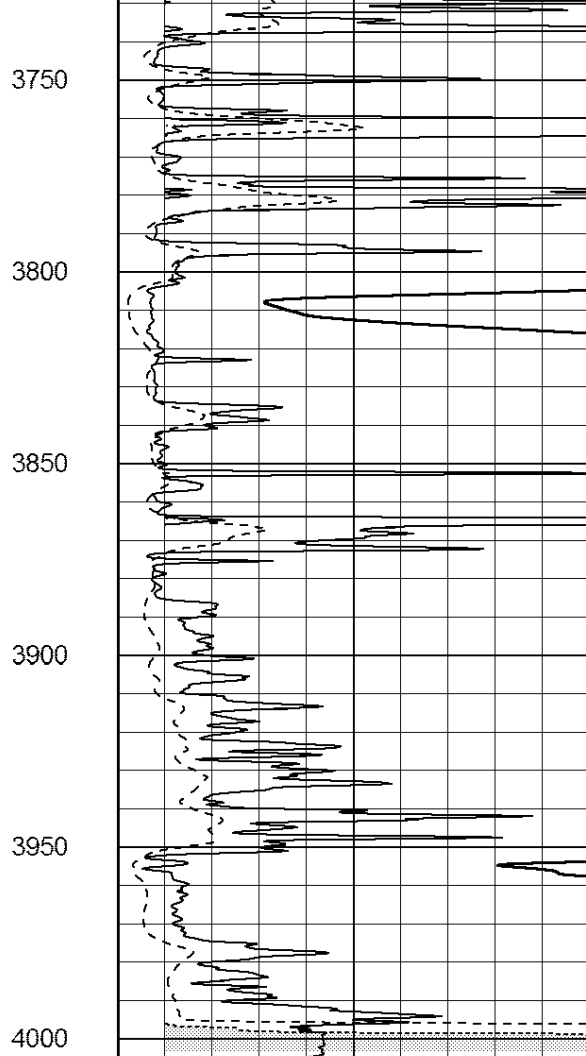
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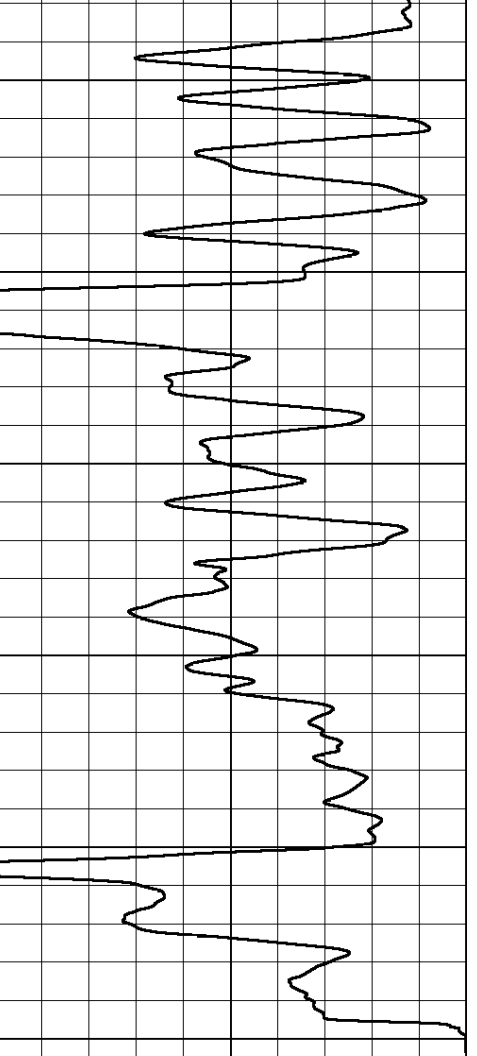


0	Gamma Ray (GAPI)	150
-100	SP (mV)	100



0	RLL3 (Ohm-m)	50
0	RILD (Ohm-m)	50
1000	CILD (mmho/m)	0

50	RILD X10 (Ohm-m)	500
50	RLL3 X10 (Ohm-m)	500

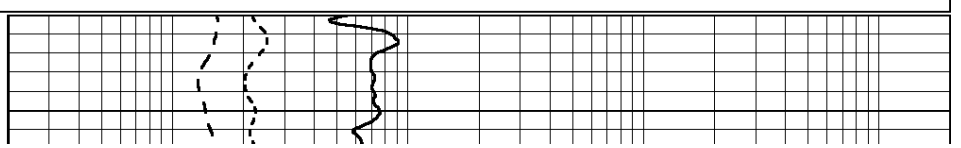
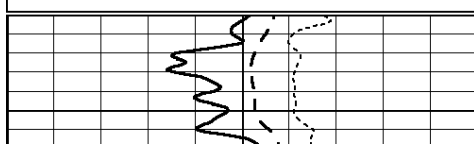


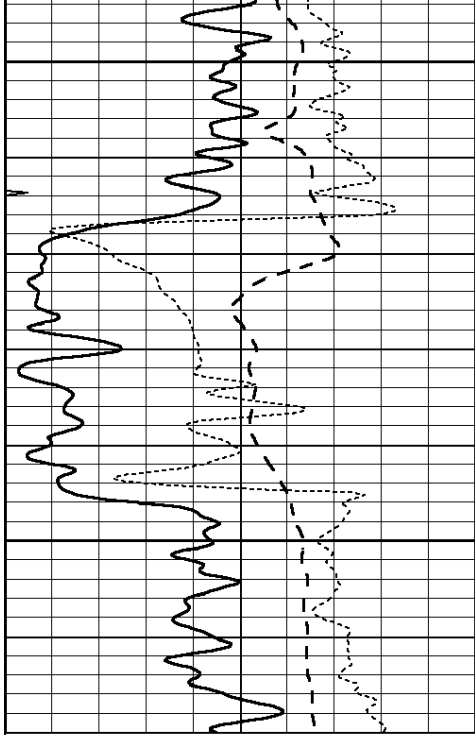
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-100	SP (mV)	100
-250	Rxo/Rt	50
0	MINMK	20

0.2	SHALLOW GUARD (Ohm-m)	2000
0.2	DEEP INDUCTION (Ohm-m)	2000
0.2	MEDIUM INDUCTION (Ohm-m)	2000

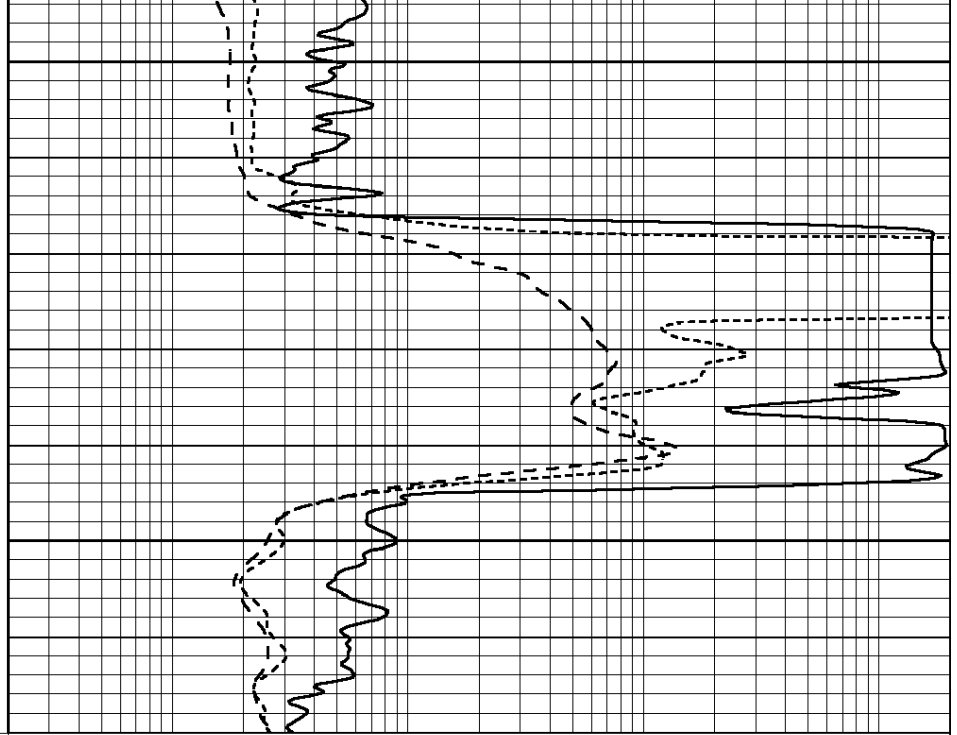




2000

2050

0	GAMMA RAY (GAPI)	150
-100	SP (mV)	100
-250	Rxo/Rt	50
0	MINMK	20



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0.2	DEEP INDUCTION (Ohm-m)	2000
0.2	MEDIUM INDUCTION (Ohm-m)	2000

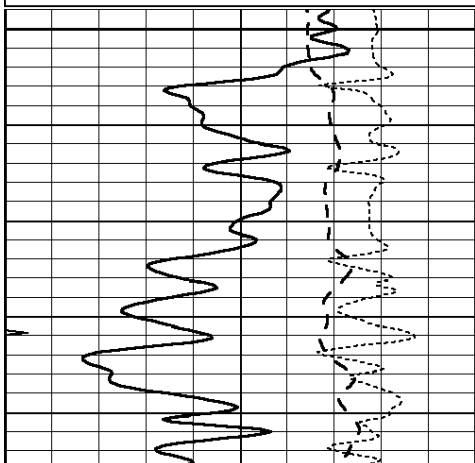


MAIN SECTION

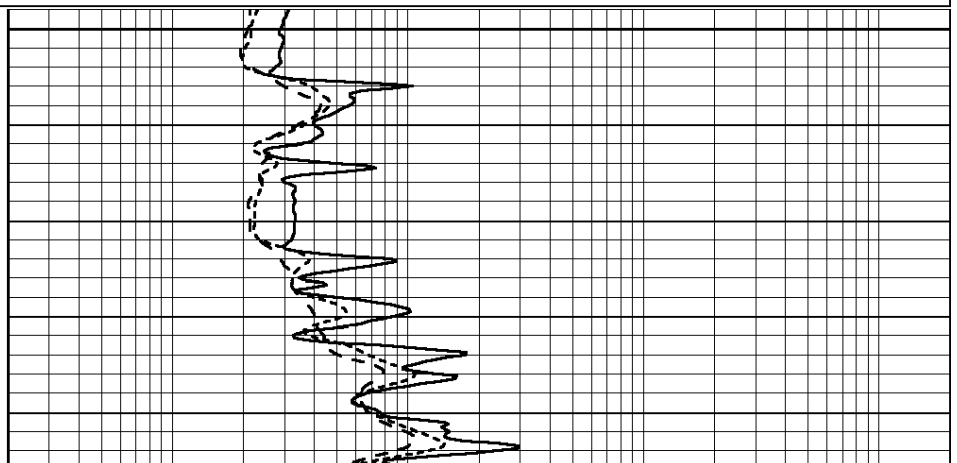
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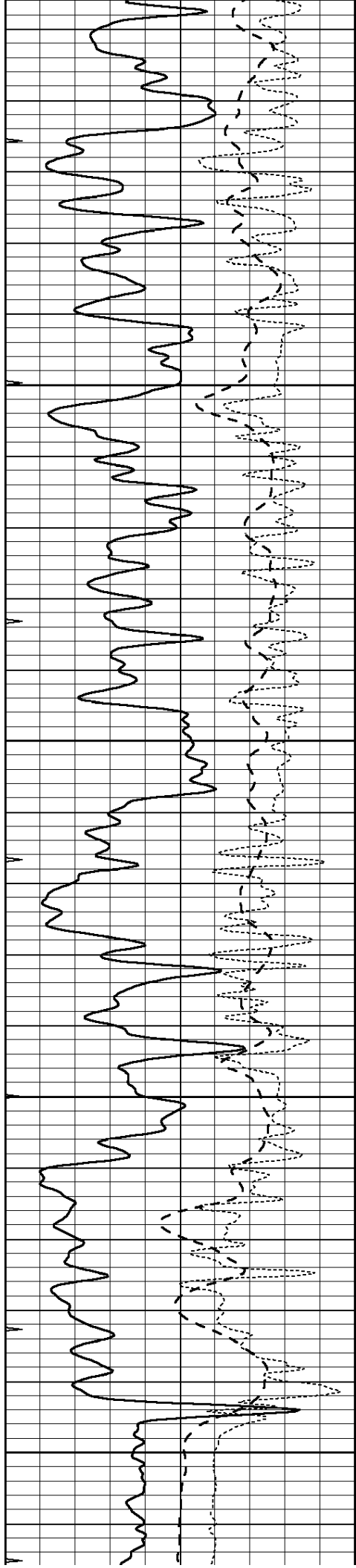
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-250	Rxo/Rt	50
0	MINMK	20

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0.2	DEEP INDUCTION (Ohm-m)	2000
0.2	MEDIUM INDUCTION (Ohm-m)	2000



3200





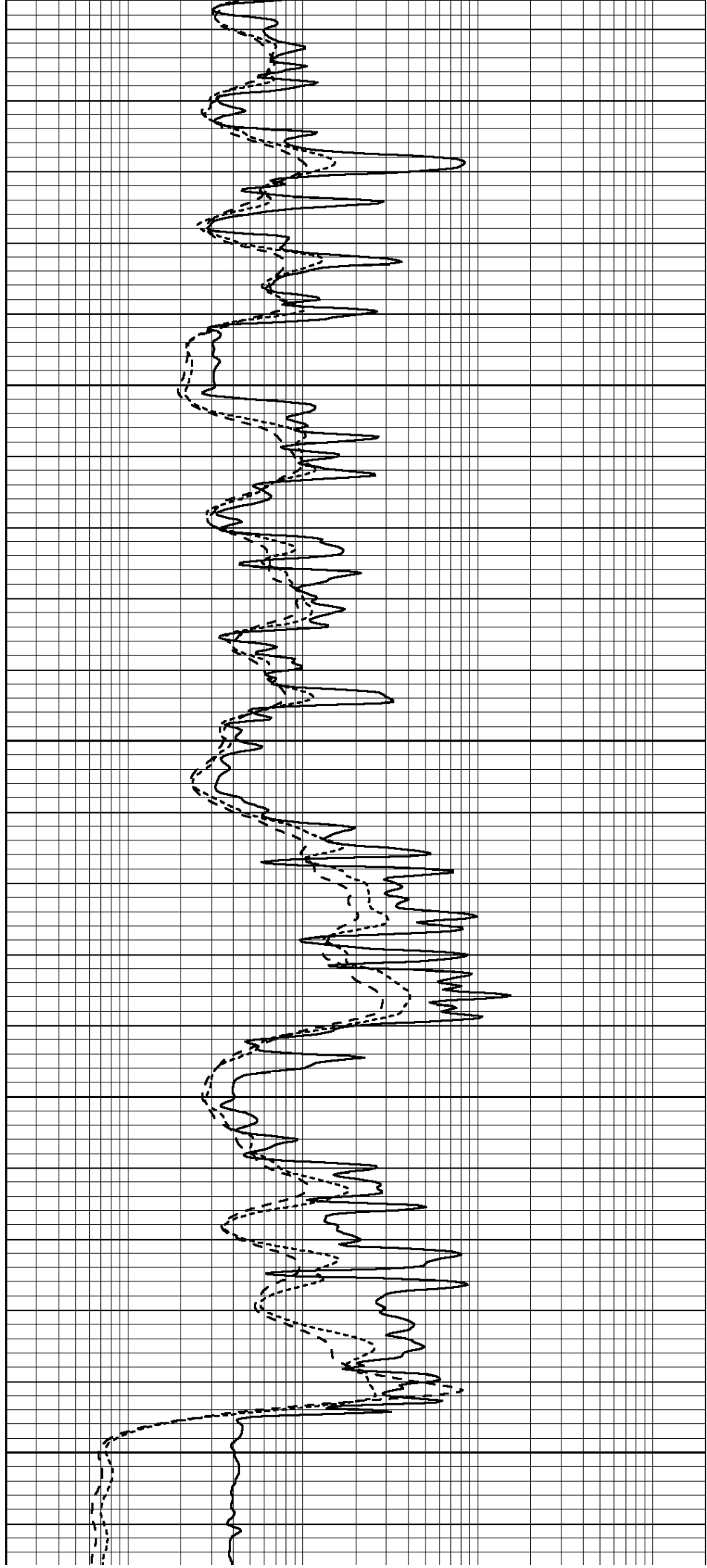
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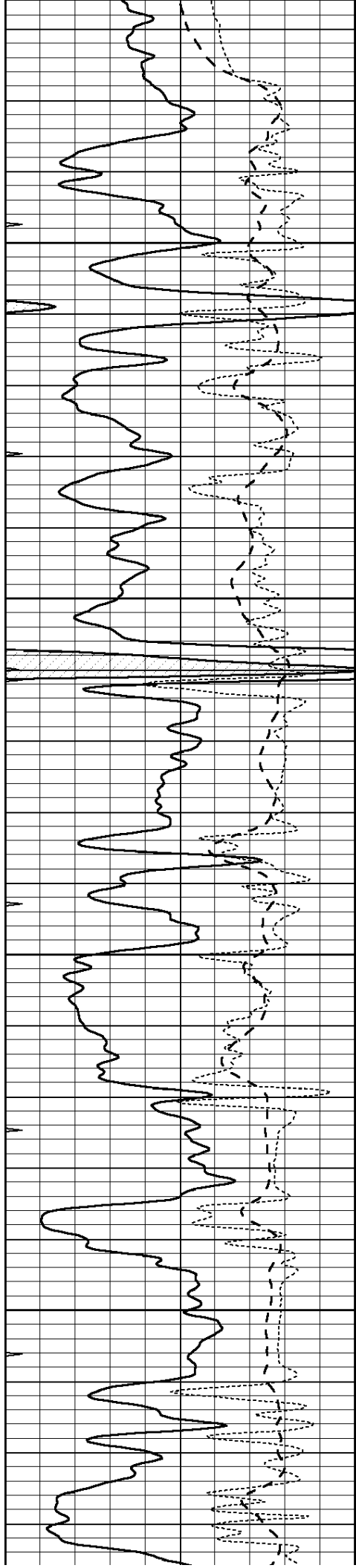
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3400

3450



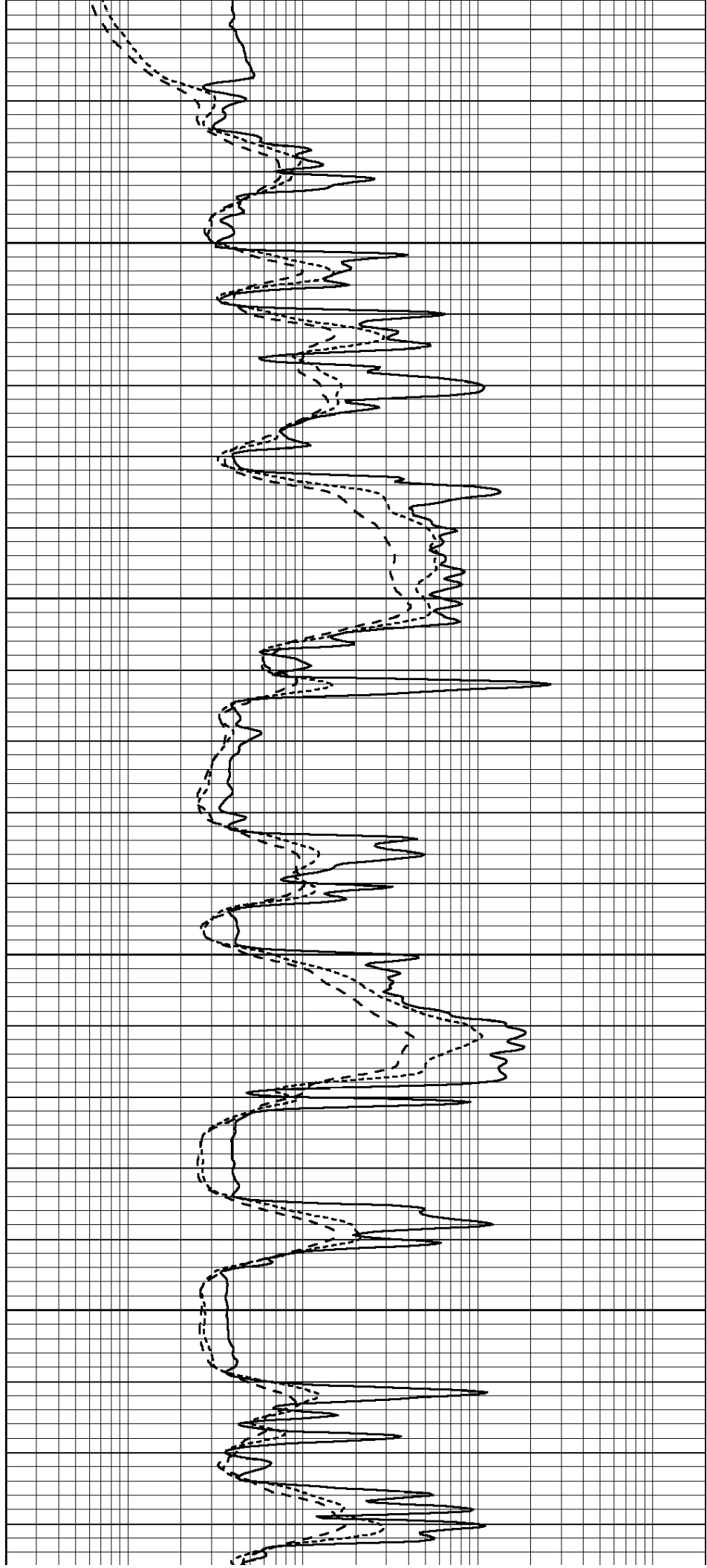


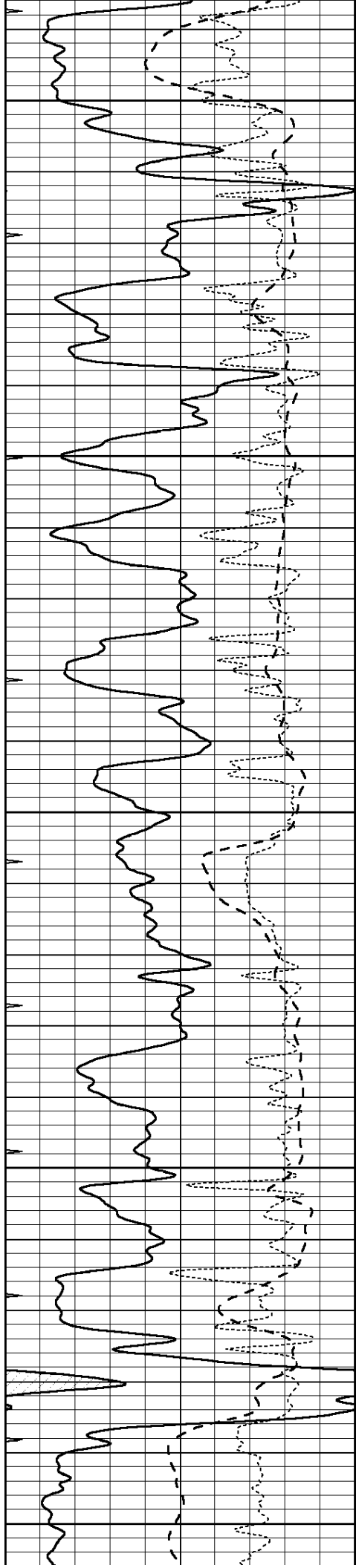
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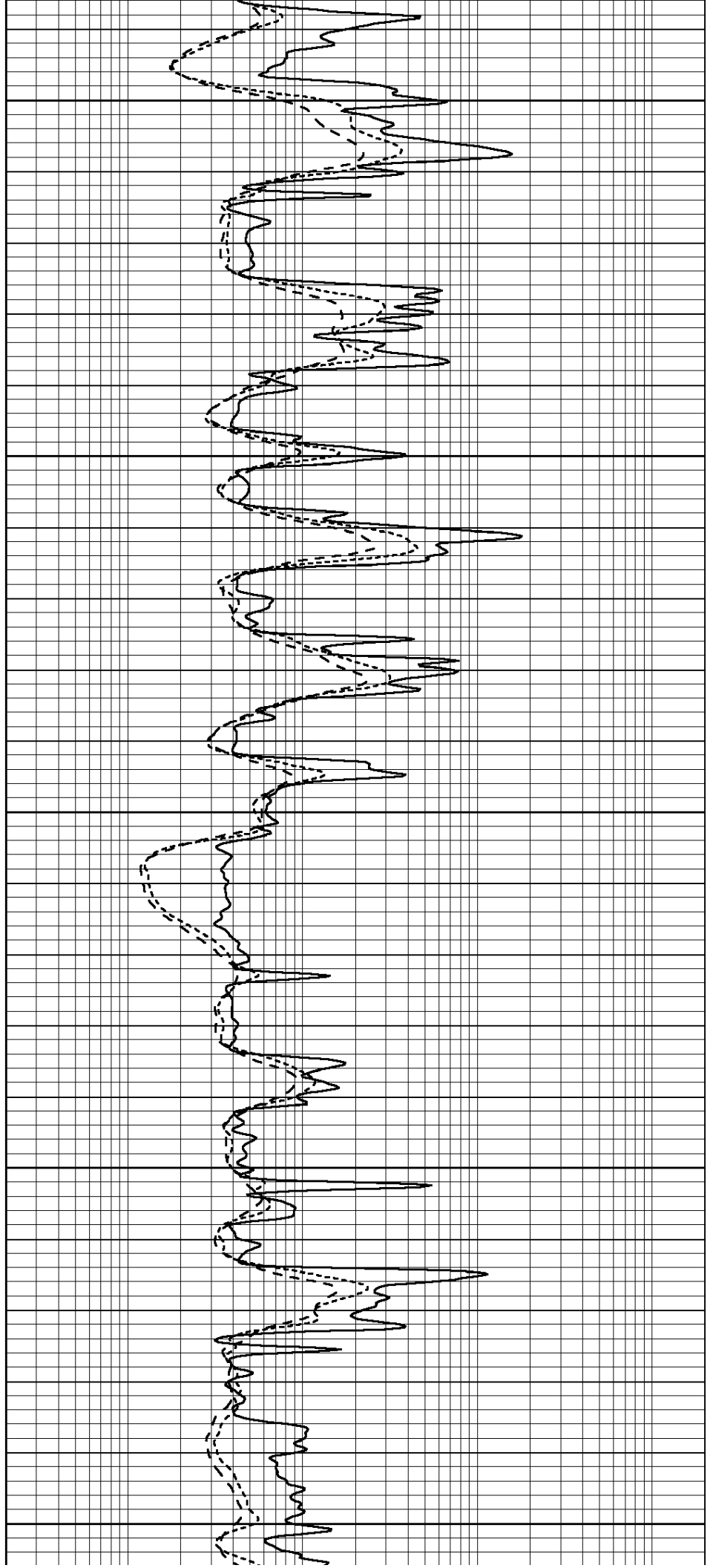
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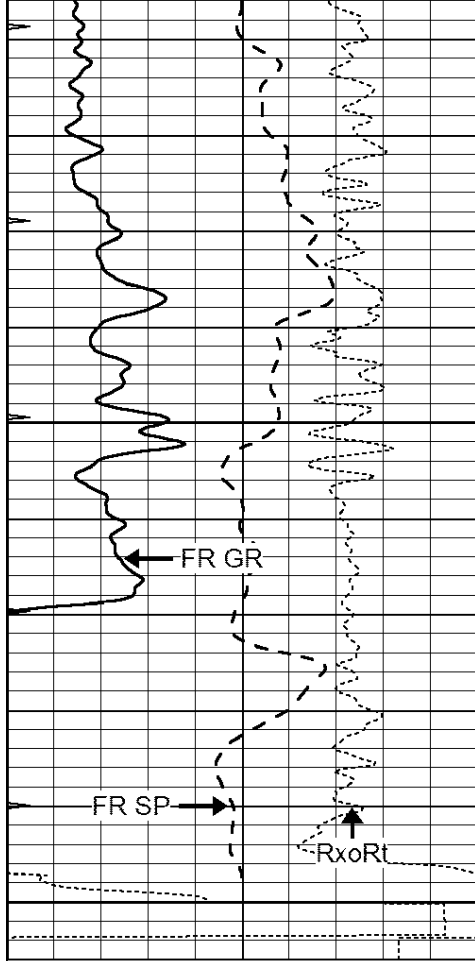
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3800

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3900

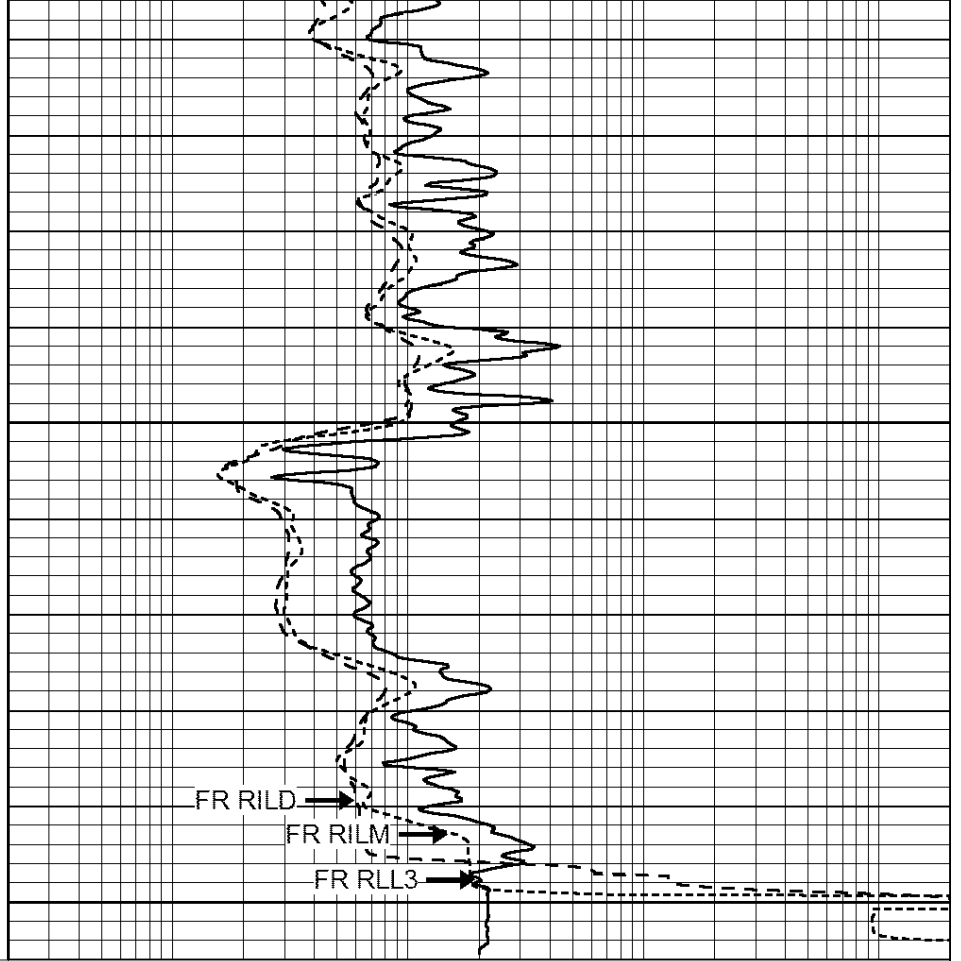




3950

LTD 4000

0	GAMMA RAY (GAPI)	150
-100	SP (mV)	100
-250	Rxo/Rt	50
0	MINMK	20



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0.2	DEEP INDUCTION (Ohm-m)	2000
0.2	MEDIUM INDUCTION (Ohm-m)	2000

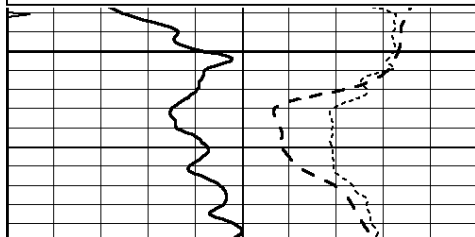


REPEAT SECTION

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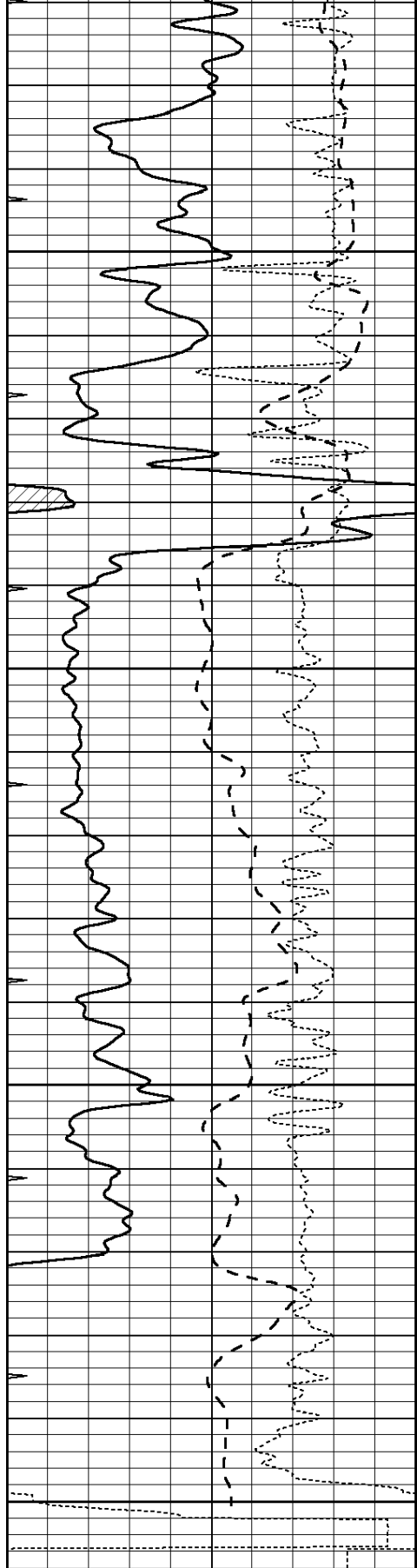
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-100	SP (mV)	100
-250	Rxo/Rt	50
0	MINMK	20

0.2	SHALLOW GUARD (Ohm-m)	2000
0.2	DEEP INDUCTION (Ohm-m)	2000
0.2	MEDIUM INDUCTION (Ohm-m)	2000



3800





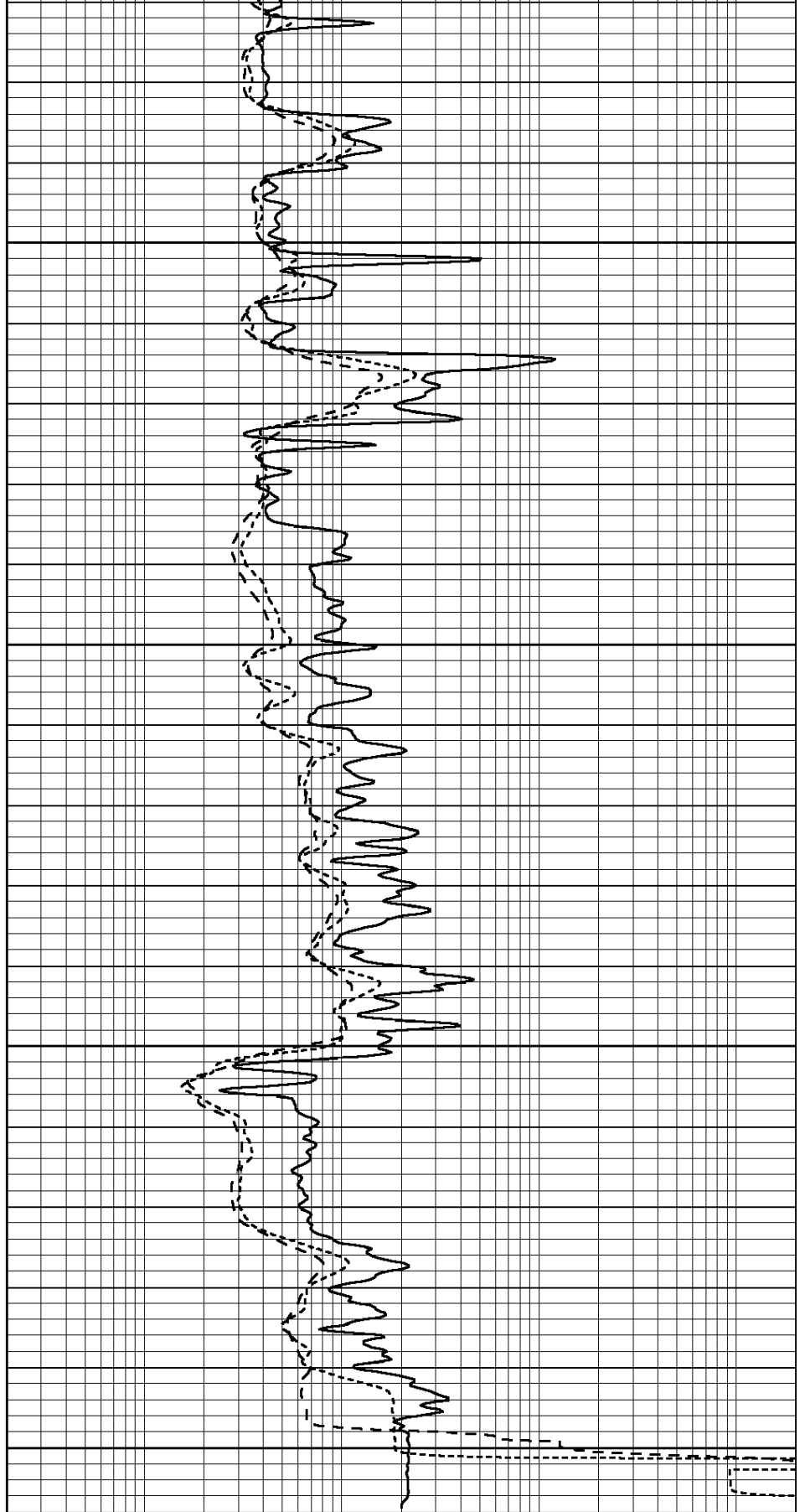
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-100	SP (mV)	100
-250	Rxo/Rt	50
0	MINMK	20

3850

3900

3950

4000



0.2	SHALLOW GUARD (Ohm-m)	2000
0.2	DEEP INDUCTION (Ohm-m)	2000
0.2	MEDIUM INDUCTION (Ohm-m)	2000

Calibration Report

Database File: 26413ddn.db
 Dataset Pathname: pass2.1
 Dataset Creation: Fri Dec 05 03:24:08 2014 by Calc Open-Cased 090629

Dual Induction Calibration Report

Serial-Model: PROBE8-DILG
 Surface Cal Performed: Sun Aug 17 08:09:53 2014
 Downhole Cal Performed: Mon Jul 28 11:08:27 2008
 After Survey Verification Performed: Mon Jul 28 11:08:27 2008

Surface Calibration

Loop:	Readings			References			Results	
	Air	Loop		Air	Loop		m	b
Deep	0.015	0.648	V	0.000	400.000	mmho/m	620.000	-2.000
Medium	0.029	0.796	V	0.000	464.000	mmho/m	590.000	-16.000
Internal:	Zero	Cal		Zero	Cal		m	b
Deep	0.017	0.657	V	0.000	400.000	mmho/m	625.153	-10.619
Medium	0.016	0.757	V	0.000	464.000	mmho/m	625.992	-9.739

Downhole Calibration

	Readings			References			Results	
	Zero	Cal		Zero	Cal		m'	b'
Deep	0.000	0.000	mmho/m	2.011	405.777	mmho/m	1.000	0.000
Medium	0.000	0.000	mmho/m	7.590	503.393	mmho/m	1.000	0.000
LL3		7.500	V		1500.000	Ohm-m		
		0.000	V		20.000	Ohm-m		
		-7.200	V		3800.000	mmho-m		

After Survey Verification

	Readings			Targets			Results	
	Zero	Cal		Zero	Cal		m'	b'
Deep	0.000	0.000	mmho/m	0.000	0.000	mmho/m	0.000	0.000
Medium	0.000	0.000	mmho/m	0.000	0.000	mmho/m	0.000	0.000
LL3		1.000	Ohm-m		1.000	Ohm-m		
		0.000	Ohm-m		0.000	Ohm-m		
		1.000	mmho-m		1.000	mmho-m		

Compensated Density Calibration Report

Serial-Model: GEAR4-GEARHART
 Source / Verifier: 143 / 143
 Master Calibration Performed: Wed Sep 18 03:03:09 2013
 Before Survey Verification Performed:
 After Survey Verification Performed:

Master Calibration

	Density		Far Detector	Near Detector	
Magnesium	1.710	g/cc	1075.98	532.39	cps
Aluminum	2.560	g/cc	286.51	422.88	cps
Spine Angle = 80.13			Density/Spine Ratio = 0.633		
	Size		Reading		
Small Ring	8.00	in	3.21	V	
Large Ring	14.00	in	5.46	V	

Before Survey Verification

Before Survey Verification

Target

Measured

g/cc
g/cc
g/cc

g/cc
g/cc
g/cc

After Survey Verification

Target

Measured

g/cc
g/cc
g/cc

g/cc
g/cc
g/cc

Compensated Neutron Calibration Report

Serial Number: 61
Tool Model: G

CALIBRATION

Detector	Readings	Target	Normalization
Short Space	1.00 cps	1.00 cps	1.0000
Long Space	1.00 cps	1.00 cps	1.0000

PRE-SURVEY VERIFICATION

	Detector	Readings	Measured	Target
1)	Short Space	cps		
	Long Space	cps	pu	pu
2)	Short Space	cps		
	Long Space	cps	pu	
3)	Short Space	cps		
	Long Space	cps	pu	

POST-SURVEY VERIFICATION

	Detector	Readings	Measured	Target
1)	Short Space	cps		
	Long Space	cps	pu	pu
2)	Short Space	cps		
	Long Space	cps	pu	pu
3)	Short Space	cps		
	Long Space	cps	pu	pu

Gamma Ray Calibration Report

Serial Number: GR6
 Tool Model: OPEN
 Performed: Sun Aug 17 15:23:09 2014

Calibrator Value: 150.0 GAPI

Background Reading: 0.0 cps
 Calibrator Reading: 276.0 cps

Sensitivity: 0.7000 GAPI/cps