



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236475
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: _____



1236475

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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ALLIED OIL & GAS SERVICES, LLC 064261

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley

DATE <u>10-8-14</u>	SEC. <u>7</u>	TWP. <u>14</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>4:30 PM</u>	JOB START <u>6:00 PM</u>	JOB FINISH <u>6:30 PM</u>
LEASE <u>Railroad</u>	WELL # <u>5</u>	LOCATION <u>Oakley 205 2E 12N</u>			COUNTY <u>Gove</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				E INTO			

CONTRACTOR <u>W+W 8</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>	CEMENT
HOLE SIZE <u>12 1/4</u>	T.D. <u>218'</u>
CASING SIZE <u>8 7/8</u>	DEPTH <u>223'</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>13.24 OBL</u>	

EQUIPMENT		COMMON <u>165 sks</u> @ <u>17.50</u> <u>2953.50</u>
PUMP TRUCK # <u>431</u>	CEMENTER <u>Andrew Forlund</u>	POZMIX @
BULK TRUCK # <u>891</u>	HELPER <u>Brandon Williams</u>	GEL @ <u>.50</u> <u>155.00</u>
BULK TRUCK #	DRIVER <u>Wayne Messalla</u>	CHLORIDE <u>465 #</u> @ <u>1.10</u> <u>511.50</u>
BULK TRUCK #	DRIVER	ASC @
		<u>Material Total</u> @ <u>3,620.00</u>
		HANDLING <u>178.42 cu/ft</u> @ <u>2.48</u> <u>442.48</u>
		MILEAGE <u>2.75 to / mile</u> @ <u>8.14 ton</u> <u>559.62</u>

REMARKS: 2

Cement did circulate

Thank you

TOTAL	<u>2,816.85</u>
SERVICE	
DEPTH OF JOB <u>223'</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE @	
MILEAGE <u>25 miles</u> @ <u>7.70</u>	<u>192.50</u>
MANIFOLD	
<u>Light vehicle</u> @ <u>4.40</u>	<u>110.00</u>
TOTAL	<u>2,816.85</u>

CHARGE TO: Pioneer Resources

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.

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 6,436.85

DISCOUNT 1,480.47 (23%) IF PAID IN 30 DAYS

4,956.37 Net.

ALLIED OIL & GAS SERVICES, LLC 064289

Federal Tax I.D. # 20-3651475

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

SERVICE POINT: Oakley KS

DATE <u>10-16-14</u>	SEC <u>7</u>	TWP <u>14</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>1:00p.m.</u>	JOB START <u>3:00p.m.</u>	JOB FINISH <u>4:00p.m.</u>
LEASE <u>Railroad</u>		WELL# <u>5</u>	LOCATION <u>Oakley 20S, 2E, 1/2</u>			COUNTY <u>Goose</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			N, E into				

CONTRACTOR WWE B
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. 4000'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 2400'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 5 bbl water 22 bbl mud
 EQUIPMENT _____

OWNER Same
 CEMENT AMOUNT ORDERED 240 sks Lite
60/40 4% gel 1/4 # Flo-seal
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Lite (60/40) 240 sks @ 18.92 4540.80
Flo-seal 60 # @ 2.97 178.20
Material Total @ 4719.00
(1083.37/233)
 HANDLING 257.76 4% @ 2.48 639.24
 MILEAGE 10.76 tons x 20 mi x 2.75 @ 2.75 591.80
 TOTAL _____

PUMP TRUCK CEMENTER Paul Beaver
 # 120 HELPER Tyler Elipse / Juan (two)
 BULK TRUCK # 890/241 DRIVER George Grant
 BULK TRUCK # _____ DRIVER _____

REMARKS:

min 50 sks @ 2400' Displace w/ mud
min 100 sks @ 1375' Displace w/ water
min 50 sks @ 275'
min 10 sks @ 40' w/ wiper plug
min 30 sks in R.H

Thank You!
Paul & Crew

CHARGE TO: Pioneer Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB 2400'
 PUMP TRUCK CHARGE 2483.59
 EXTRA FOOTAGE _____ @ _____
 MILEAGE mltv 20 @ 7.70 154.00
 MANIFOLD mltv 20 @ 4.40 88.00
(910.00/233) TOTAL 3956.63

PLUG & FLOAT EQUIPMENT

8 5/8 wooden plug @ _____ 110.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 110.00

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PRINTED NAME _____
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 8785.63
 DISCOUNT 1,993.39 (233) IF PAID IN 30 DAYS
6790.23 Net.