



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236915
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 |
|-----------------------------------|-----------------|---|

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: _____



1236915

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 |
|--|---|

| 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: _____ _____ |
|--|---|---|

| | |
|-----------|----------------------------|
| Form | ACO1 - Well Completion |
| Operator | Gulf Exploration, LLC |
| Well Name | City of Arkansas City 1-25 |
| Doc ID | 1236915 |

Tops

| Name | Top | Datum |
|--------------|------|-------|
| Waubensee | 1594 | 1581 |
| Layton | 2495 | 2482 |
| Lansing | 2740 | 2727 |
| Marmonton | 2950 | 2937 |
| Verdigris | 3185 | 3172 |
| Bartlesville | 3220 | 3207 |
| Woodford | 3700 | 3687 |
| Sylvan | 3750 | 3737 |
| Arbuckle | 3780 | 3767 |
| TD | 3900 | 3887 |



CONSOLIDATED
ON Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

981
943

City of Arkansas city 1-25

TICKET NUMBER 48767
LOCATION Cushing OK
FOREMAN Steve Mansford

FIELD TICKET & TREATMENT REPORT

CEMENT Dan D # INVOICE # 90000 Kansas

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------------------------------|------------|--------------------|-------------------------------|----------|--------|-----------|
| 11-15-14 | 3140 | | 25 | 24S | 3E | Cowley Co |
| CUSTOMER Gulf Exploration LLC | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS | | | 64 | Harry L | 729-PT | |
| CITY STATE ZIP CODE | | | 69 | Jimmy S | 1449 | |

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 355 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 329 DRILL PIPE TUBING OTHER 18 FT LJ
 SLURRY WEIGHT 13.6-15.6 SLURRY VOL 32-21 bbl WATER gal/ok 9.0-5.2 CEMENT LEFT IN CASING 41 FT
 DISPLACEMENT 19 1/2 bbls DISPLACEMENT PSI 500 MIX PSI RATE 3-4 bblpm

REMARKS: pumped 10 bbls H2O broke circulation mixed 100 SKS
Extended Lite Cement with 1/4 lb Flocele 100 SKS class
A cement with 3% Calcium Chloride, 1/4 lb Flocele released
plus displaced 19 1/2 bbls H2O @ 150 psi landed plus
@ 500 psi float held
circulated good cement

Extended Lite Cement 1.8 Yield
Standard Surface cement 1.18 Yield

Thank You

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|-----------------|---------------------|------------------------------------|------------|---------|
| 5401S-210 | 329 | PUMP CHARGE | .30 | 1525.00 |
| 5406-210 | 2 Trucks x 90 miles | MILEAGE | 3.25 | 585.00 |
| 5407-210 | 200 SKS | Bulk Delivery Charge | 6.50 | 1300.00 |
| 1124B | 1490 | 100 SKS Extended Lite cement | 17.00 | 1700.00 |
| 1104SP | 1491 | 100 SKS Standard Surface Cement | 15.75 | 1525.00 |
| 4204 | 1 | 8 5/8 Guide shoe | 425.00 | 425.00 |
| 4229 | 1 | 8 5/8 Insert float | 255.00 | 255.00 |
| 4432 | 1 | 8 5/8 wooden plug | 105.00 | 105.00 |
| 4132 | 3 | 8 5/8 Centralizers | 80.00 | 240.00 |
| 4306 | 1 | Box threadlock | 45.00 | 45.00 |
| GRAND TOTAL | | | 7,725.19 | |
| SALES TAX | | | 6.4% | 278.08 |
| ESTIMATED TOTAL | | | | 8131.78 |

Revin 3737

AUTHORIZATION

W. Mansford

TITLE Co. Man

DATE 11/15/14

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 68720
620-431-9210 or 800-467-8676

1122
1060
Invoic #80163

TICKET NUMBER 48821
LOCATION Cushing, ok
FOREMAN Brent Lair

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------|----------------------------|---------|----------|---------|--------|
| 11-22-14 | 3140 | City of Arkansas City 1-25 | 25 | 34S | 3E | Cowley |
| CUSTOMER <u>Gulf Exploration LLC</u> | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS | | | 64 | Josh | | |
| CITY | | | 69 | Adam | | |
| STATE | | | | | | |
| ZIP CODE | | | | | | |

JOB TYPE Plus - Loss String HOLE SIZE 7 7/8 HOLE DEPTH 3900 CASING SIZE & WEIGHT 4 1/2 10.5#
 CASING DEPTH 3828 DRILL PIPE 4" 14# TUBING _____ OTHER _____
 SLURRY WEIGHT 15.8-14.8 SLURRY VOL 1.17-1.54 WATER gal/sk 5.1-6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT 35-29.5 DISPLACEMENT PSI 300-300 MIX PSI 100-100 RATE 3bpm 4.5bpm

REMARKS: Pump 5 bbls H2O mixed 35 sks reg cement displaced 16 bbl H2O
35 bbls mud came out of hole lay down drill pipe ran casing
open basket shoe pump 10 bbls H2O 500 gal mud flush 10 bbls H2O
mixed 12.5 sks Reg-OVC Cement flush lines also released plus
displaced 29.5 bbls 2% KCL water landed plug at 1300 psi check
float float held top off rat hole & mouse hole

Pump 2 bbls a min took 700 psi to open Basket Shoe

Thank You

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|------------------------|-------------------|------------------------------------|------------|-----------|
| 5401-210 | 3828 | PUMP CHARGE 1525 + Depth | .30 | 2673.40 |
| 5406-210 | 90 | MILEAGE x 2 trucks | 3.35 | 585.00 |
| 5407-210 | 200 | Bulk delivery charge | 6.50 | 1300.00 |
| 1124A | 125 | ROWC | 22.35 | 2843.75 |
| 1104S | 75 | Resuber | 14.00 | 1050.00 |
| 4254 | 1 | Basket shoe | 1175.00 | 1175.00 |
| 4129 | 5 | Centralizers | 55.00 | 275.00 |
| 4306 | 1 | Thread Lock | 45.00 | 45.00 |
| 4404 | 1 | Rubber plug | 50.00 | 50.00 |
| 5405A-210 | 1854 | Pump charge 1525 + Depth | .30 | 2081.30 |
| 1194A | 500 | mud flush | .70 | 350.00 |
| 1142 | 5 | KCL liquid | 27.30 | 136.50 |
| 5% DISCOUNT #122,96.86 | | | | |
| IF PAID WITHIN 10 DAYS | | | | |
| OF INVOICE | | | | |
| | | | 360.26 tax | 6.42 |
| | | | SALES TAX | 379.22 |
| | | | ESTIMATED | |
| | | | TOTAL | 12,944.07 |

Ravin 9737

AUTHORIZATION [Signature] TITLE Co-Man DATE _____

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

| | |
|------------------|--------------------------------------|
| Customer | Gulf Exploration, LLC |
| Well No. | City of Arkansas City #125 |
| Formation | Sand Stone |
| Stage | 1 |
| Pipe Size (I.D.) | 4.5 Inch Casing W/ 2.375 Inch Tubing |
| Depth | 1600' Tank of Water for Breakdown |

| | |
|-------------|----|
| Total BBLs | 60 |
| Total GALS. | |

| | |
|-------------------|----------------------------|
| CUSTOMER CONTACTS | Pat McGraw 405-203-8349 |
|-------------------|----------------------------|

| Code | Acid Vehicles, Equipment and Mileage | Quantity | Unit | Price per Unit | |
|---|--|----------|------------|----------------|--------------------|
| 5303 | ACID PUMP CHARGE (1600 GALLON) | 1 | 2 HRS MAX | \$ 840.00 | \$ 840.00 |
| 5306 | EQUIPMENT MILEAGE (LOADED MILE) | 75 | PER MILE | \$ 4.00 | \$ 300.00 |
| 5311 | BALL INJECTOR | 1 | PER JOB | \$ 100.00 | \$ 100.00 |
| 0 | | 0 | | \$ - | \$ - |
| 0 | | 0 | | \$ - | \$ - |
| 0 | | 0 | | \$ - | \$ - |
| 0 | | 0 | | \$ - | \$ - |
| 0 | | 0 | | \$ - | \$ - |
| 0 | | 0 | | \$ - | \$ - |
| EQUIPMENT TOTAL | | | | | \$ 1,240.00 |
| Acid: Chemical Treatment and Water | | | | | |
| 3104 | 7 1/2% HCL ACID (CHARGE FOR INHIBITOR IN ADDITION) | 250.0 | PER GALLON | \$ 1.92 | \$ 480.00 |
| 3186 | ACID INHIBITOR (AI-260) | 1.0 | PER GALLON | \$ 50.00 | \$ 50.00 |
| 3144 | CLAY STAY (CS-250)(ESA-50)(ESA-92) | 1.0 | PER GALLON | \$ 37.00 | \$ 37.00 |
| 3175B | SR 445 | 1.0 | PER GALLON | \$ 65.00 | \$ 65.00 |
| 3171 | IRON CONTROL (SP-050) | 1.0 | PER GALLON | \$ 40.00 | \$ 40.00 |
| 3129 | CITY WATER (TAXABLE) | 780.0 | PER GALLON | \$ 0.02 | \$ 11.70 |
| 3172A | KCL (1/1000) | 1.0 | PER GALLON | \$ 38.33 | \$ 38.33 |
| 0 | | 0.0 | | \$ - | \$ - |
| 0 | | 0.0 | | \$ - | \$ - |
| 0 | | 0.0 | | \$ - | \$ - |
| 0 | | 0.0 | | \$ - | \$ - |
| 0 | | 0.0 | | \$ - | \$ - |
| WATER AND CHEMICAL TOTAL | | | | | \$ 722.03 |
| Sand | | | | | |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| SAND TOTAL | | | | | \$ - |
| Acid, Water and Chemical Transport | | | | | |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| TRANSPORT TOTAL | | | | | \$ - |
| Frac Valves | | | | | |
| 5804 | 2 INCH FRAC VALVE | 1 | PER WELL | \$ 100.00 | \$ 100.00 |
| 0 | | 0 | | \$ 0.00 | \$ - |
| FRAC VALVE TOTAL | | | | | \$ 100.00 |
| Miscellaneous Costs and Ball Sealers | | | | | |
| 4327 | BIO- BALL SEALERS 7/8 INCH, RCN (SG1.3) | 15 | PER UNIT | \$ 8.00 | \$ 120.00 |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| 0 | | 0 | | \$ 0.00 | \$ - |
| MISC. TOTAL | | | | | \$ 120.00 |
| SUB TOTAL | | | | | 2,182.03 |
| 5% (-DISCOUNT) | | | | | 109.10 |
| SALES TAX | | | | | 7.57 |
| DISCOUNTED TOTAL | | | | | \$ 2,080.50 |

Discount good if Paid within 30 days