



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1233636
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: _____

1233636

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
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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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ALLIED OIL & GAS SERVICES, LLC 063153

Federal Tax I.D. # 20-8651475

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

AUG 27 2014 SERVICE POINT:
MEDICINE LODGE 1L

DATE 8-9-14	SEC 21	TWP 32	RANGE 12	CALLED OUT 3:30 AM	ON LOCATION 5:30 AM	JOB START 7:50 AM	JOB FINISH 10:15 AM
LEASE KIRK BRIDE		WELL # A-2 OWING		LOCATION MEDICINE LODGE KS W TO GYP HILL RD		COUNTY BARBER	STATE KS
OLD OR NEW (Circle one)			1.35 TO RED ROCK E 3/4 1.5 INTR				

CONTRACTOR <u>Fossell 3</u>	OWNER <u>Woolsey</u>
TYPE OF JOB <u>PRODUCTION</u>	
HOLE SIZE <u>7 1/8</u>	T.D. <u>4525</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>4523</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>45.29</u>
CEMENT LEFT IN CSG. <u>45 FT</u>	
PERFS.	
DISPLACEMENT <u>2% KCL WATER</u>	

EQUIPMENT

PUMP TRUCK CEMENTER <u>SCOTT PRIDDY</u>	
# <u>549/545</u> HELPER <u>JASON TAMMISEN</u>	
BULK TRUCK	
# <u>364</u> DRIVER <u>JAMES BROWN</u>	
BULK TRUCK	
#	DRIVER

CEMENT

AMOUNT ORDERED 905x 6040 4% GEL

75% CLASS H 10% GYP SEAL 6" Kaseal

.8% PL-160 1/4" Floseal 10% SALT

COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC	@		
CLASS H	75%	@ 25.28	1896.00
GYPSEAL	705	@ .99	620.40
SALT	405	@ .68	275.40
Kaseal	450	@ .93	441.00
PL-160	56.4	@ 18.90	1065.96
Floseal	18.75	@ 2.97	55.68
All. 20 60:40:4	905x	@ 18.92	1702.80
Chapco	10 gal	@ 34.40	344.00
HANDLING	@		
MILEAGE			

REMARKS:

ON LOCATION SAFETY MEETING, SPOT IN

RIG UP, PRESSURE TEST PLUG ROT HOUR

PLUG MOUSE HOLD PUMP SEAMLESS

PUMP CEMENT, SHUT DOWN WASH UP RELIEVE

PLUG, START DISPLACEMENT SLOW RATE

BUMP PLUG, RELIEVE PRESSURE

FLOAT DID HOLD

20% = 1280.24 TOTAL 6401.84

SERVICE

DEPTH OF JOB	<u>4525</u>		
PUMP TRUCK CHARGE			<u>2765.75</u>
EXTRA FOOTAGE	<u>12</u>	@ 4.40	52.80
MILEAGE	<u>12</u>	@ 7.70	92.40
MANIFOLD	<u>1</u>	@	275.00
Handling	<u>197.26</u>	@ 2.48	489.20
Mileage	<u>100.40</u>	@ 2.15	216.10

2% 790.25 TOTAL 3951.25

PLUG & FLOAT EQUIPMENT

1 EA	Float SHOE	@	<u>545.00</u>
1 EA	L.O Plug: BOBBLE	@	<u>660.00</u>
6 EA	Turbolizers	@ 95.00	<u>570.00</u>
16 EA	Recip Scratchers	@ 89.00	<u>1424.00</u>

TOTAL 3199.00

SALES TAX (if Any) _____

TOTAL CHARGES 13,551.49

DISCOUNT _____ IF PAID IN 30 DAYS

NET 11,490.99

CHARGE TO: Woolsey

WELL FILE

Regulatory Correspondence STATE _____ ZIP _____

Drig (Comp) Workovers

Tests / Meters Operations

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 MIKE THARP

SIGNATURE Mike Tharp