



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1234093  
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: \_\_\_\_\_

1234093

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---



McCoy Petroleum Corporation  
KOEHN "D" #1-7 OWWO  
API#: 15-119-21131-0001

ACO-1 Supplemental Information

LOG TOPS from previous Scout Card  
McCoy Petroleum Corp.  
Koehn 'D' #1-7 OWWO  
80'S & 30'W of NE NE NE  
410'FNL & 360'FEL  
Sec 7-30s-30w  
KB: 2828'

	Depth	Datum
Heebner	4212	-1387
Lansing	4280	-1455
Stark	4721	-1896
Swope Pors.	4732	-1907
Hushpuckney	4788	-1963
Pawnee	4980	-2155
Cherokee Sh	5020	-2195
Atoka Sh.	5222	-2397
Atoka LM	5246	-2421
Morrow Sh.	5267	-2442
Chester	5300	-2475
St Genevieve	5484	-2659
RTD	5525	-2697

# ALLIED OIL & GAS SERVICE, LLC 061702

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:  
Liberal, TX

DATE <u>10-9-14</u>	SEC <u>7</u>	TWP <u>30S</u>	RANGE <u>30W</u>	CALLED OUT	ON LOCATION <u>9:00am</u>	JOB START <u>3:00pm</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Koehn D</u>	WELL # <u>1-7</u>	LOCATION <u>Ve Copeland</u>			COUNTY <u>Meade</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR <u>Sterling</u> TYPE OF JOB <u>Production</u> HOLE SIZE <u>7 1/8</u> T.D. CASING SIZE <u>5 1/2</u> DEPTH <u>5512</u> TUBING SIZE DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX MINIMUM MEAS. LINE SHOE JOINT <u>42</u> CEMENT LEFT IN CSG. PERFS. DISPLACEMENT <u>130</u>	OWNER CEMENT AMOUNT ORDERED <u>175 Class A 6# Salt</u> <u>S.S. gy seal 20 gal S# 461 seal .S. FL-160</u> <u>SOSK 60/40 4% gel</u> COMMON @ POZMIX @ GEL @ CHLORIDE @ ASC @ Allied 60-40 4% gel SOSK @ <u>18.92</u> <u>946.00</u> Allied Special Blend 175SK @ <u>23.50</u> <u>4112.50</u> Hot seal 825# @ <u>.98</u> <u>857.50</u> FL-160 83# @ <u>18.90</u> <u>1568.70</u> LCM Stop loss Spec 10 @ <u>225.00</u> <u>2250.00</u> @ @ @
---	---

EQUIPMENT PUMP TRUCK CEMENTER <u>Lanny Boerg</u> # <u>549-550</u> HELPER <u>Alex Corona (Victor)</u> BULK TRUCK # <u>955-692</u> DRIVER <u>Gregory Randall</u> BULK TRUCK # DRIVER	(A) Allied 60-40 4% gel SOSK @ <u>18.92</u> <u>946.00</u> Allied Special Blend 175SK @ <u>23.50</u> <u>4112.50</u> Hot seal 825# @ <u>.98</u> <u>857.50</u> FL-160 83# @ <u>18.90</u> <u>1568.70</u> LCM Stop loss Spec 10 @ <u>225.00</u> <u>2250.00</u> @ @ @
--	--

REMARKS:

2920.41 / 30% TOTAL 9734.70

**SERVICE**

DEPTH OF JOB <u>5001-6000</u>		
PUMP TRUCK CHARGE <u>3099.25</u>		
light vehicle <u>40</u>	@ <u>4.40</u>	<u>176.00</u>
MILEAGE <u>40</u>	@ <u>7.70</u>	<u>308.00</u>
MANIFOLD	@	<u>275.00</u>
Handling <u>283.75</u>	@ <u>2.48</u>	<u>703.70</u>
Drayage <u>483.26</u>	@ <u>2.60</u>	<u>1256.48</u>
		<u>1767.28 / 30%</u>
		TOTAL <u>5890.92</u>

**PLUG & FLOAT EQUIPMENT**

AFU Flapper Keat Shoe @		<u>545.00</u>
Catch down plug @		<u>600.00</u>
Turbolizer 6 @	<u>95.00</u>	<u>570.00</u>
	@	
	@	
		<u>532.56 / 30%</u>
		TOTAL <u>1775.00</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 \$17400.62  
 DISCOUNT 522019 / 30% IF PAID IN 30 DAYS  
Net \$ 12180.43

PRINTED NAME ALAN Loftis  
 SIGNATURE Alan Loftis