



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234708
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: _____

1234708

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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

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

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Indian Oil Co., Inc. |
| Well Name | Banks SWD 1 |
| Doc ID | 1234708 |

Tops

| Name | Top | Datum |
|-------------------|------|-------|
| LECOMPTON | 3320 | -1670 |
| HEEBNER | 3541 | -1891 |
| TORONTO | 3555 | -1905 |
| DOUGLAS SHALE | 3571 | -1921 |
| BROWN LIME | 3738 | -2088 |
| LANSING | 3750 | -2100 |
| STARK | 4078 | -2438 |
| HUSHPUCKNEY SHALE | 4117 | -2467 |
| B/KC | 4188 | -2538 |
| MISSISSIPPIAN | 4256 | -2606 |
| KINDERHOOK | 4366 | -2610 |
| VIOLA | 4535 | -2885 |
| SIMPSON | 4620 | -2970 |
| ARBUCKLE | 4722 | -3072 |

ALLIED OIL & GAS SERVICES, LLC 063107

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge, KS

| | | | | | | | | | | | | | | | |
|-------------------------|----------|--------|-------|----------|----|-------|----|------------|---------|-------------|---------|-----------|---------|------------|---------|
| DATE | 11-18-14 | SEC | 36 | TWP | 30 | RANGE | 12 | CALLED OUT | 3:30 pm | ON LOCATION | 5:30 pm | JOB START | 7:45 AM | JOB FINISH | 1:45 PM |
| LEASE | Bank | WELL # | SWD 1 | LOCATION | | | | | | | | | | | |
| OLD OR NEW (Circle one) | | | | | | | | | | | | | | | |

CONTRACTOR Fossil #3
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 4772
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1000 MINIMUM 200
 MEAS. LINE SHOE JOINT 21.15
 PERFS.
 DISPLACEMENT 114 bbls
 EQUIPMENT
 PUMP TRUCK CEMENTER Clinton Symms
 # 364 HELPER Jeremy Vance
 BULK TRUCK DRIVER Ron Reed
 # DRIVER TODD S.
 CAPT. B

OWNER INDIAN OIL
 CEMENT AMOUNT ORDERED 50 sacks 60 kpp 48 bel
100 Sacks Class A - Gyp spec 1, Salt
Gel, Koseal, Fl-100, De-foamer
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC 100 sk @ 23.50 @ 2356.00
Koseal @ 98 @ 470.00
Fl-100 @ 18.25 @ 857.75
De-foamer @ 9.80 @ 71.50
60:40:4 @ 18.92 @ 946.00
 HANDLING @
 MILEAGE @
 25% = 1203.81 TOTAL 4815.25

DEPTH OF JOB
 PUMP TRUCK CHARGE 2765.75
 EXTRA FOOTAGE LV 2.5 @ 4.40 110.00
 MILEAGE 25 @ 7.70 192.5
 MANIFOLD @ 275.00
Handling @ 2.48 427.20
Mileage @ 2.75 539.08
 25% = 1077.38 TOTAL 4309.53

CHARGE TO: Indian Oil
 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 ANTHONY FAARAR
 SIGNATURE [Signature]

PLUG & FLOAT EQUIPMENT
1-Fripex shoe @ 1340.00
1-atch down plug @ 660.00
8-Centrizers @ 52.00 416.00

SALES TAX (If Any) _____
 TOTAL CHARGES 11,580.78
 DISCOUNT _____ IF PAID IN 30 DAYS

TOTAL 2456.00

ALLIED OIL & GAS SERVICES, LLC

063915

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Great Bend KS

| | | | | | | | |
|-------------------------|---------|----------|--------------------------------|------------|---------------------|---------------|------------|
| DATE 11-16-11 | SEC. 36 | TWP. 30 | RANGE 12 | CALLED OUT | ON LOCATION 5:30 PM | JOB START | JOB FINISH |
| LEASE BARK SW 7D | | WELL # 1 | LOCATION 99 Springs North East | | | COUNTY Barber | STATE KS |
| OLD OR NEW (Circle one) | | | | | | | |

CONTRACTOR Fossil OWNER _____

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. _____

CASING SIZE 5 3/8 24055 DEPTH 267

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15 ft

PERFS. _____

DISPLACEMENT 16.05 BRIS Fresh H2O

EQUIPMENT

PUMP TRUCK CEMENTER Kevin Edd

366 HELPER Ben Newell

BULK TRUCK DRIVER Jose Tracheta

871/112

BULK TRUCK DRIVER _____

REMARKS:

On location - Hold safety meetings - Rig up
Hook to Head Brake Cuff w/ K. mud.
Pump 50 Head - Div 2255 Class A 3% CC
2% Gel. Displace 16.05 BRIS Fresh H2O.
Start in - Rig Down

SERVICE

DEPTH OF JOB 267

PUMP TRUCK CHARGE _____ @ _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Indian Oil Co

STREET _____

CITY _____ STATE _____ ZIP _____

Thank you!

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 Ronald G. Burns

SIGNATURE Ronald G. Burns

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____