



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1235340
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: _____

1235340

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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: _____ _____
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Form	ACO1 - Well Completion
Operator	Timberline Oil & Gas Corporation
Well Name	Harrel 10
Doc ID	1235340

All Electric Logs Run

Dual Compensated Porosity Log
Dual Induction Log
Microresistivity Log
Computer Processed Interpretation Log

ALLIED OIL & GAS SERVICES, LLC 063250

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>9.30.14</u>	SEC <u>36</u>	TWP. <u>26</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION <u>4:30 P</u>	JOB START <u>7:05 P</u>	JOB FINISH <u>8:30 P</u>
LEASE <u>Harrel</u>		WELL# <u>10</u>	LOCATION <u>TURA KS N to R/Top</u>		COUNTY <u>Hart</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>1E 1N 2E 1/4 S winto</u>				

CONTRACTOR Hardt #1
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4304
 CASING SIZE 5 1/2 DEPTH 4269.91
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 10.7
 CEMENT LEFT IN CSG. 10.7
 PERFS.
 DISPLACEMENT 104 BBL Fresh

EQUIPMENT
 PUMP TRUCK CEMENTER Kate Heard
 # 548/548 HELPER Justin Bower
 BULK TRUCK
 # 561/553 DRIVER Wayne Rucker
 BULK TRUCK
 # DRIVER

REMARKS:
On location Safety meeting
Rig up Safety meeting
Pump sparer Pump R HCMT
Pump load cmr Pump TAC
cmr stop wash pump
Lines Kalsol plus Displace
Caught cmr Sep L.F.T. 30cm
Kate Bump plus floats dble.

CHARGE TO: Timberline
 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 X Terry Reno
 SIGNATURE X Terry Reno

OWNER Timberline
 CEMENT
 AMOUNT ORDERED 175 Sx ASCS # Kalsol
175 Sx 60:40:4/6al
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC CLASS A 75 Sx @ 2.50 1762.50
Allied 60:40:4 175 Sx @ 18.92 3311.00
Kalsol 375 # @ .98 367.50
 Superflush 12 bbl @ 25.00 300.00
 HANDLING @ _____
 MILEAGE @ _____

250b = 435.25 TOTAL \$5746.00

SERVICE
 DEPTH OF JOB 4269.91
 PUMP TRUCK CHARGE 2765.75
 EXTRA FOOTAGE L.V. 5 @ 4.40 22.00
 MILEAGE 5 @ 7.20 36.00
 MANIFOLD + Hand @ 2.75 13.75
 Handling 263.06 cu/ft @ 2.48 701.98
 Damage 60:14 @ 2.25 165.38

250b = 992.15 TOTAL 3968.61

PLUG & FLOAT EQUIPMENT
 LTRP @ 85.00
 AFU Insert @ 325.00
 Guide Shoe @ 281.00
 Basket @ 395.00
 Centralizer 8 @ 57.00 456.00

250b = 388.00 TOTAL 1552.00

SALES TAX (If Any) _____
 TOTAL CHARGES 11261.61
 DISCOUNT 8446.21 IF PAID IN 30 DAYS