Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1235352

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
□ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:

	Page Two	1235352
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Charge important tang of formations panetrated	atail all aaraa Bapart	all final conice of drill stome tests giving interval tested, time test

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Trace of Ocean ant	// On also I land		Turne and D		

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

🗌 No

No

(If No, fill out Page Three of the ACO-1)

					0e				Depth
Siz	e:	Set At:		Packer	r At:	Liner F	Run:	No	
Producti	on, SWD or ENH	٦.	Producing M	_	ping	Gas Lift	Other (Explain)		
	Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
ON OF G	AS:			METHOD	OF COMPLE	ETION:		PRODUCTION IN	TERVAL:
1 🗌 L	Jsed on Lease			Perf.	Dually	Comp.	Commingled (Submit ACO-4)		
	ON OF G	Specify For Size: Production, SWD or ENHf Oil Bb	Specify Footage of Size: Set At: Size: Set At: Oil Bbls. ON OF GAS: Used on Lease	Specify Footage of Each Interval P	Specify Footage of Each Interval Perforated Size: Set At: Packe Production, SWD or ENHR. Producing Method: Flowing Pum Oil Bbls. Gas Mcf ON OF GAS: METHOD O Used on Lease Open Hole Perf.	Size: Set At: Packer At: Production, SWD or ENHR. Producing Method: Production, SWD or ENHR. Producing Method: Oil Bbls. Gas Method Oil Oil Bbls. Gas Method Oil Wat	Specify Footage of Each Interval Perforated	Specify Footage of Each Interval Perforated (Amount and Kind (Amount and Kind (Amount and Kind Size: Set At: Packer At: Liner Run: Yes [] Production, SWD or ENHR. Producing Method: [] Yes Production, SWD or ENHR. Producing Method: [] Other (Explain) Oil Bbls. Gas Mcf Water Bbls. ON OF GAS: METHOD OF COMPLETION: [] Commingled (Submit ACO-4) Image: Method in Lease [] Open Hole Perf. [] Dually Comp. [] Commingled (Submit ACO-4)	Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) (Amount and Kind of Material Used) (Amount and Kind of Material Used) Size: Set At: Packer At: Liner Run: Yes No Production, SWD or ENHR. Producing Method: Yes Flowing Pumping Gas Gas Oil Bbls. Gas Mcf Water ON OF GAS: METHOD OF COMPLETION: PRODUCTION IN I Used on Lease Open Hole Perf. Dually Comp. Commingled (Submit ACO-5)

Form	ACO1 - Well Completion
Operator	Timberline Oil & Gas Corporation
Well Name	Harrison/Johnson 1
Doc ID	1235352

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Timberline Oil & Gas Corporation
Well Name	Harrison/Johnson 1
Doc ID	1235352

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8.625	8.625	24	321	Class A		2% gel, 4% CC
Production	5.5	5.5	14	4323	60/40	250	

ALLIED JL & GAS SERVICES, LLC 063932 Federal Tax I.D. # 20-8651475

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AND	WELL#	1			Hito	E #	3011	pent	Ka
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YPE OF JOB					OWNER	nam	<u> </u>		
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ALLIED UIL & GAS SERVICES, LLC 063960

Federal Tax I.I	D. # 20-8651475			
REMIT TO P.O. BOX 93999		SERV	ICE POINT:	1
SOUTHLAKE, TEXAS 76092			6ruple	und
DATE 0-8-14 SEC. TWP. RANGE 13 C	ALLED OUT	ON LOCATION	JOB START	JOB FINISH
DATE 0-8-14 36 26 RANGE 13		SAM	730 AM	930AM
LEASE Harrison Well + 1 LOCATION UK4 -	-1E-1N-2	E-125-	COUNTY -	STATE
DLD OR NOW (Circle one) West into				
CONTRACTOR Mardt #1	OWNER			
TYPE OF JOB Drydy ctron	VIIICO		a an a	
HOLE SIZE CHO 7% T.D.	CEMENT			1
CASING SIZE 52 DEPTH 4320	AMOUNT ORD	ERED 705	SK 60/4	0 4%.90
TUBING SIZE DEPTH	75x AS	- 5# Kohl		
DRILL PIPE DEPTH				
TOOL DEPTH	60		ar (20)	
PRES. MAX MINIMUM MEAS. LINE SHOE JOINT #D. 70	COMMON		_@	
MEAS. LINE SHOE JOINT P. 20 CEMENT LEFT IN CSG. 10.70 FH			_@	
PERFS.	GEL		_@	
	CHLORIDE	~		1 3/ 3 50
the second se	ASC 7	5	023.50	1.762.50
EQUIPMENT		500	@ 18.72	3.878.00
	Du llas			675.00
PUMETRUCK CEMENTER	Kal at 1	Materiale		392.00
# 379 HELPER Ben Neuell	/	Tal water	c. 25%	6.708.10
BULK TRUCK			<u> </u>	1.6.1.3
#609-239 DRIVER From without			- ^w	
BULK TRUCK		15	ervice	
# DRIVER	HANDLING 3		@2.48	778.05
	MILEAGE 13		2.75	TWN I
REMARKS:				1-0-1
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fin Szlosing - Rick circlan				
aroup 13 66 DVHOS	terrer and terrer			
Dws RH - 30 54		· · · · · · · · · · · · · · · · · · ·		
P.Smp- 175 5x 60/40 4Vigel	DEPTH OF JOB PUMP TRUCK		2.765.75	
avan - 155K Asc Stroch 1	EXTRA FOOTA		69 202	
Dim Olive	MILEAGE		@ 7.70	38.50
N'Sal 1/107 25 1/1 472	MANIFOLD	<u> </u>	@ 275.00	275.00
Lund pluy PSI - Rig daman	h	um 5	0 4 40	22.00
			@	
CHARGE TO: Timberlik				
			TOTAL	4.063.2
STREET			Dise 20	31.015.V
CITY STATE ZIP				
5111 51AIE LIF	P	LUG & FLOAT	EQUIPMEN	Т
	Public AL.	¢	@ \$3.00	83.00
	AFUILOR	2	@ 335.00	335.29
To: Allied Oil & Gas Services, LLC.	X- Contra	In s	@ 57.00	456.00
You are hereby requested to rent cementing equipment	1- Barto	4	@ 395.	375.00
and furnish cementer and helper(s) to assist owner or	Guide 1	Shor_	0 281.00	2 11.04
and runnish contenter and neiper(s) to assist owner or	······································			
contractor to do work as is listed. The above work was			707.	1.550 00
done to satisfaction and supervision of owner agent or			Dier 250	247 54
contractor. I have read and understand the "GENERAL	SALES TAY (IF	A		001

SALES TAX (If Any) ____

25% DISCOUNT

TOTAL CHARGES 12. 321. 51

3.080.38

9.241.13

IF PAID IN 30 DAYS

contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

V Feb Harger PRINTED NAME SIGNATURE /