



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237568
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: _____



1237568

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 064381

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge, KS

DATE 9-30-14	SEC 30	TWP 20	RANGE 6W	CALLED OUT 10:00 pm	ON LOCATION 12:30 Am	JOB START 4:00 AM	JOB FINISH 4:30 PM
LEASE Maple K	WELL# 3	LOCATION Pogo, Jct 4E, 2 1/4 N, 4S			COUNTY Kingman	STATE KS	
OLD OR NEW (Circle one)							

CONTRACTOR Pickrell
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D.
 CASING SIZE 8 3/8 DEPTH 216'
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 20'
 PERFS.
 DISPLACEMENT Bbls Freshwater

OWNER Pickrell Drilling
 CEMENT AMOUNT ORDERED
250 sk class A + 5% cut + 2% gel
 COMMON A 250 sk @ 17.90 4475.00
 POZMIX @
 GEL 470# @ .50 235.00
 CHLORIDE 705# @ 1.10 775.50
 ASC @
 HANDLING @
 MILEAGE 20% = 1097.10 TOTAL 5485.50

EQUIPMENT
 PUMP TRUCK CEMENTER Carl Balding
 # 949-502 HELPER For Billy/Ken Jack
 BULK TRUCK
 # 364 DRIVER James Bowden
 BULK TRUCK
 # DRIVER

REMARKS:

Run 216' 8 3/8 casing
Break circulation
Turn 250 sk A 3+2
Displace with Bbls water
leave 20' cement in pipe + shut in
Cement did circulate

CHARGE TO: Pickrell Drilling
 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 DAVID HOMMERTZHEIM

SIGNATURE David Hommertzheim

SERVICE

DEPTH OF JOB 216'
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE LV 40 @ 4.40 176.00
 MILEAGE 40 @ 7.70 308.00
 MANIFOLD @
Handling 270.33 @ 2.48 670.60
Mileage 498.5 @ 2.75 1371.12
 20% = 804.67 TOTAL 4023.37

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL _____		

SALES TAX (If Any) _____
 TOTAL CHARGES 9508.87
 DISCOUNT _____ IF PAID IN 30 DAYS
Net 7607.09

ALLIED OIL & GAS SERVICES, LLC 063933

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
great Bend

10-7-14 DATE	SEC. 30	TWP. 29	RANGE 8	CALLED OUT 12:00am	ON LOCATION 6:00 am	JOB START 12:00pm	JOB FINISH 1:00pm
Maple 'K' LEASE	WELL # 3		LOCATION <u>Page JCT 42 4E 2 1/2 N</u>	COUNTY <u>Kingsland</u>	STATE <u>KI</u>		
OLD OR NEW (Circle one) <input checked="" type="radio"/> NEW			W clote				

CONTRACTOR Picheall
 TYPE OF JOB production
 HOLE SIZE 7 3/8 T.D. 4229
 CASING SIZE 4 1/2 DEPTH 4229'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 900 MINIMUM 500
 MEAS. LINE _____ SHOE JOINT 21'
 CEMENT LEFT IN CSG. 21'
 PERFS. _____
 DISPLACEMENT H2O 66.9 BBL
 EQUIPMENT _____

OWNER none
 CEMENT
 AMOUNT ORDERED 50m 60140 41 gal
1/2 lb 175 st class A 107.4 gal
5# Kolcol DV 1100
 COMMON 175 @ 17.90 3,132.50
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
7 gal Kel @ 34.90 240.80
50x 60140 + 4% gal @ 18.92 945.00
DV 1100 500 @ 1.35 675.00
Salt 900 @ .68 612.00
Kolcol 900 @ .94 846.00
Materials Total 6,487.30
Disc 20% 1,297.46
 HANDLING 258.55 @ 2.48 641.30
 MILEAGE 11.36 x 60x 2.75 1,874.40

PUMP TRUCK CEMENTER Charles King
 # 398 HELPER Beian Rang
 BULK TRUCK
 # 609-239 DRIVER Kevin Weighouse
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Rig Ran 4229' 7 3/8 cas Beake case
21' Rig mud drop ball pump through
@ 600 psi pump 5 BBL H2O 10 BBL DV 1100
5 BBL H2O plug put hole 30m more
hole 20m 175 st class A 107.4 gal
5# Kolcol shut down wash pump
line Release plug displace 66.9 BBL
H2O plug did hand float did hold

DEPTH OF JOB 4229
 PUMP TRUCK CHARGE 2,765.75
 EXTRA FOOTAGE _____ @ _____
 MILEAGE Hum 60 @ 7.70 462.00
 MANIFOLD Head @ 375 275.00
Hum 400 @ 4.40 1,760.00

CHARGE TO: Picheall Drilling
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 6,282.35
 Disc 20% 1,256.47

PLUG & FLOAT EQUIPMENT

guide shoe 225.00 225.00
RFU closest @ 291.00 291.00
Pulver plug @ 83.00 83.00
S-Centrifuges @ 57.00 285.00

TOTAL 884.00
 Disc 20% 176.80

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.

SALES TAX (If Any) _____
 TOTAL CHARGES 13,653.65
 DISCOUNT 20% 2,730.73 (20/20/20)
 IE PAID IN 30 DAYS
10,922.92

PRINTED NAME ED MONDEW
 SIGNATURE [Signature]

COMPANY: PICKERELL DRILLING COMPANY, INC.
 LEASE: #3 MAPLE "K"
 LOCATION: C-NE-SE
 COUNTY: KINGMAN
 STATE: KANSAS

FIELD: SWEET-GRASS-BASIL
 LOCATION: C-NE-SE
 SEC. 30 TWP. 29 RGE. 6 W
 COUNTY: KINGMAN STATE: KANSAS
 CONTRACTOR: COMPANY TOOLS, RIG #1
 RPT. 4230
 MUD W.P.: 3485
 MUD U.P.: 3485
 MUD C.P.: 3485
 MUD TYPE: MUD CHEMICAL
 API No. 14-095-22281

DRILLING TIME KEPT FROM: 2800
 SAMPLES EXAMINED FROM: 2800
 GEOLOGICAL SUPERVISOR FROM: 3080
 GEOLOGIST ON WELL: JERRY A. SMITH

FORMATION TOPS LOG
 HEEBNER 3082 (1533)
 LANSING 3312 (1733)
 STARK 3736 (2207)
 MISSISSIPPIAN 4138 (2639)
 MISS. "CHAT" 4152 (2623)

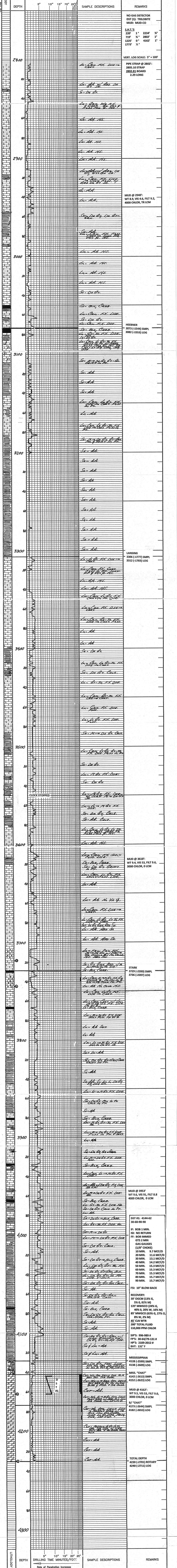
ELEVATIONS
 K.B. 1529
 D.E. 1527
 G.L. 1519
 Measurements Are All From:
 KB
 CASING

TO: RTD
 TO: RTD
 TO: RTD

TO: RTD
 TO: RTD
 TO: RTD

TO: RTD
 TO: RTD
 TO: RTD

FIELD: SWEET-GRASS-BASIL	LOCATION: C-NE-SE	SEC. 30	TWP. 29	RGE. 6 W
LOCATION: C-NE-SE	SEC. 30	TWP. 29	RGE. 6 W	
COUNTY: KINGMAN	STATE: KANSAS			
CONTRACTOR: COMPANY TOOLS, RIG #1	RPT. 4230			
MUD W.P.: 3485	MUD U.P.: 3485	MUD C.P.: 3485		
MUD TYPE: MUD CHEMICAL	API No. 14-095-22281			
DRILLING TIME KEPT FROM: 2800	SAMPLES EXAMINED FROM: 2800	GEOLOGICAL SUPERVISOR FROM: 3080	GEOLOGIST ON WELL: JERRY A. SMITH	
FORMATION TOPS LOG	HEEBNER 3082 (1533)	LANSING 3312 (1733)	STARK 3736 (2207)	MISSISSIPPIAN 4138 (2639)
MISS. "CHAT" 4152 (2623)				



COMPANY: PICKERELL DRILLING COMPANY, INC.	ELEVATION: 1529 KB
LEASE: #3 MAPLE "K"	
LOCATION: C-NE-SE	SEC 30 TWP 29 RGE 6 W
COUNTY: KINGMAN	STATE: KANSAS



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Pickrell Drig. Co., Inc.
100 S. Main Ste. 505
Wichita, KS 67202-3738
ATTN: Jerry Smith

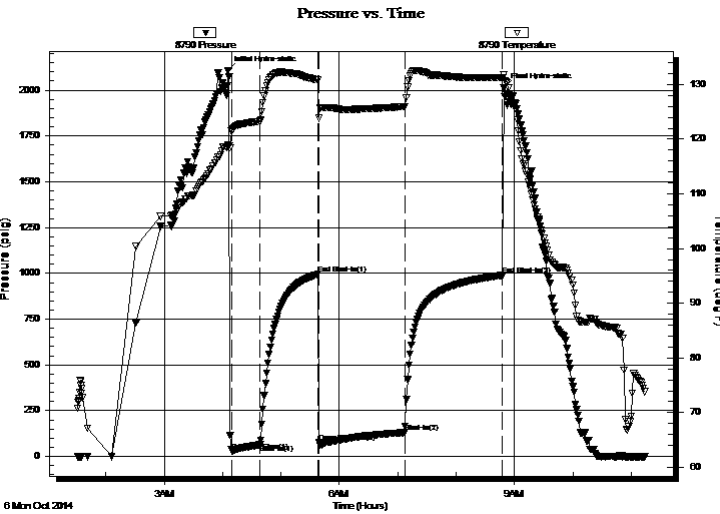
30-29s-6w Kingman Co., KS
Maple 'K' 3
Job Ticket: 59911 **DST#: 1**
Test Start: 2014.10.06 @ 01:30:43

GENERAL INFORMATION:

Formation: **Mississippian**
Deviated: No Whipstock: 0.00 ft (KB)
Time Tool Opened: 04:09:43
Time Test Ended: 11:14:28
Interval: **4144.00 ft (KB) To 4162.00 ft (KB) (TVD)**
Total Depth: 4162.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Ryan Reynolds
Unit No: 68
Reference Elevations: 1529.00 ft (KB)
1521.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8790 Inside
Press@RunDepth: 131.17 psig @ 4145.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.10.06 End Date: 2014.10.06 Last Calib.: 2014.10.06
Start Time: 01:30:48 End Time: 11:14:28 Time On Btm: 2014.10.06 @ 04:05:28
Time Off Btm: 2014.10.06 @ 08:48:58

TEST COMMENT: IF: Strong blow . BOB @ 1min.
IS: No blow .
FF: Strong blow . BOB immed. GTS @ 2min. Gauged gas.
FS: Good blow . surf. - 10"



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2108.40	118.88	Initial Hydro-static
5	29.91	121.60	Open To Flow (1)
33	63.89	123.30	Shut-In(1)
93	995.87	130.79	End Shut-In(1)
94	78.68	123.86	Open To Flow (2)
182	131.17	126.00	Shut-In(2)
283	989.23	131.23	End Shut-In(2)
284	2012.22	131.78	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
45.00	Clean Water	0.63
85.00	MWOCG 2% <i>m</i> , 8% <i>w</i> , 27% <i>o</i> , 63% <i>g</i>	1.19
120.00	MWVGO 16% <i>m</i> , 20% <i>w</i> , 24% <i>g</i> , 40% <i>o</i>	1.68
30.00	OGCM 5% <i>o</i> , 13% <i>g</i> , 82% <i>m</i>	0.42

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	11.00	9.69
Last Gas Rate	0.13	27.00	15.68
Max. Gas Rate	0.13	27.00	15.68



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pickrell Drig. Co., Inc.

30-29s-6w Kingman Co., KS

100 S. Main Ste. 505
Wichita, KS 67202-3738

Maple 'K' 3

Job Ticket: 59911

DST#: 1

ATTN: Jerry Smith

Test Start: 2014.10.06 @ 01:30:43

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity: 110000 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
45.00	Clean Water	0.631
85.00	MWOCG 2% <i>m</i> , 8% <i>w</i> , 27% <i>o</i> , 63% <i>g</i>	1.192
120.00	MWGCO 16% <i>m</i> , 20% <i>w</i> , 24% <i>g</i> , 40% <i>o</i>	1.683
30.00	OGCM 5% <i>o</i> , 13% <i>g</i> , 82% <i>m</i>	0.421

Total Length: 280.00 ft

Total Volume: 3.927 bbl

Num Fluid Samples: 1

Num Gas Bombs: 1

Serial #: RR-1

Laboratory Name: Caraway

Laboratory Location: Liberal, KS

Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Pickrell Drig. Co., Inc.

30-29s-6w Kingman Co., KS

100 S. Main Ste. 505
Wichita, KS 67202-3738

Maple 'K' 3

Job Ticket: 59911

DST#: 1

ATTN: Jerry Smith

Test Start: 2014.10.06 @ 01:30:43

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	10	0.13	11.00	9.69
2	20	0.13	16.00	11.57
2	30	0.13	20.00	13.06
2	40	0.13	23.00	14.18
2	50	0.13	26.00	15.31
2	60	0.13	26.00	15.31
2	70	0.13	26.00	15.31
2	80	0.13	27.00	15.68
2	90	0.13	27.00	15.68

Pressure vs. Time

