



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238020
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: _____



1238020

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	M G Oil Inc
Well Name	Flying S 1-4
Doc ID	1238020

All Electric Logs Run

Density
Induction
Micro
Sonic

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

January 14, 2015

Curt Counts
M G Oil Inc
PO BOX 162
RUSSELL, KS 67665-0162

Re: ACO-1
API 15-039-21200-00-00
Flying S 1-4
E/2 Sec.04-03S-27W
Decatur County, Kansas

Dear Curt Counts:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/1/2014 and the ACO-1 was received on January 13, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

Global Cementing LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
6/1/2014	1348

Bill To
M.G. OIL INC PO BOX 162 RUSSELL,KS 67665

P.O. No.	Terms	Project
FLYING S #1-4	Net 30	

Quantity	Description	Rate	Amount
225	COMMON	15.50	3,487.50
8	CALCIUM	53.00	424.00
5	GEL	23.50	117.50
238	HANDLING	2.10	499.80
	BULK MILEAGE	468.00	468.00
1	TRI-PLEX PUMP CHARGE FOR SURFACE	1,050.00	1,050.00
52	PUMP TRUCK MILEAGE	6.50	338.00
52	PICKUP	2.50	130.00
	DEDUCT 20% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE DECATUR CO	7.15%	0.00

Thank you for your business.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	

Total \$6,514.80

GLOBAL CEMENTING, L.L.C.

1348

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, US

DATE <u>6-1-14</u>	SEC. <u>4</u>	TWP. <u>3 S</u>	RANGE <u>27W</u>	CALLED OUT <u>10:00 a.m.</u>	ON LOCATION <u>1:00 p.m.</u>	JOB START <u>1:45 p.m.</u>	JOB FINISH <u>2:15 p.m.</u>
LEASE <u>Flying S</u>	WELL #. <u>1-4</u>	LOCATION			COUNTY <u>DC</u>	STATE <u>KS</u>	
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Val #7

TYPE OF JOB Surface

HOLE SIZE _____ T.D. _____

CASING SIZE 8 3/8 DEPTH 305

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS _____

DISPLACEMENT 18 3/4

OWNER MG Oil

CEMENT AMOUNT ORDERED 225 slugs 3% Gcl 2% CC

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER _____

1 HELPER _____

BULK TRUCK _____

1 DRIVER _____

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Circulated 566 1/2 cement to pit

Thanks

CHARGE TO: MG Oil

STREET Box 162

CITY Russell STATE KS ZIP _____

Global Cementing, L.L.C.,
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 James Shatto

SIGNATURE [Signature]

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 26.42 @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



PO Box 93999
Southlake, TX 76092

STATEMENT

Statement Date: Jun 16, 2014
Customer Account ID: MG Oil

Voice: (817) 546-7282
Fax: (817) 246-3361

To:
M. G. Oil P. O. Box 162 Russell, KS 67665-0162

Neil

Amount Enclosed
\$ _____

Date	Due Date	Reference	Paid	Description	Amount	Balance
6/6/14	7/6/14	143664		PO# 63437	9,782.43	9,782.43
					TOTAL	9,782.43

Current	0-30 Days Past	31-60 Days Past	60+ Days Past
9,782.43	0.00	0.00	0.00

If you need information on any of the invoices, please let us know. Thank you.



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 143664

Invoice Date: Jun 6, 2014

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361

Bill To:
M. G. Oil P. O. Box 162 Russell, KS 67665-0162

Customer ID	Field Ticket #	Payment Terms	
MG Oil	63437	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Jun 7, 2014	7/6/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Flying S #1-4		
220.00	CEMENT MATERIALS	60/40 Poz	18.92	4,162.40
55.00	CEMENT MATERIALS	Flo Seal	2.97	163.35
236.00	CEMENT SERVICE	Cubic Feet Charge	2.48	585.28
709.50	CEMENT SERVICE	Ton Mileage Charge	2.75	1,951.13
1.00	CEMENT SERVICE	Plug to Abandon	1,250.00	1,250.00
75.00	CEMENT SERVICE	Pump Truck Mileage	7.70	577.50
75.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	330.00
1.00	EQUIPMENT SALES	8-5/8 Wooden Plug	110.00	110.00
1.00	CEMENT SUPERVISOR	Kelly Gabel		
1.00	EQUIPMENT OPERATOR	Wayne McGhghy		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1,803.93

ONLY IF PAID ON OR BEFORE
Jul 6, 2014

Subtotal	9,129.66
Sales Tax	652.77
Total Invoice Amount	9,782.43
Payment/Credit Applied	
TOTAL	9,782.43

ALLIED OIL & GAS SERVICES, LLC 063437

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
McKley, KS

DATE <u>6-7-14</u>	SEC. <u>4</u>	TWP. <u>33</u>	RANGE <u>27^W</u>	CALLED OUT	ON LOCATION <u>6:30 AM</u>	JOB START <u>12:30 AM</u>	JOB FINISH <u>11:00 AM</u>
LEASE <u>Flying 5</u>		WELL# <u>1-4</u>	LOCATION <u>Oberlin 10^E 1/2 S 4 into</u>		COUNTY <u>Decatur</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR <u>Well #7</u>	OWNER <u>same</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>3950</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT	
AMOUNT ORDERED <u>220 SKS 60/40 Poz</u>	
<u>4 1/2" gel 1/4" floseq</u>	
COMMON	@
POZ MIX	@
GEL	@
CHLORIDE	@
ASC	@
<u>60/40 Poz 220 SKS</u>	@ <u>18.42</u> <u>4162.90</u>
<u>Floseq 1 55#</u>	@ <u>2.92</u> <u>163.35</u>
<u>Material Total</u>	@ <u>4325.75</u>
<u>(865 D/200)</u>	@
<u>(865 D/200)</u>	@
<u>(865 D/200)</u>	@
<u>(865 D/200)</u>	@
<u>(865 D/200)</u>	@
HANDLING <u>236.04</u>	@ <u>2.48</u> <u>585.28</u>
MILEAGE <u>9.46 ton x 75 x 2.75</u>	@ <u>195.13</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Kelly Gabe</u>
# <u>4131</u>	HELPER <u>Wayne Mghghy</u>
BULK TRUCK	
# <u>3864241</u>	DRIVER <u>Juan Mandez (TWS)</u>
BULK TRUCK	
#	DRIVER

REMARKS:

riggerd up
250 @ 2300
100 @ 1550
40 @ 354
10 @ 40 w/ripco Plug.
30 RH 15 MH

Thank You
Kelly & crew


CHARGE TO: M G 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 James Shultz

SIGNATURE 

TOTAL _____

SERVICE

DEPTH OF JOB	<u>2300'</u>
PUMP TRUCK CHARGE	<u>1250.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>MHV 75</u>	@ <u>7.70</u> <u>577.50</u>
MANIFOLD	@
<u>MILV 75</u>	@ <u>4.40</u> <u>330.00</u>
<u>(938.78/200)</u>	@
TOTAL	<u>4,693.91</u>

PLUG & FLOAT EQUIPMENT

<u>1 - 8 3/8 Warden Plug</u>	@ <u>110.00</u>
	@
	@
	@
	@
<u>(08)</u>	@
TOTAL	<u>110.00</u>

SALES TAX (If Any) _____

TOTAL CHARGES 9129.66

DISCOUNT 1,803.93 (20%) IF PAID IN 30 DAYS

7,325.73 Net