



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238205
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: _____



1238205

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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PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 146462

Invoice Date: Oct 14, 2014

Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Charles N. Griffin P O Box 347 Pratt, KS 67124

Customer ID	Field Ticket #	Payment Terms	
GrifC	62823	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Oct 14, 2014	11/13/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Donovan #1		
100.00	CEMENT MATERIALS	Class H Premium	25.28	2,528.00
12.00	CEMENT MATERIALS	Super Flush	25.00	300.00
500.00	CEMENT MATERIALS	Kol Seal	0.98	490.00
500.00	CEMENT MATERIALS	Salt	0.68	340.00
162.56	CEMENT SERVICE	Cubic Feet Charge	2.48	403.15
26.00	CEMENT SERVICE	Ton Mileage Charge	2.75	71.50
1.00	CEMENT SERVICE	Production Casing	2,558.75	2,558.75
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
1.00	EQUIPMENT SALES	5-1/2 Latch down Plug & Baffle	660.00	660.00
6.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	342.00
1.00	EQUIPMENT SALES	5-1/2 IDR Packer Shoe	1,340.00	1,340.00
1.00	CEMENT SUPERVISOR	Todd Seba		
1.00	OPERATOR ASSISTANT	Thomas Gibson		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

0222

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

\$ 1,405.38

ONLY IF PAID ON OR BEFORE
Nov 13, 2014

Subtotal	9,368.90
Sales Tax	429.00
Total Invoice Amount	9,797.90
Payment/Credit Applied	
TOTAL	9,797.90

ALLIED OIL & GAS SERVICES, LLC 062823

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
MEOLOGEE E

DATE <u>10-14-14</u>	SEC <u>22</u>	TWP. <u>32</u>	RANGE <u>11W</u>	CALLED OUT <u>4.00 P.M</u>	ON LOCATION <u>5:30 AM</u>	JOB START <u>7.50</u>	JOB FINISH <u>2.30</u>
LEASE <u>Donovan</u>	WELL # <u>41</u>	LOCATION <u>MEOLOGEE E to Pulley</u>			COUNTY <u>Brazos</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)		<u>South Across RR Tracks E. Suthing</u>					

CONTRACTOR Harot Del
 TYPE OF JOB Production
 HOLE SIZE 7/8 T.D. 3619
 CASING SIZE 5 1/2 14' DEPTH 3607.42
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 10.17
 CEMENT LEFT IN CSG. 10.17
 PERFS. _____
 DISPLACEMENT 88.5 Bbls 2% KCL

OWNER CHARLES N. GRIFFIN
 CEMENT
 AMOUNT ORDERED 100% Class H
10% salt 5" x Koseal
35% 60/40 4% TEL for P. hole

EQUIPMENT

PUMP TRUCK CEMENTER T. SEED
 # 892-555 HELPER T. J. GIBSON
 BULK TRUCK
 # 369 DRIVER WAYNE R.
 BULK TRUCK
 # _____ DRIVER _____

COMMON <u>H</u>	<u>100 sk @ 25.28</u>	<u>2528.00</u>
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
<u>ASF (2 Bbls) 2 1/2 gal</u>	<u>@ 25.00</u>	<u>300.00</u>
<u>Clayed B Gal</u>	@	
<u>Koseal 500 #</u>	<u>@ .98</u>	<u>490.00</u>
<u>SALT 500 #</u>	<u>@ .68</u>	<u>340.00</u>
HANDLING	@	
MILEAGE	@	

REMARKS:

Run 86 H's 5 1/2 14" csg set 3605.59
1st = 10.17 1 PK SHOE: LO BOFFIE
Perfs on H's 3-5-7-8-11-13
Set PKRD 900"
Pump 3 Bbls H's 12 Bbls ASF 3 Bbls H's
Plug P-hole 35% 60/40 4% @ 14.1" gal
mic Pump 100% @ 15.2" gal
Release plug Clear Pump Lines
Disp 88.5 Bbls total. Load plug 1500 +
2% KCL Release LD
O.d. not hold

20% = 731.60 TOTAL 3658.00

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

SERVICE

DEPTH OF JOB	<u>3607.42</u>	
PUMP TRUCK CHARGE	<u>2558.75</u>	
EXTRA FOOTAGE LMI	<u>5 @ 4.40</u>	<u>22.00</u>
MILEAGE	<u>5 @ 7.70</u>	<u>38.50</u>
MANIFOLD	@	
<u>Handling 162.56</u>	<u>@ 2.48</u>	<u>403.14</u>
<u>Handing mileage 26</u>	<u>@ 2.75</u>	<u>71.50</u>
20% = <u>673.77</u>		
TOTAL		<u>3368.89</u>

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cement 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.

PLUG & FLOAT EQUIPMENT

5 1/2

WEA <u>L.O. Plug & BOFFIE</u>	@	<u>660.00</u>
WEA <u>CEMENTATION</u>	@	<u>342.00</u>
ITA <u>IDR PULLEY SHOE</u>	@	<u>1340.00</u>
TOTAL		<u>2342.00</u>

PRINTED NAME TIM PIERCE
 SIGNATURE Tim Pierce

SALES TAX (If Any) _____
 TOTAL CHARGES 9368.89
 DISCOUNT _____ IF PAID IN 30 DAYS
NET 7963.51



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 146297
Invoice Date: Oct 9, 2014
Page: 1

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

Federal Tax I.D.#: 20-8651475

Bill To:
Charles N. Griffin P O Box 347 Pratt, KS 67124

Customer ID	Field Ticket #	Payment Terms	
GrifC	64477	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Oct 9, 2014	11/8/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Donovan #1		
225.00	CEMENT MATERIALS	Class A Common	17.90	4,027.50
423.00	CEMENT MATERIALS	Gel	0.50	211.50
634.00	CEMENT MATERIALS	Chloride	1.10	697.40
243.29	CEMENT SERVICE	Cubic Feet Charge	2.48	603.36
55.51	CEMENT SERVICE	Ton Mileage Charge	2.75	152.65
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
5.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	22.00
5.00	CEMENT SERVICE	Pump Truck Mileage	7.70	38.50
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	EQUIPMENT OPERATOR	Justin Bower		
1.00	OPERATOR ASSISTANT	Wayne Rucker		

9222

RECEIVED
11/10/14

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

\$ 1,453.04

ONLY IF PAID ON OR BEFORE
Nov 8, 2014

Subtotal	7,265.16
Sales Tax	352.95
Total Invoice Amount	7,618.11
Payment/Credit Applied	
TOTAL	7,618.11

