



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239032
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: _____



1239032

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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INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 145045

Invoice Date: Aug 13, 2014

Voice: (817) 546-7282

Fax: (817) 246-3361

Page: 1

Completion Intangible Long string cement + DV tool

Bill To:
Marexco, Inc. 3033 NW 63rd Suite 151 Oklahoma City, OK 73116

Customer ID	Field Ticket #	Payment Terms	
Marex	63374	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Oakley	Aug 13, 2014	9/12/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Cozard OWWO #34-12		
150.00	CEMENT MATERIALS	50/50 Poz	17.30	2,595.00
450.00	CEMENT MATERIALS	Class A Common	17.90	8,055.00
846.00	CEMENT MATERIALS	Chloride	1.10	930.60
113.00	CEMENT MATERIALS	Flo Seal	2.97	335.61
750.00	CEMENT MATERIALS	Gilsonite	0.98	735.00
106.00	CEMENT MATERIALS	CD-31	7.73	819.38
780.00	CEMENT MATERIALS	Salt	0.68	530.40
650.48	CEMENT SERVICE	Cubic Feet Charge	2.48	1,613.19
2,587.50	CEMENT SERVICE	Ton Mileage Charge	2.75	7,115.63
1.00	CEMENT SERVICE	Production -- Bottom Stage	2,558.75	2,558.75
1.00	CEMENT SERVICE	Production -- Top Stage	2,406.25	2,406.25
90.00	CEMENT SERVICE	Pump Truck Mileage	7.70	693.00
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
90.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	396.00
1.00	EQUIPMENT SALES	4-1/2 D V Tool	4,832.00	4,832.00
1.00	EQUIPMENT SALES	4-1/2 Guide Shoe	225.00	225.00
1.00	EQUIPMENT SALES	4-1/2 AFU Insert	291.00	291.00
1.00	EQUIPMENT SALES	4-1/2 Basket	315.00	315.00
6.00	EQUIPMENT SALES	4-1/2 Centralizer	57.00	342.00
1.00	CEMENT SUPERVISOR	Alan Ryan		

BILLED SEP - 1 2014
PAID SEP - 1 2014

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

\$ 5,811.76

ONLY IF PAID ON OR BEFORE

Sep 12, 2014

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 145045
Invoice Date: Aug 13, 2014
Page: 2

Bill To:
Marexco, Inc. 3033 NW 63rd Suite 151 Oklahoma City, OK 73116

Customer ID	Field Ticket #	Payment Terms	
Marex	63374	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Oakley	Aug 13, 2014	9/12/14

Quantity	Item	Description	Unit Price	Amount
1.00	EQUIPMENT OPERATOR	Kevin Ryan		
1.00	OPERATOR ASSISTANT	Wayne Messalle		

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

\$ 5,811.76

ONLY IF PAID ON OR BEFORE
Sep 12, 2014

Subtotal	35,063.81
Sales Tax	1,430.43
Total Invoice Amount	36,494.24
Payment/Credit Applied	
TOTAL	36,494.24

5811.76
30,682.48

ALLIED OIL & GAS SERVICES, LLC 063374

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTH LAKE, TEXAS 76092

SERVICE POINT: Oakley, TX

DATE <u>8/13/14</u>	SEC <u>27</u>	TWP. <u>19</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00 PM</u>	JOB FINISH <u>4:50 PM</u>
LEASE <u>Lozard owned</u> WELL # <u>34-12</u>			LOCATION <u>Overton E70 17 ERL</u>		COUNTY <u>Decker</u>	STATE <u>K</u>	
OLD OR <u>NEW</u> (Circle one)			LOCATION <u>10 N 134 E N 1000</u>				

CONTRACTOR White Knight OWNER Sane

TYPE OF JOB Prod. 2 Stage

HOLE SIZE 7 1/2" T.D.

CASING SIZE 4 1/2" 11.6" DEPTH 3360'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL DV DEPTH 1000' 1000'

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 10-34

CEMENT LEFT IN CSG. 16.34

PERFS. _____

DISPLACEMENT Top H₂O 32 1/2" Bottom H₂O 80" Mud 32 1/2"

EQUIPMENT _____

PUMP TRUCK CEMENTER Alan Ryan

423-281 HELPER Kevin Ryan

BULK TRUCK _____

566 DRIVER Trent (Two)

BULK TRUCK _____

377 DRIVER Wanya Messalle

CEMENT

AMOUNT ORDERED 15041L 50/50 1090 net

5" Calcrete 3/4-190 CBS1

450 Com 290CC

50/50 Lix class A

150 @ 17.30 2595.00

450 Com @ 12.20 5490.00

GEL _____

CHLORIDE 846 @ 1.10 930.60

ASC _____

FloSeed 113 @ 2.92 335.56

Calcrete 780 lb @ 2.98 235.00

CO-31 106 lb @ 7.22 819.30

Salt 780 lb @ 0.68 530.40

HANDLING 650.483CF @ 2.40 1613.20

MILEAGE 225 ton/mile 28.25 ton 2115.63

TOTAL _____

REMARKS:

Run Cg Circulate 15041L 50/50 1090 net 5" 3/4-190 CBS1

Wash Truck Displacement 20 BBL H₂O 32 1/2" BBL Dry Mud

W 1500 PSI LIFT Pump Plug @ 600 PSI

Full Open Tool 8800 Max 205K R/H

Max 420 SK Com 290CC Pressure 4 1/2"

Wash Truck Displacement Plug to 700'

W 32 1/4 BBL H₂O, TOOK DRILL LEAD

Plug @ 2200 psi 700 psi LIFT

Cement did circulate

Thank you Alan Ryan Wanya

CHARGE TO Marella

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 Doug Hoisington

SIGNATURE [Signature]

PLUG & FLOAT EQUIPMENT

DV Tool 4832.00

Guide Shot 1 @ 225.00

BEU Insert 1 @ 291.00

Bucket 1 @ 315.00

Controlizers 6 @ 57.00 342.00

TOTAL 6,005.00

SALES TAX (If Any) _____

TOTAL CHARGES 35,063.82

DISCOUNT 5,811.76 (20%) IF PAID IN 30 DAYS

29,252.05 Net.