



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239431
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: _____



1239431

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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AFE01L37 KSEL001419



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

COPY FOR FILE

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

INVOICE

9208 *Drilling* 12/8/14

Invoice # 802051

Invoice Date: 11/21/2014

Terms: Net 30

Page 1

EMPIRE ENERGY E & P LLC

~~1900 N. AMIDON AVE, SUITE 210~~
WICHITA KS 67203
USA
3163134394

345 RIVINGTON ST, SUITE 510

CHARMICHAEL A#16

Part Number	Description	Qty	Unit Price	Discount(%)	Total
5401S	Cement Pump Truck - Surfac	1.00		10.00	
5406	Mileage Charge	30.00		10.00	
5407A	Ton Mileage Delivery Charge	1.00		10.00	
1127A	65/35 Poz Mix	400.00		10.00	
1104S	Class A Cement	150.00		10.00	
1102	Calcium Chloride (50#)	1,467.00		10.00	
1118B	Premium Gel / Bentonite	2,370.00		10.00	
1107	Flo-Seal	100.00		10.00	
4132	Centralizer 8 5/8	3.00		10.00	
4411	8 5/8 Rubber Plug (Top)	1.00		10.00	
4229	Insert Flapper Valve 8 5/8 & ,	1.00		10.00	

Sub Total
Discounted Amount
SubTotal After Discount

Amount Due 15,616.92 if paid after 12/21/2014

Tax:
Total:

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7554 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

RECEIVED DEC - 8 2014



CONSOLIDATED
Oil Well Services, LLC

528

TICKET NUMBER 47858 ¹²² ₇₃₅

LOCATION Oakley, KS

FOREMAN Jerry Y

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #80051

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-14	2721	Charmichael A #16	18	11S	17W	Ellis
CUSTOMER			K5			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Empire Energy Haysville Soling Rd R212 E 15, E 241110			731	Jerry R		
			397	Kelly G		
			528 T129	Bill S		
CITY	STATE	ZIP CODE				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 1095 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 1091 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5/14.8 SLURRY VOL. 1.7/1.24 WATER gal/sk _____ CEMENT LEFT IN CASING 29'
 DISPLACEMENT 6.7/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting & rig up on America Eagle #3 run float against centralizers on its 5, 9, 13 breakers. Circulated pump hall thru @ 500# circulate 15 min mix 400 sks to 5/35 6% gel 3% calicum chloride 1/4 flavel pack lead & dat in with 150 sks con class 4 3% calicum chloride 2% gel shut down release plug wash up & displace with 6 1/2 bbl H₂O plug landed @ 750# with 500# lift released Deck float held circulate approx 10 bbl to prt

Cement did circulate That's good
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401s	1	PUMP CHARGE		
5406	30	MILEAGE		
5407	24.5	for mileage delivery		
1127A	400 sks	651.35		
1104S	150 sks	con class Account		
1102	1467#	Calicum chloride		
1118b	2370#	breakdown gel		
1107	100#	flc seal		
4132	3	8 5/8 centralizer		
4411	1	8 5/8 rubber plug		
4229	1	8 5/8 AFU insert		
			Subtotal	
			12510.80 base	
			Subtotal	
			SALES TAX	
			ESTIMATED	
			TOTAL	

Rayn 3737 AUTHORIZATION Jerry R TITLE Tool Pusher DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



AFE 01L36 KSEL001416
9308

PO Box 93999
Southlake, TX 76092

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

John Anthony
11/20/14

INVOICE

Invoice Number: 146945
Invoice Date: Nov 6, 2014
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Empire Energy Expl & Prod LLC Mid-Continent Office 345 Riverview St. Suite 540 Wichita, KS 67203

Customer ID	Field Ticket #	Payment Terms	
EmpiEne	64307	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Oakley	Nov 6, 2014	12/6/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Carmichael A #2, 16		
170.00	CEMENT MATERIALS	ASC		
850.00	CEMENT MATERIALS	Gilsonite		
12.00	CEMENT MATERIALS	Mud Clean		
217.62	CEMENT SERVICE	Cubic Feet Charge		
380.00	CEMENT SERVICE	Ton Mileage Charge		
1.00	CEMENT SERVICE	Production Casing		
40.00	CEMENT SERVICE	Pump Truck Mileage		
1.00	CEMENT SERVICE	Manifold Rotating Head Rental	75.00	
40.00	CEMENT SERVICE	Light Vehicle Mileage		
1.00	EQUIPMENT SALES	5-1/2 AFU Float Shoe		
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug Assembly		
10.00	EQUIPMENT SALES	5-1/2 Centralizer		
1.00	CEMENT SUPERVISOR	Paul Beaver		
1.00	EQUIPMENT OPERATOR	Tyler Flipse		

Subtotal	3
Sales Tax	
Total Invoice Amount	
Payment/Credit Applied	
TOTAL	

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

\$ 2,084.70

ONLY IF PAID ON OR BEFORE
Dec 6, 2014

RECEIVED NOV 17 2014

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. # 20-8651475

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

SERVICE POINT
Oakley KS

DATE <u>11-16-14</u>	SEC. <u>18</u>	TWP. <u>11</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION <u>5:00 a.m.</u>	JOB START <u>8:00 a.m.</u>	JOB FINISH <u>8:30 a.m.</u>
LEASE <u>Carmichael A</u>	WELL# <u>3</u>	LOCATION <u>Hays Nto River Rd, 2E,</u>	COUNTY <u>ELLIS</u>	STATE <u>KS</u>			
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>1S, E + Nino</u>					

CONTRACTOR <u>American Eagle 3</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u> T.D. <u>3445'</u>	CEMENT
CASING SIZE <u>5 1/2 (15.5")</u> DEPTH <u>3455'</u>	AMOUNT ORDERED <u>170 stks ASC, 10% salt</u>
TUBING SIZE _____ DEPTH _____	<u>5' gilsonite, 2' gel, 500 gal</u>
DRILL PIPE _____ DEPTH _____	<u>mud clean</u>
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT <u>21'</u>	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>21'</u>	GEL _____ @ _____
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT <u>81.73 bbl water</u>	ASC _____ @ _____
EQUIPMENT	<u>gilsonite 850 #</u> @ _____
	<u>mud clean 12 bbl</u> @ _____
PUMP TRUCK CEMENTER <u>Paul Beaver</u>	<u>110 gal</u> @ _____
# <u>120</u> HELPER <u>Tyler Flipse / Juan 3</u>	<u>(100 gal) (200)</u> @ _____
BULK TRUCK	
# <u>1000</u> DRIVER <u>Oscar (TWS)</u>	
BULK TRUCK	
# _____ DRIVER _____	

REMARKS:
Run Pipe / Float equip / Break circ / Drop ball
pump ball through shoe @ 200', circ 30 min,
mix 12 bbl mud clean, mix 30 stks in pit,
mix 140 stks down casing, wash-up to pit,
release plug, displace w/ water, plug did
lead @ 1200', lift 700'. Float did
hold
Thad. Cox
Paul + crew

CHARGE TO: Empire Energy
 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 _____
 SIGNATURE Roy Wilson

TOTAL _____

SERVICE

DEPTH OF JOB <u>3455'</u>	
PUMP TRUCK CHARGE <u>2558.75</u>	
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>mil/v 400</u> @ _____	
MANIFOLD <u>Rot head</u> @ _____	
<u>mil/v 40</u> @ _____	
(100 gal) (200)	TOTAL _____

PLUG & FLOAT EQUIPMENT

<u>5 1/2 Weatherford</u>	
<u>API Float shoe</u> @ _____	
<u>Latchdown plug Assy</u> @ _____	
<u>Centralizers 10</u> @ _____	
_____ @ _____	
_____ @ _____	
()	TOTAL _____

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