

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240277
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: _____

1240277

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> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 055590

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
12-15-11						3:00 PM	3:30 PM
LEASE <u>Elerick</u> WELL# <u>7-6</u> LOCATION <u>St Peter 1 W 1/2 N E into Graham</u>						COUNTY	STATE
<input checked="" type="radio"/> OLD <input type="radio"/> OR NEW (Circle one)						<u>Graham</u>	<u>KJ</u>

CONTRACTOR <u>Express</u>	OWNER _____
TYPE OF JOB <u>spot sand</u>	CEMENT
HOLE SIZE _____ T.D. _____	AMOUNT ORDERED <u>25 sand</u>
CASING SIZE <u>5 1/2</u> DEPTH <u>3880</u>	
TUBING SIZE <u>2 7/8</u> DEPTH <u>3624</u>	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. _____	GEL _____ @ _____
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT _____	ASC _____ @ _____
	<u>Sand 25 @ 14.40 360.00</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Robert V</u>
# <u>409</u>	HELPER <u>Nathan D</u>
BULK TRUCK	
# _____	DRIVER <u>Ben G</u>
BULK TRUCK	
# _____	DRIVER _____

REMARKS:

see log

Thank you!!!

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

Disc 72.00 TOTAL 360.00
SERVICE

DEPTH OF JOB	<u>3624</u>
PUMP TRUCK CHARGE	<u>2600.47</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>45 LVWRT</u>	@ <u>4.40 198.00</u>
MANIFOLD <u>45 HVM I</u>	@ <u>7.70 346.50</u>

Disc 628.99 TOTAL 3199.97

PLUG & FLOAT EQUIPMENT

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

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 Alvin Post

SIGNATURE Alvin Post

SALES TAX (if Any) _____
TOTAL CHARGES 3504.97
DISCOUNT 700.99 20% IF PAID IN 30 DAYS
net \$ 2803.98

ALLIED OIL & GAS SERVICES, LLC 055591

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell KS

DATE <u>12-16-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>2:00 PM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Erick</u>	WELL# <u>7-6</u>	LOCATION <u>St Peter 1W 1/2 NE 1st Graham</u>			COUNTY	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR Express
 TYPE OF JOB spot sand
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 14" DEPTH 3880
 TUBING SIZE 2 3/8 DEPTH 3624
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 20 sand

EQUIPMENT
 PUMP TRUCK CEMENTER Robert V
 # 409 HELPER Nathan D
 BULK TRUCK
 # _____ DRIVER Ban G
 BULK TRUCK
 # _____ DRIVER _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
sand 8 @ 14.40 115.20
 _____ @ _____
Material @ 115.20
 _____ @ _____
line @ 23.04
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL 115.20

REMARKS:

see log

Thank you!!!

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

SERVICE

DEPTH OF JOB 3624
 PUMP TRUCK CHARGE 2600.97
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 45 LVMT @ 4.40 198.00
 MANIFOLD _____ @ _____
45 HVMT @ 7.70 346.50
 _____ @ _____

line 628.99 TOTAL 3144.97

PLUG & FLOAT EQUIPMENT

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

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 3260.17
 DISCOUNT 652.03 20% IF PAID IN 30 DAYS

PRINTED NAME Norman Post

net \$ 2608.14

SIGNATURE Norman Post

ALLIED OIL & GAS SERVICES, LLC 055613

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>12.17.14</u>	SEC. <u>10</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Erick</u>	WELL# <u>7-6</u>	LOCATION <u>St. Peter</u>			COUNTY <u>Waller</u>	STATE <u>Kr</u>	
OLD OR NEW (Circle one)		<u>1 w 1/2 n E 1/4</u>					

CONTRACTOR Express Well Service OWNER _____

TYPE OF JOB liner

HOLE SIZE _____ TD. _____	CEMENT AMOUNT ORDERED <u>250 Acon Blue</u>
CASING SIZE <u>4 1/2 in 5/8</u> DEPTH <u>3968</u>	
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	
MEAS. LINE _____ SHOE JOINT _____	
CEMENT LEFT IN CSG. _____	
PERFS. _____	
DISPLACEMENT <u>58.31 @ 420</u>	

EQUIPMENT

Allen Werba Choy Blumenthal
PUMP TRUCK CEMENTER
217 HELPER Dandy S
BULK TRUCK
410 DRIVER Tracy J.
BULK TRUCK
_____ DRIVER _____

Acid COMMON <u>230SL</u>	@ <u>23.0</u>	\$ <u>5,750.00</u>
POZMIX _____	@ _____	_____
GEL _____	@ _____	_____
CHLORIDE <u>47016</u>	@ <u>1.10</u>	\$ <u>517.00</u>
ASC _____	@ _____	_____
Friction Reducer <u>17716</u>	@ <u>11.0</u>	\$ <u>1,947.00</u>
DeFormer <u>5916</u>	@ <u>3.50</u>	\$ <u>206.50</u>
Material <u>250615</u>	@ <u>250615</u>	\$ <u>8420.50</u>
HANDLING <u>250SL P3</u>	@ <u>2.48</u>	\$ <u>620.00</u>
MILEAGE <u>293.6</u> <u>71m</u>	@ <u>2.75</u>	\$ <u>807.81</u>
TOTAL		\$ <u>9845.81</u>

REMARKS:
"Good Circulation"
50SL to Pit
See Cementing Job log
Remend to Surface

CHARGE TO: Citation 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 _____
SIGNATURE [Signature]

SERVICE

DEPTH OF JOB _____	<u>3760'</u>
PUMP TRUCK CHARGE _____	\$ <u>2558.75</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>Heavy 45</u>	@ <u>7.7</u> \$ <u>346.50</u>
MANIFOLD <u>light 45</u>	@ <u>4.4</u> \$ <u>178.00</u>
<u>plug container</u>	@ _____ \$ <u>275.00</u>
TOTAL	

New 1441.82 TOTAL \$ 4806.06

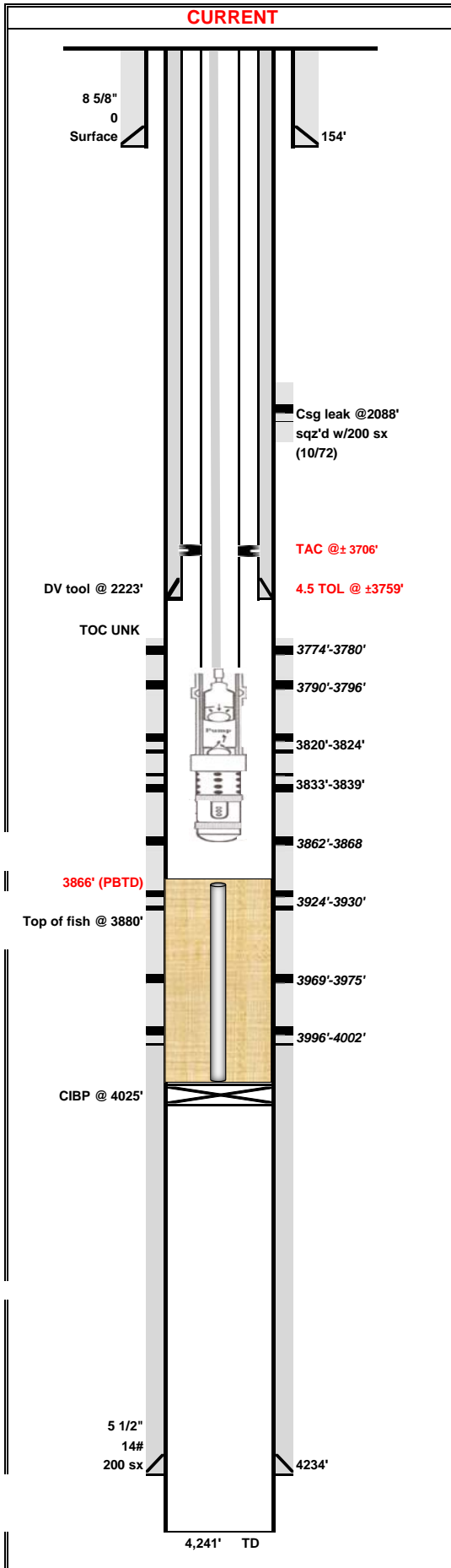
PLUG & FLOAT EQUIPMENT

<u>1x 4 1/2 Top Rubber Ply</u>	@ _____	\$ <u>83.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL		\$ <u>83.00</u>

SALES TAX (If Any) _____
TOTAL CHARGES \$ 13,309.56
DISCOUNT \$ 3992.87 IF PAID IN 30 DAYS
Net 9316.69

WELBORE SCHEMATIC

CURRENT



Lease:	Elrick	Well No.	7
API No.		Status	Active
Location:	NE NW SW Sec.10-10S-25W		
County:	Graham	State:	Kansas
TD	4241'	GL	2021'
PBTD	3866'	KB	2535'
Current Perfs/OH:	3774-3868		Current Zone:
		LKC	

Surface Equipment

Unit Make:	Unit Size:	
Unit S/N:	Unit Rotation:	
SPM:	Stroke Length:	Unit Sheave:
Prime Mover:	Motor Sheave:	
Motor S/N:	Motor RPM:	

Casing Breakdown

	Size	Grade / Wt	Depth	Hole Size	Cement
Surface	8 5/8"		154'	12-1/4"	Surface
Production	5 1/2"	14#	4234'	7-7/8"	200 sx
Production					
Production					
Liner					

Tubing Breakdown

Qty	Description	Footage
	KB	3.00'
119	2-3/8", 4.7#, EUE reconditioned	
4	4-1/2" x 2-3/8" anchor	
	2-3/8", 4.7#, EUE reconditioned	
1	SN	1.00'
	BP perf sub 2-3/8"	3.00'
	EOT at 3834'	
	TOTAL	7.00'

Rod Breakdown

Qty	Description	Footage
1	2-1/2" x 1 1/2" x 12' Dreiling insert pump	12.00'
1	7/8" Pony rod	2.00'
12	7/8" Weatherford KD 63	300.00'
65	3/4" Weatherford KD 63	1625.00'
75	7/8" Weatherford KD 63	1875.00'
1	22' x 1-1/4" PR w/ 1-1/2"x10' liner	22.00'
	TOTAL	3836.00'

Comments

12/15: Left fish in hole composed of ~5 jts of 2-7/8". TOF at 3880' Sanded hole with 33 sx sand. Perfs taking all sand. Tagged TOS at 3874'. Set CIBP at 3760'. Set 4.5" liner at 3759', cemented w/ 250 sxs Class A w/ 2% CC. Circd. DO cmt to 3866' (PBTD)

PREPARED BY: LMCV UPDATED: 1/23/2015