



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243205
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: _____



1243205

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	McElvain Energy, Inc.
Well Name	Herman 15-7
Doc ID	1243205

All Electric Logs Run

Mud Log
Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log

Form	ACO1 - Well Completion
Operator	McElvain Energy, Inc.
Well Name	Herman 15-7
Doc ID	1243205

Tops

Name	Top	Datum
Stone Corall	1760	519
Base Stone Corall	1803	476
Wellington Salt	2133	146
Base Wellington Salt	2205	74
Chase	2454	-175
Admire	2875	-596
Waubunsee	3126	-847
Topeka	3288	-1009
Heebner	3499	-1220
LKC "A"	3538	-1259
LKC "B"	3568	-1289
LKC "C"	3579	-1300
LKC "D"	3592	-1313
LKC "E"	3604	-1325
LKC "F"	3620	-1341
LKC "G"	3635	-1356
LKC "H"	3668	-1390
LKC "I"	3680	-1401
LKC "J"	3700	-1421
LKC "K"	3712	-1433
LKC "L"	3730	-1451
Base KC	3754	-1475
Marmaton	3788	-1509
Pawnee	3825	-1546

Form	ACO1 - Well Completion
Operator	McElvain Energy, Inc.
Well Name	Herman 15-7
Doc ID	1243205

Tops

Name	Top	Datum
Conglomerate	3924	-1645
Arbuckle	3945	-1666
TD	3955	-1676



PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 147392
Invoice Date: Nov 29, 2014
Page: 1

RECEIVED

DEC 08 2014

McElvain Energy, Inc.
Denver Office

Federal Tax I.D.#: 20-8651475

Bill To:
McElvain Energy, Inc 1050 17th St., Suite 2500 Denver, CO 80265-2080

Customer ID	Field Ticket #	Payment Terms	
McElv	64775	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Oakley	Nov 29, 2014	12/29/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Herman #15-7		
190.00	CEMENT MATERIALS	Class A Common	17.90	3,401.00
536.00	CEMENT MATERIALS	Chloride	1.10	589.60
47.50	CEMENT MATERIALS	Flo Seal	2.97	141.08
202.66	CEMENT SERVICE	Cubic Feet Charge	2.48	502.60
461.00	CEMENT SERVICE	Ton Mileage Charge	2.75	1,267.75
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
50.00	CEMENT SERVICE	Pump Truck Mileage	7.70	385.00
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
50.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	220.00
1.00	CEMENT SUPERVISOR	Andrew Forslund		
1.00	EQUIPMENT OPERATOR	Brandon Wilkinson		
1.00	OPERATOR ASSISTANT	Wayne Messalle		

*Herman 15-7
Surface Cement*

Code: 4225

DEC 17 2014

Approved: JMM

Subtotal	8,294.28
Sales Tax	305.74
Total Invoice Amount	8,600.02
Payment/Credit Applied	
TOTAL	8,600.02

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

\$ 2,322.39

ONLY IF PAID ON OR BEFORE
Dec 29, 2014

*(2322.39)
6277.63*

ALLIED OIL & GAS SERVICES, LLC 064775

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley

DATE <u>11-29-14</u>	SEC. <u>15</u>	TWP. <u>10</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION <u>1:00pm</u>	JOB START <u>3:00pm</u>	JOB FINISH <u>3:30pm</u>	
LEASE <u>Herman</u>		WELL # <u>15-7</u>		LOCATION <u>Ogallah 10N 2W 34N</u>				COUNTY <u>Graham</u>
STATE <u>Ks</u>				OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>E. ind</u>

CONTRACTOR <u>Val Co</u>		OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>		
HOLE SIZE <u>12 1/4</u>	T.D. <u>295</u>	
CASING SIZE <u>8 5/8</u>	DEPTH <u>294'</u>	
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX	MINIMUM	
MEAS. LINE	SHOE JOINT	
CEMENT LEFT IN CSG. <u>15'</u>		
PERFS.		
DISPLACEMENT <u>17.77 BBL</u>		
EQUIPMENT		

PUMP TRUCK # <u>431</u>	CEMENTER <u>Andrew Forland</u>	Flt-seal <u>42.5#</u>	@ <u>2.97</u>	<u>141.07</u>
BULK TRUCK # <u>891</u>	HELPER <u>Brandon Wilkinson</u>	Material Total	@	<u>4,131.67</u>
BULK TRUCK #	DRIVER <u>Wayne Messalle</u>	(<u>1156.87/28%</u>)	@	
BULK TRUCK #	DRIVER		@	
		HANDLING <u>202.66 cwt</u>	@ <u>2.48</u>	<u>502.59</u>
		MILEAGE <u>2.25 to 4 mile 9.22 to 1</u>		<u>127.25</u>
TOTAL				

REMARKS:

305x to fit C.P.C.

Cement did circulate

Thank you

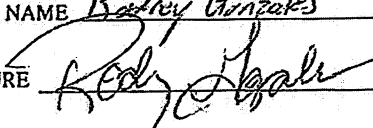
CHARGE TO: McElvain Energy

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 Rodney Gonzales

SIGNATURE 

SERVICE

DEPTH OF JOB <u>294'</u>	
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE @	
MILEAGE <u>50 miles</u>	@ <u>2.20</u> <u>385.00</u>
MANIFOLD <u>heads</u>	@ <u>275.00</u>
<u>Light vehicle</u>	@ <u>4.40</u> <u>220.00</u>
TOTAL <u>4,162.59</u>	

(1165.52/28%) TOTAL 4,162.59

PLUG & FLOAT EQUIPMENT

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

SALES TAX (if Any) _____

TOTAL CHARGES 8,274.26

DISCOUNT 2,322.39/28% IF PAID IN 30 DAYS

5,971.86 Net.



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

McElvain Energy Inc
1050 17th St Ste 2500
Denver CO 80265-2080
ATTN: Rodney Gonzales

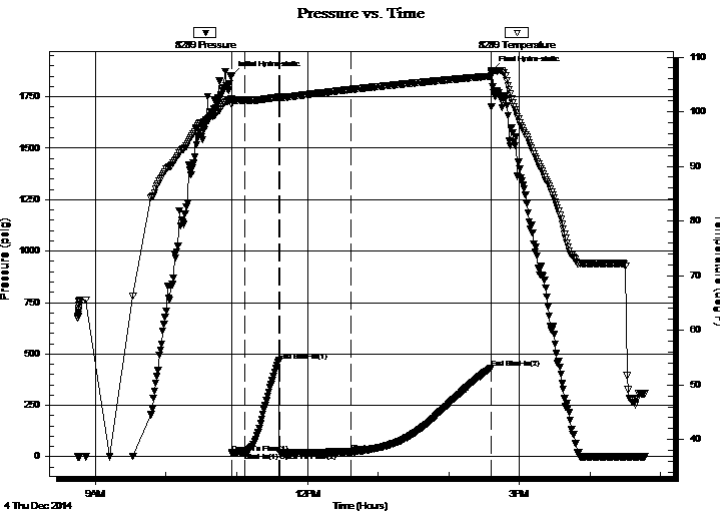
15 10s 22w Graham
Herman 15-7
Job Ticket: 61378 **DST#: 1**
Test Start: 2014.12.04 @ 08:45:00

GENERAL INFORMATION:

Formation: **LKC "H & I"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 10:55:45
Time Test Ended: 16:47:00
Interval: **3662.00 ft (KB) To 3703.00 ft (KB) (TVD)**
Total Depth: 3703.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Jim Svaty
Unit No: 76
Reference Elevations: 2279.00 ft (KB)
2269.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 8289 Outside
Press@RunDepth: 24.17 psig @ 3668.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.12.04 End Date: 2014.12.04 Last Calib.: 2014.12.04
Start Time: 08:45:02 End Time: 16:47:00 Time On Btm: 2014.12.04 @ 10:55:30
Time Off Btm: 2014.12.04 @ 14:36:30

TEST COMMENT: 10-IFP- Surface Blow Building to 1in.
30-ISIP- No Blow
60-FFP- Weak Surface Blow Died in 10min.
120-FSIP- No Blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1852.77	102.32	Initial Hydro-static
1	18.53	101.31	Open To Flow (1)
12	21.28	101.98	Shut-In(1)
41	467.80	102.66	End Shut-In(1)
41	21.89	102.52	Open To Flow (2)
102	24.17	104.05	Shut-In(2)
221	432.45	106.49	End Shut-In(2)
221	1878.45	107.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	Mud 100%	0.03

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

McElvain Energy Inc
1050 17th St Ste 2500
Denver CO 80265-2080
ATTN: Rodney Gonzales

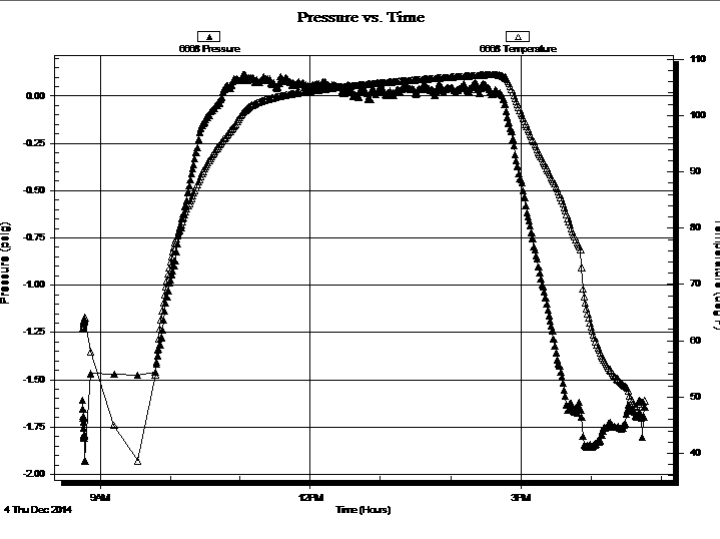
15 10s 22w Graham
Herman 15-7
Job Ticket: 61378 **DST#: 1**
Test Start: 2014.12.04 @ 08:45:00

GENERAL INFORMATION:

Formation: **LKC "H & I"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 10:55:45
Time Test Ended: 16:47:00
Interval: 3662.00 ft (KB) To 3703.00 ft (KB) (TVD)
Total Depth: 3703.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Jim Svaty
Unit No: 76
Reference Elevations: 2279.00 ft (KB)
2269.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 6668 Fluid
Press@RunDepth: psig @ 3628.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2014.12.04 End Date: 2014.12.04 Last Calib.: 2014.12.04
Start Time: 08:45:02 End Time: 16:47:00 Time On Btm:
Time Off Btm:

TEST COMMENT: 10-IFP- Surface Blow Building to 1in.
30-ISIP- No Blow
60-FFP- Weak Surface Blow Died in 10min.
120-FSIP- No Blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
2.00	Mud 100%	0.03

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

McElvain Energy Inc

15 10s 22w Graham

1050 17th St Ste 2500
Denver CO 80265-2080

Herman 15-7

Job Ticket: 61378

DST#: 1

ATTN: Rodney Gonzales

Test Start: 2014.12.04 @ 08:45:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1500.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	Mud 100%	0.028

Total Length: 2.00 ft Total Volume: 0.028 bbl

Num Fluid Samples: 0

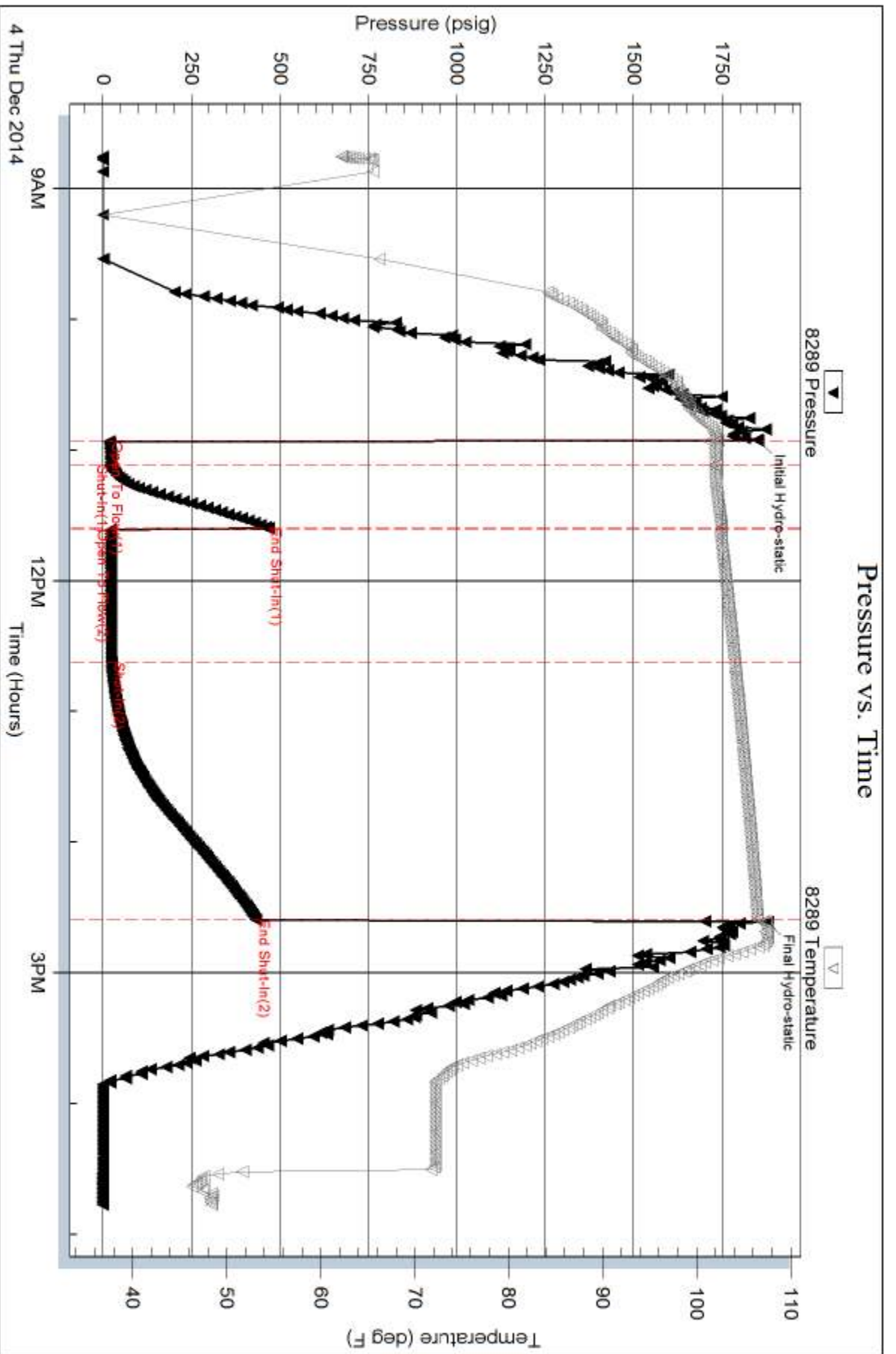
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler 100ml Mud 100%-----70psi



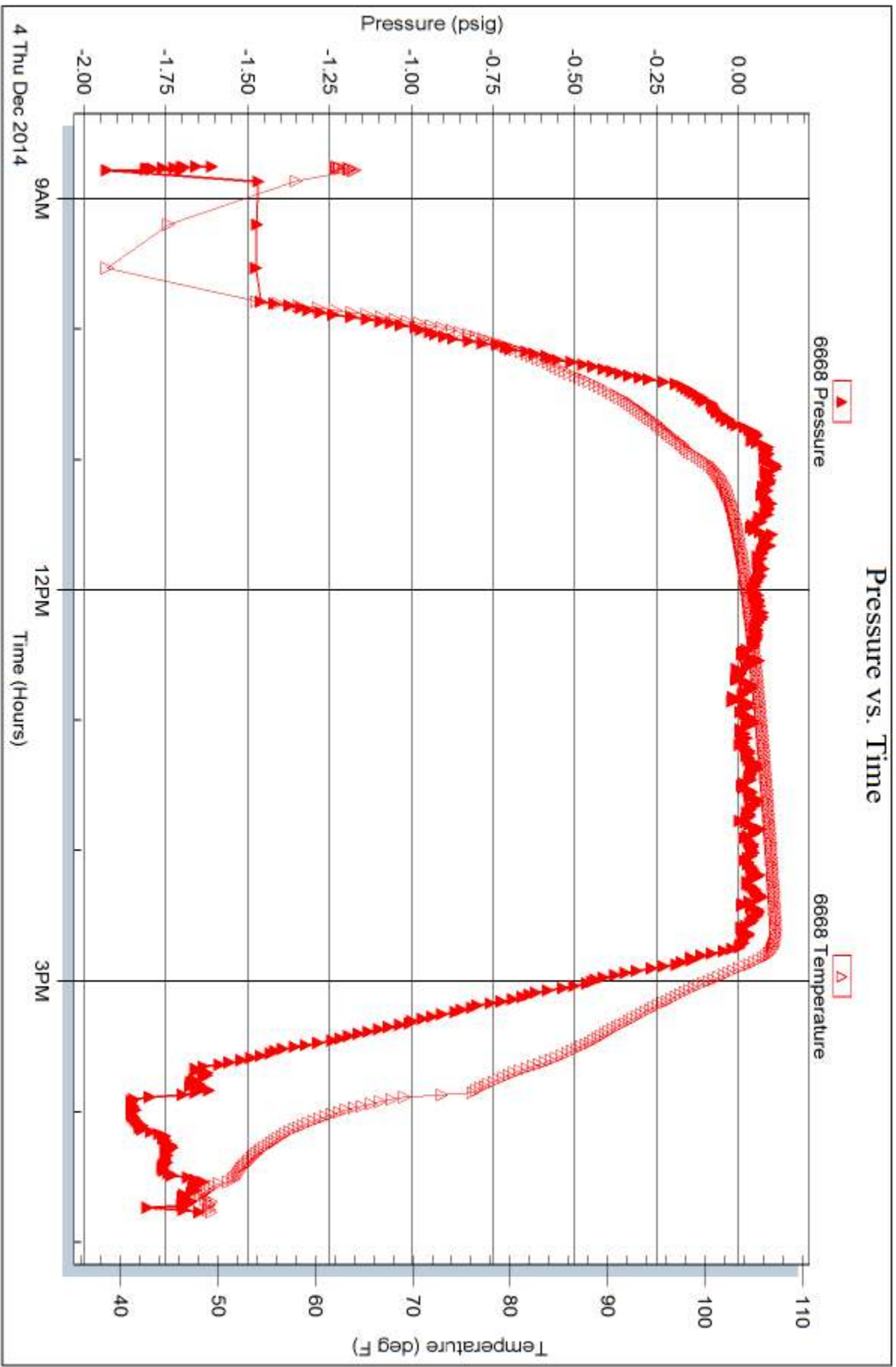
Serial #: 6668

Fluid

McElvain Energy Inc

Herman 15-7

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 61378

Printed: 2014, 12, 04 @ 17:34:28