

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1241204  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1241204

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Dixon Energy, Inc.
Well Name	Lonker 5
Doc ID	1241204

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	Viola		4670-4675
	CIBP		4650
1			4403,4406,4409
2			4410-4422
1			4423-4436
1	1sp2f		4437-4463







Customer <b>Dixon Energy, Inc.</b>	Lease No.	Date <b>11-20-2014</b>
Lease <b>Lonker</b>	Well # <b>5</b>	
Field Order # <b>11446</b>	Station <b>Pratt, KS</b>	Casing <b>8 5/8</b>
		Depth <b>315</b>
		County <b>Barber</b>
		State <b>KS</b>
Type Job <b>CNW 8 5/8 Surface</b>	Formation <b>TD-320</b>	Legal Description <b>16-325-124</b>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<b>8 5/8</b>							
Depth <b>315</b>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <b>20</b>	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <b>275</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <b>Randy Smith</b>	Station Manager <b>Kevin Gordley</b>	Treater <b>DSrin Franklin</b>
--	--------------------------------------	-------------------------------

Service Units	<b>27283</b>	<b>84981</b>	<b>19843</b>	<b>19960</b>	<b>19860</b>				
Driver Names	<b>DSrin</b>	<b>Ed</b>	<b>Ed</b>	<b>Gibson</b>	<b>Gibson</b>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>3:00pm</b>					<b>on location / SSPEIR meeting</b>
					<b>210SK Common Cement, 2% WCC, 1/2# Cellulose, 15.6 pps, 1.20ve. 12, 5.23 water</b>
<b>6:00</b>	<b>300</b>		<b>3</b>	<b>5</b>	<b>pump 3 bbls water</b>
	<b>300</b>		<b>45</b>	<b>5</b>	<b>mix 210 SK cement</b>
	<b>300</b>		<b>18 1/2</b>	<b>5</b>	<b>Displace 18 1/2 bbls water</b>
<b>6:45</b>					<b>Shut in</b>
					<b>Cement die Circulate</b>
					<b>Job complete / DSrin &amp; crew</b>
					<b>Thank you!!!</b>

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer DIXON Energy inc.	Lease No.	Date 11-26-14
Lease LONNER	Well # 5	
Field Order # 11689	Station Pratt	Casing 5 1/2
Type Job COW 5 1/2 Long string	Formation	Depth 4750
		County Barber
		State KS
		Legal Description 16-32-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 175 SKS	AA-2	RATE	PRESS	ISIP
Depth 4750	Depth	From	To	Pre Pad 75 SKS	Max 60/40	POZ	2	25 Min.
Volume 110.39	Volume	From	To	Pad	Min			10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg			15 Min.
Well Connection PC	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 4730	Packer Depth	From	To	Flush 109.9	Gas Volume			Total Load

Customer Representative T.J. Dixon	Station Manager Kevin Goidley	Treater Mike Mattai
Service Units 37586	77686	19905
Driver Names Mattai	McGraw	COB

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30					ON LOCATION / SAFETY Meeting
10:25					Run 5 1/2 17# casing BASKET on #1
12:48					Turbos on 3,4,5,6,7,8,9,10,12,13,15,16
1:08					Casing on BOTTOM
2:47	200		5	5	Hook to casing / Break circ w. Rig
2:49	250		12	5	Pump 5 BBI water
2:51	300		5	5	Pump 12 BBI Mud Plus 4
2:52	350		6	5.5	Pump 5 BBI water
2:54	350		42	5.5	Mix 25 SKS Scavenger
3:03			4	3	Mix 175 SKS AA-2
3:10	200			6.5	WASH PUMP + Line, release Plug
3:21	300		62	6	START Displacement
3:26	800		100	3	LIFT Pressure
3:29	1500		109.9		Slow rate, STOP rotating
3:35			7.5		Plug DOWN, released + hold
					Plug RAT + Annule hole
					Circulation thru job
					JOB complete
					THANK YOU!
					Mike Mattai
					Mike + Cole



