

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1243497  
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: \_\_\_\_\_

1243497

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:  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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 063618

Federal Tax I.D. # 28-8651475

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

SERVICE POINT: Cement Brandykes

DATE <u>1-31-15</u>	SEC. <u>12</u>	TWP. <u>29S</u>	RANGE <u>02E</u>	1-30-15 CALLED OUT <u>11 pm</u>	1-31-15 ON LOCATION <u>2:30 AM</u>	JOB START <u>11:00 AM</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Waggle</u>		WELL # <u>16-34-27</u>		LOCATION <u>Newton 196 E 16</u>		COUNTY <u>Harney</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				Vinto			

CONTRACTOR <u>Sweeney Drilling #1</u>	OWNER _____
TYPE OF JOB <u>34" face</u>	CEMENT AMOUNT ORDERED <u>175 sks class A</u>
HOLE SIZE <u>17 1/4"</u>	T.D. _____
CASING SIZE <u>9 5/8"</u>	DEPTH <u>369.54</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. <u>44.10 GT</u>	COMMON <u>1.75 sks</u>
PERFS. _____	POZMIX _____
DISPLACEMENT <u>25.15 bbls fresh water</u>	GEL _____
EQUIPMENT _____	CHLORIDE <u>494 #</u>
	ASC _____
PUMP TRUCK # <u>394</u>	CEMENTER <u>Kevin A. Chantrell</u>
	HELPER <u>Toh F 950 C</u>
BULK TRUCK # <u>571-112</u>	DRIVER <u>Kevin W. Ogilby</u>
BULK TRUCK # _____	DRIVER _____

**REMARKS:**

Broke circulation with bit mud  
Drop Bull pump thru @ 200 #  
pump 5 bbls fresh water ahead  
Mix 175 sks cement shut down @  
pressure plug Displace 25 bbls fresh water  
land plug @ 1000 # insert hold  
plug down 11:30 AM cement did circulate  
Run 10 min 5 hr work time

**SERVICE**

DEPTH OF JOB <u>369.54</u>
PUMP TRUCK CHARGE _____
EXTRA FOOTAGE _____
MANIFOLD _____
HVM <u>30</u>
LVM <u>30</u>

CHARGE TO: Source Energy

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

- 1-9 5/8 guide line
- 4-9 5/8 centralizers
- 1-9 5/8 API insert
- 1-9 5/8 Rubber plug

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 X DAN COF

SIGNATURE X Dan Co  
Thank K Kowlt

# ALLIED OIL & GAS SERVICES, LLC 065821

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

Federal Tax I.D. # 20-8651475

SERVICE POINT: Green Bay, TX

DATE <u>2-7-15</u>	SEC. <u>12</u>	TWP. <u>24S</u>	RANGE <u>22E</u>	CALLED OUT <u>9:00</u>	ON LOCATION <u>11:30</u>	JOB START <u>7:00</u>	JOB FINISH <u>6:30</u>
LEASE <u>NOTICE</u>	WELL # <u>16-34-24</u>	LOCATION <u>Arlington</u>	<u>196</u>	<u>AE</u>	COUNTY <u>Harvey</u>	STATE <u>TX</u>	
OLD OR NEW (Circle one)		<u>MINO</u>					

CONTRACTOR Summit Drilling #1  
 TYPE OF JOB 7" production  
 HOLE SIZE \_\_\_\_\_ TD \_\_\_\_\_  
 CASING SIZE 7" DEPTH 2870.67  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 36.30  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 111.67 bbls Freshwater  
 EQUIPMENT \_\_\_\_\_  
 PUMP TRUCK # 597 CEMENTER Dustin Chambers  
 HELPER Kevin Eddy  
 BULK TRUCK # 859 DRIVER Kevin Weighous  
 BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 175 5x class A ASC  
+ 24 gal seal + 12 gal seal + 6 gal seal + 5 # Kysen 1  
+ 37.5 # 1-160 + 144 # DF + 125 # 10 seal  
 COMMON \_\_\_\_\_  
 POZMIX \_\_\_\_\_  
 GEL \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_  
 ASC 175  
520 gal DI-1100  
Kyl Seal 575  
Fluid loss CFL-210 50  
Powdered DF Casmer 25  
10 Seal 25

REMARKS:

Drop Bull pump thru @ 6:20 #  
circulate for 1.5 hr  
pump 520 gal DI-1100  
mix 175 5x ASC shut down & balance plug  
displace 111.67 bbls Freshwater  
land plug @ 12:00 # w/ 650 # L16T  
plug down 7:30 pm  
shut down  
Customer Request washup on top of plug  
KLM

SERVICE

DEPTH OF JOB 2870.67  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_  
 MILEAGE \_\_\_\_\_  
 MANIFOLD \_\_\_\_\_  
 HVM 30  
 LVM 30

CHARGE TO: Source Energy  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

1-7" 5000 Ring  
10-7" Centralizer  
1-7" Plugger shoe  
1-7" Latch Down plug

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 Roger Martin  
 SIGNATURE R.M. WOC mtr for 30 min

Thank You!!



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Source Energy MidCom, LLC.

**16-24s-2e Harvey, Co. Ks.**

1805 Shea Center Dr. STE 100  
Highland Ranch, Co. 80129

**Nattier # 16-34-24**

Job Ticket: 57807

**DST#: 1**

ATTN: Roger Martin

Test Start: 2015.02.06 @ 00:46:48

## GENERAL INFORMATION:

Formation: **Burgess Sand**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 07:39:03

Time Test Ended: 23:34:33

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 53

**Interval: 2842.00 ft (KB) To 2871.00 ft (KB) (TVD)**

Reference Elevations: 1445.00 ft (KB)

Total Depth: 2871.00 ft (KB) (TVD)

1435.00 ft (CF)

Hole Diameter: 8.75 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

**Serial #: 8931 Inside**

Press @ Run Depth: 629.27 psig @ 2843.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.02.06

End Date: 2015.02.06

Last Calib.: 2015.02.06

Start Time: 00:46:53

End Time: 23:34:32

Time On Btm: 2015.02.06 @ 07:30:18

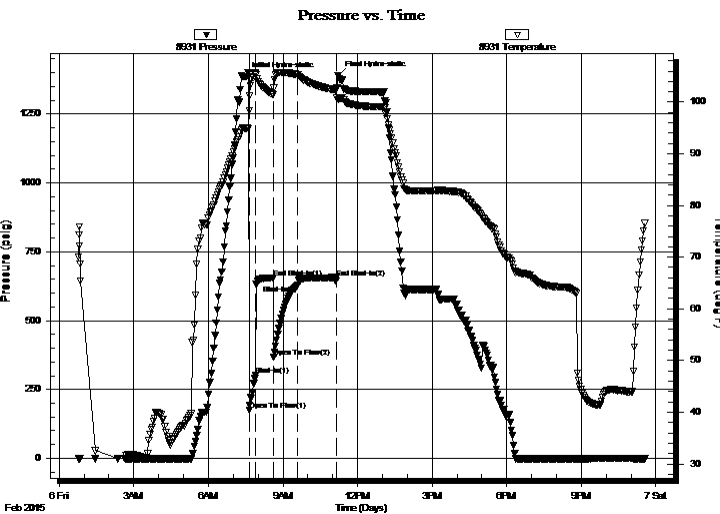
Time Off Btm: 2015.02.06 @ 11:13:03

**TEST COMMENT:** IF: Fair - Strong blow . B.O.B. in 1 min 40 secs.

IS: No blow . Bleed off in 3 mins.

FF: Fair - Strong blow . B.O.B. in 1 1/2 mins. G.T.S. in 3 mins. Gauged gas. See gas report.

FS: Weak - Fair blow . Surf., - 4 1/2". Blow back started 13 mins into shut in.



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1386.39	94.94	Initial Hydro-static
9	173.78	101.17	Open To Flow (1)
24	300.61	105.60	Shut-In(1)
67	655.02	101.44	End Shut-In(1)
68	367.31	102.70	Open To Flow (2)
126	629.27	105.26	Shut-In(2)
219	656.36	102.33	End Shut-In(2)
223	1389.20	100.47	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
312.00	OspecMCW 5% m 95% w	1.53
360.00	SltOMCW 4% m 96% w	2.66
360.00	OCMW 5% o 15% m 80% w	2.66
361.00	GOMCW 5% g 5% o 35% m 55% w	2.67
0.00	G.T.S. G.I.P 100% g	0.00
0.00	RW .21 @ 48 = 85000 chlorides ppm	0.00

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.13	2.00	6.14
Last Gas Rate	0.13	0.00	5.39
Max. Gas Rate	0.13	2.00	6.14



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Source Energy MidCom,LLC.

**16-24s-2e Harvey, Co. Ks.**

1805 Shea Center Dr.STE 100  
Highland Ranch, Co.80129

**Nattier # 16-34-24**

Job Ticket: 57807

**DST#: 1**

ATTN: Roger Martin

Test Start: 2015.02.06 @ 00:46:48

## 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:

85000 ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.21 ohm.m

Gas Cushion Pressure:

psig

Salinity: 1300.00 ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
312.00	OspeCMCW 5%m 95%w	1.534
360.00	SlitOMCW 4%m 96%w	2.664
360.00	OCMW5%o 15%m 80%w	2.664
361.00	GOMCW 5%g 5%o 35%m 55%w	2.671
0.00	G.T.S. G.I.P 100% g	0.000
0.00	RW .21 @ 48 = 85000 chlorides ppm	0.000

Total Length: 1393.00 ft

Total Volume: 9.533 bbl

Num Fluid Samples: 1

Num Gas Bombs: 1

Serial #: MAS Pratt

Laboratory Name: Caraway

Laboratory Location: Liberal, KS

Recovery Comments:



**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**GAS RATES**

Source Energy MidCom, LLC.

**16-24s-2e Harvey, Co. Ks.**

1805 Shea Center Dr. STE 100  
Highland Ranch, Co. 80129

**Nattier # 16-34-24**

Job Ticket: 57807

**DST#: 1**

ATTN: Roger Martin

Test Start: 2015.02.06 @ 00:46:48

### Gas Rates Information

Temperature: 59 (deg F)  
Relative Density: 0.65  
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
2	10	0.13	2.00	6.14
2	20	0.13	2.00	6.14
2	30	0.13	2.00	6.14
2	40	0.13	1.00	5.76
2	50	0.13	0.00	5.39
2	60	0.13	0.00	5.39



### Pressure vs. Time

