



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246852
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: _____



1246852

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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Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Brad 1
Doc ID	1246852

All Electric Logs Run

Gamma Ray
Dual Induction
Neutron Log
Density Log

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Brad 1
Doc ID	1246852

Tops

Name	Top	Datum
Stark Shale	4508	-3087
Huspuckney Shale	4536	-3115
B/KC	4583	-3162
Pawnee	4679	-3258
Cherokee Sand	4744	-3323
Mississippian	4769	-3348
Kinderhook	5118	-3697
Woodford	5189	-3768
Misener	5228	-3807
Viola	5256	-3835

ALLIED OIL & GAS SERVICES, LLC 064494

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Medford Lodge KS

DATE <i>11/11/14</i>	SEC <i>6</i>	TWP. <i>35</i>	RANGE <i>12</i>	CALLED OUT	ON LOCATION <i>595A</i>	JOB START <i>10:15 A</i>	JOB FINISH <i>11:00 A</i>
LEASE <i>Prod</i>	WELL# <i>1</i>	LOCATION <i>Hardner KS 1/2 Sec</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)		OWNER <i>Indian Oil</i>					

CONTRACTOR *Vol 5*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D.

CASING SIZE *8 5/8* DEPTH *262*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT *41.26*

CEMENT LEFT IN CSG. *41.26*

PERFS.

DISPLACEMENT *74 LBS*

EQUIPMENT

PUMP TRUCK CEMENTER *Fike Heard*

894/302 HELPER *Robert Johnson*

BULK TRUCK

381/252 DRIVER *Whayne Ruelo*

BULK TRUCK DRIVER

#

REMARKS:

On Location Big up

Run casing back into pressure

Plug spacer at 4 pump cm

Stop Release plug to place

Apply Shuff to Release

Pressure

CHARGE TO: *Indian 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 *Anthony Farrell*

SIGNATURE *[Signature]*

TOTAL CHARGES

DISCOUNT

IF PAID IN 30 DAYS

SALES TAX (if Any)

TOTAL

PLUG & FLOAT EQUIPMENT

TRP @

Fibe Kettle @

Basket @

@

@

TOTAL

ALLIED OIL & GAS SERVICES, LLC 065060

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

NEO Loco. K

DATE <u>11-18-14</u>	SEC. <u>6</u>	TWP. <u>35</u>	RANGE <u>12</u>	CALLED OUT <u>6.00</u>	ON LOCATION <u>8.45</u>	JOB START <u>6.27</u>	JOB FINISH <u>10.30</u>
LEASE <u>BRAG</u>	WELL # <u>1</u>	LOCATION <u>HARDYMAN K. 1 West North, ok</u>	OWNER <u>INDIAN OIL Co</u>	COUNTY <u>Barber</u>	STATE <u>K</u>		
OLD OR NEW (Circle one)							

CONTRACTOR VAL'S

TYPE OF JOB 5 1/2 Production

HOLE SIZE 7 7/8 T.D. 5300

CASING SIZE 5 1/2 DEPTH 5122

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 2116

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 121.40 24 KLL

EQUIPMENT

PUMP TRUCK CEMENTER T-SCBA

394 302 HELPER WAYNE R

BULK TRUCK _____

381-252 DRIVER Kindall

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Run 122 str's 5 1/2 15.5" CSS SET 5122'

1st = 21.16 AFU Float shoe: LD Profile

cents on str's 2-4-6-7-8-10-11-12 CMT Bskt "9

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Indian Oil Co

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

WFO 5 1/2

1 EA AFU Float shoe @

1 EA LD Plug Profile @

3 EA Centaloc @

(1 EA CMT Bskt (DIE) @

_____ @ _____

TOTAL _____

SALES TAX (if Any) _____

TOTAL CHARGES _____

PRINTED NAME ANTHONY FARRELL

SIGNATURE [Signature]

IF PAID IN 30 DAYS

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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 16, 2015

Anthony Farrar
Indian Oil Co., Inc.
PO BOX 209
2507 SE US 160 HWY
MEDICINE LODGE, KS 67104-0209

Re: ACO-1
API 15-007-24250-00-00
Brad 1
SE/4 Sec.06-35S-12W
Barber County, Kansas

Dear Anthony Farrar:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/10/2014 and the ACO-1 was received on April 16, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Indian Oil Co.
P.O.Box 209
2507 S.E. U.S 160 Hwy.
Medicine Lodge Ks. 67104
ATTN: Scott Alberg

6-35s-12w Barber Ks.

Brad #1

Job Ticket: 57873

DST#: 1

Test Start: 2014.11.15 @ 18:15:52

GENERAL INFORMATION:

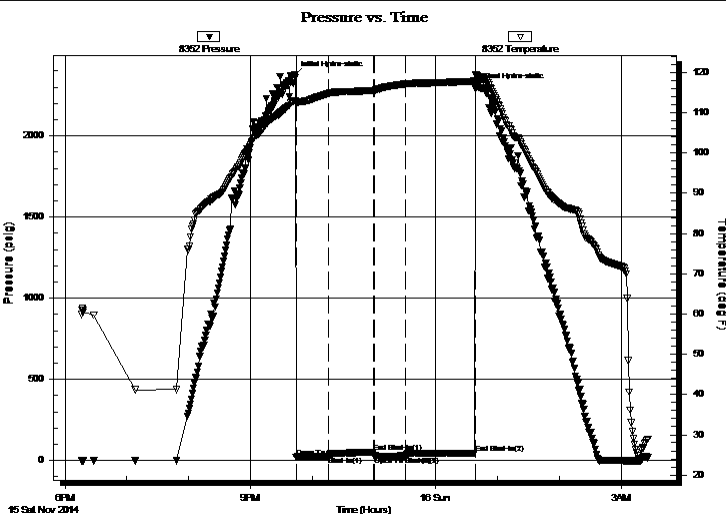
Formation: **Cherokee**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 21:44:07
 Tester: Gary Pevoteaux
 Time Test Ended: 03:25:52
 Unit No: 56
 Interval: **4684.00 ft (KB) To 4754.00 ft (KB) (TVD)**
 Reference Elevations: 1421.00 ft (KB)
 Total Depth: 4754.00 ft (KB) (TVD)
 1410.00 ft (CF)
 Hole Diameter: 7.88 inches
 Hole Condition: Fair
 KB to GR/CF: 11.00 ft

Serial #: 8352

Outside

Press @ Run Depth: 28.11 psig @ 4685.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.11.15 End Date: 2014.11.16 Last Calib.: 2014.11.16
 Start Time: 18:15:57 End Time: 03:25:52 Time On Btm: 2014.11.15 @ 21:42:52
 Time Off Btm: 2014.11.16 @ 00:38:52

TEST COMMENT: Weak to fair blow . Increase to 5 12".
 IS: No blow .
 FF: Weak to fair blow . Increase to 10".
 FS: No blow .



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2374.08	112.93	Initial Hydro-static
2	22.00	112.23	Open To Flow (1)
33	25.00	114.78	Shut-In(1)
77	52.17	115.56	End Shut-In(1)
77	24.86	115.54	Open To Flow (2)
108	28.11	117.14	Shut-In(2)
175	45.23	117.84	End Shut-In(2)
176	2298.52	119.51	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	215 ft.of GIP	0.00
30.00	Drig.mud	0.42

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Indian Oil Co.
P.O.Box 209
2507 S.E. U.S 160 Hwy.
Medicine Lodge Ks. 67104
ATTN: Scott Alberg

6-35s-12w Barber Ks.
Brad #1
Job Ticket: 57873 **DST#: 1**
Test Start: 2014.11.15 @ 18:15:52

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:	5000 ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.79 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	215 ft.of GIP	0.000
30.00	Drig.mud	0.421

Total Length: 30.00 ft Total Volume: 0.421 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: none
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Pressure vs. Time

