



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1247012
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: _____



1247012

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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ALLIED OIL & GAS SERVICES, LLC 063837

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Duck Bay, Ky

DATE <u>8/16/15</u>	SEC. <u>7</u>	TWP. <u>9</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Agency Trust</u>	WELL # <u>1-7</u>	LOCATION <u>Lot 15 N 1/2 Sec 2 W 34 N 10 E</u>		COUNTY <u>Franklin</u>	STATE <u>KY</u>		
OLD OR NEW (Circle one) <u>NEW</u>		<u>1/2 W 2 W 34 N 9.5 E 1/2 Sec 2 W 34 N 10 E 7 1/2 S</u> <u>E 1/2 Sec 2 W 34 N 10 E 7 1/2 S thru 3 Gels</u>					

CONTRACTOR WVY OWNER _____

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 297

CASING SIZE 8 5/8 DEPTH 299

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 50'

PERFS. _____

DISPLACEMENT 15 1/2 - Run out of

EQUIPMENT Water

PUMP TRUCK # 485 CEMENTER Alan Ryan

BULK TRUCK # 373 DRIVER Paul Beaver

CEMENT AMOUNT ORDERED 225 can 300 CC

COMMON 225 @ 17.00 4027.50

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE 635 @ 1.00 635.00

ASC _____ @ _____

Material Total @ 4,726.00

(1984.92/4023)

HANDLING 211 @ 2.48 523.28

MILEAGE 235 @ 5.73 1357.35

TOTAL _____

REMARKS:

Run by, Circulate, Mix Cement Displacement
Start in

Cement did Circulate
Run out of Water should have left 50 FT in pipe, Landing point came out - noticed that when they washed out cellar,

CHARGE TO: Culbreath

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 295

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE _____ @ _____

MILEAGE 60 @ 3.85 231.00

MANIFOLD 60 @ 3.67 220.20

(1668.33/423) TOTAL 3972.23

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 Walter Brown

SIGNATURE Walter Brown

SALES TAX (If Any) _____

TOTAL CHARGES 8,698.23

DISCOUNT 3,653.25 (34%) IF PAID IN 30 DAYS

Bid 5,044.97 Net.

ALLIED OIL & GAS SERVICES, LLC 063838

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dudley, TX

DATE <u>2/17/15</u>	SEC. <u>7</u>	TWP. <u>5</u>	RANGE <u>3</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00 pm</u>	JOB FINISH <u>1:30 pm</u>
LEASE <u>Beacon Trust</u>		WELL# <u>1-7</u>		LOCATION <u>Levant 15 W to Rd 8 3 W on 10</u>		COUNTY <u>Houston</u>	STATE <u>TX</u>
OLD OR NEW (Circle one)		<u>1/2 W on E 2 W on 9.5 2 W on G to Rd 7</u> <u>1/2 S E thru Gate 5 & E across creek 5 farm 2 gates E. into</u>					
CONTRACTOR <u>W W 4</u>				OWNER			

TYPE OF JOB <u>PTA</u>	HOLE SIZE	T.D.
CASING SIZE <u>8 5/8</u>	DEPTH <u>295.48</u>	
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX	MINIMUM	
MEAS. LINE	SHOE JOINT	
CEMENT LEFT IN CSG.		
PERFS.		
DISPLACEMENT		

CEMENT AMOUNT ORDERED <u>105 SK 60/40 407920</u>
COMMON <u>100</u> @ <u>18.23</u> <u>1892.00</u>
POZMIX @
GEL @
CHLORIDE @
ASC @

EQUIPMENT

PUMP TRUCK # <u>495281</u>	CEMENTER <u>Allen Ryan</u>
BULK TRUCK # <u>373</u>	HELPER <u>Kevin Ryan</u>
BULK TRUCK #	DRIVER <u>Jarvis Ricketts</u>
BULK TRUCK #	DRIVER

Material Total @ <u>1892.00</u>
(<u>794.64/42%</u>) @
Handling <u>11.02</u> @ <u>25.00</u>
Mileage <u>4.7</u> @ <u>22.00/mile</u> <u>103.40</u>
TOTAL

REMARKS:
Mix 70 SK thru Drill Pipe.
Mix 30 SK & H

SERVICE

DEPTH OF JOB <u>295'</u>
PUMP TRUCK CHARGE <u>1718.25</u>
EXTRA FOOTAGE @
MILEAGE <u>50 miles</u> @ <u>n/c</u>
MANIFOLD @
<u>W/ Vehicle</u> <u>50 miles</u> @ <u>n/c</u>
(<u>1109.07/42%</u>) TOTAL <u>2,640.66</u>

CHARGE TO Callbreath
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@
@
@
@
@
TOTAL

To: Allied Oil & Gas Services, LLC.
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SALES TAX (If Any) _____
TOTAL CHARGES 4,532.66
DISCOUNT 1,903.71 (42%) IF PAID IN 30 DAYS
2,628.94 Net

PRINTED NAME Walter Brown
SIGNATURE Walter Brown