



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249020
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: _____



1249020

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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ALLIED OIL & GAS SERVICES, LLC 065137

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Grandd

DATE <u>11-15-14</u>	SEC. <u>27</u>	TWP. <u>30</u>	RANGE <u>38</u>	CALLED OUT	ON LOCATION <u>7:30 pm</u>	JOB START <u>10:30 am</u>	JOB FINISH <u>1:00 am</u>
LEASE 1-16-21 WELL # <u>1-16-21</u>				LOCATION <u>West Leoti to Rd 3 - 115-1E</u>		COUNTY <u>Victoria</u>	STATE <u>TX</u>
OLD OR NEW (Circle one) <u>N</u>				Y2 <u>N</u>			

CONTRACTOR Wildcat 1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH 363.63

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20 ft

PERFS.

DISPLACEMENT 21.88 bbl H2O

OWNER

CEMENT AMOUNT ORDERED 225 sx class A 3 1/2 cc 2 1/2 pd

EQUIPMENT

PUMP TRUCK CEMENTER Josh Isaac

398 HELPER Ben Hault

BULK TRUCK

609-239 DRIVER Jove Tracheta (TWS)

BULK TRUCK

DRIVER

COMMON	<u>225</u>	@ <u>17.90</u>	<u>4,027.50</u>
POZMIX		@	
GEL	<u>423</u>	@ <u>1.50</u>	<u>211.50</u>
CHLORIDE	<u>635</u>	@ <u>1.10</u>	<u>687.50</u>
ASC	<u>Materials Total</u>		<u>4,937.50</u>
	<u>Disc 20%</u>		<u>987.50</u>
	@		
	@		
	@		
	@		
	@		
HANDLING	<u>243.31</u>	@ <u>2.48</u>	<u>603.41</u>
MILEAGE	<u>11.10 x 50 x</u>	<u>2.75</u>	<u>1,526.25</u>

REMARKS:

on location rig up - had setting meeting

run 8 5/8 casing - Break calculations

pump 5 bbl H2O

mix 225 sx class A 3 1/2 cc 2 1/2 pd

Displace 21.88 bbl H2O

shut in

Cement did circulate

Rig down

DEPTH OF JOB

PUMP TRUCK CHARGE 1,512.25

EXTRA FOOTAGE @

MILEAGE Hum 50 @ 7.70 385.00

MANIFOLD @

Hum 50 @ 4.40 220.00

@

CHARGE TO: Red oak Energy

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 4,246.21

Disc 20% 849.24

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

Thank you!!

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 Rob Wiesen

SIGNATURE X [Signature]

TOTAL Disc 0% 0

SALES TAX (If Any) _____

TOTAL CHARGES 9,184.41

DISCOUNT 20% 1,836.88 (20%)

IF PAID IN 30 DAYS

7,347.53



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Red Oak Energy Inc.
7701 Kellogg Dr.
STE 710
Wichita KS 67207
ATTN: Pat Denihan

27-20s-38w Wichita KS

Berning 1 16

Job Ticket: 59219

DST#: 1

Test Start: 2014.11.21 @ 20:43:15

GENERAL INFORMATION:

Formation: **Marrow Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:23:30

Time Test Ended: 07:44:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Mike Roberts

Unit No: 65

Interval: 4786.00 ft (KB) To 4863.00 ft (KB) (TVD)

Reference Elevations: 3432.00 ft (KB)

Total Depth: 4863.00 ft (KB) (TVD)

3418.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 14.00 ft

Serial #: 8846

Inside

Press@RunDepth: 880.74 psig @ 4793.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.11.21

End Date:

2014.11.22

Last Calib.:

2014.11.22

Start Time: 20:43:15

End Time:

07:44:15

Time On Btm:

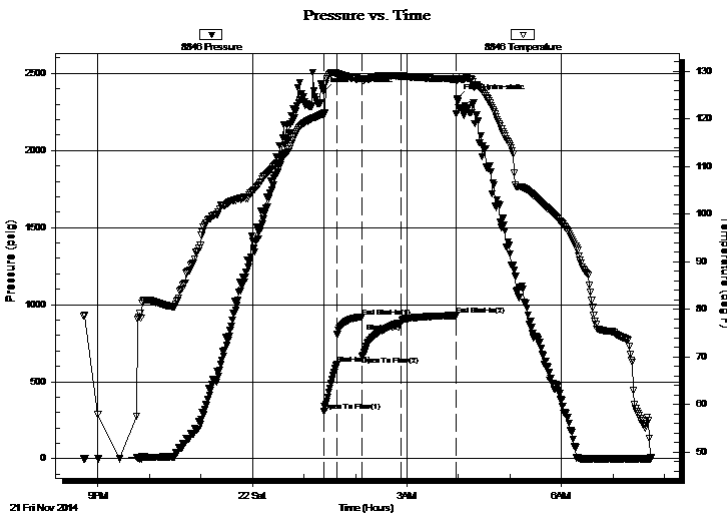
2014.11.22 @ 01:23:00

Time Off Btm:

2014.11.22 @ 03:58:45

TEST COMMENT: IF:BOB in 1 min.
IS:Return blow built to 1"
FF:BOB in 2 min.
FS:No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2381.10	121.10	Initial Hydro-static
1	308.99	120.75	Open To Flow (1)
16	611.66	129.46	Shut-In(1)
45	920.75	128.44	End Shut-In(1)
45	667.01	128.36	Open To Flow (2)
91	880.74	129.03	Shut-In(2)
155	930.07	128.39	End Shut-In(2)
156	2334.79	128.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
370.00	mcw 10% m 90% w	1.82
372.00	w cm 5% w 95% m	5.22
496.00	mcw 30% m 70% w	6.96
620.00	w cm 5% w 95% m	8.70

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Red Oak Energy Inc.
7701 Kellogg Dr.
STE 710
Wichita KS 67207
ATTN: Pat Denihan

27-20s-38w Wichita KS

Berning 1 16

Job Ticket: 59219

DST#: 1

Test Start: 2014.11.21 @ 20:43:15

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 55.00 sec/qt
Water Loss: 7.98 in³
Resistivity: 0.00 ohm.m
Salinity: 4500.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 0 deg API
Water Salinity: 12000 ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
370.00	mcw 10%m 90%w	1.820
372.00	w cm 5%w 95%m	5.218
496.00	mcw 30%m 70%w	6.958
620.00	w cm 5%w 95% m	8.697

Total Length: 1858.00 ft Total Volume: 22.693 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: RW= .52@29.1= 12,000 ppm

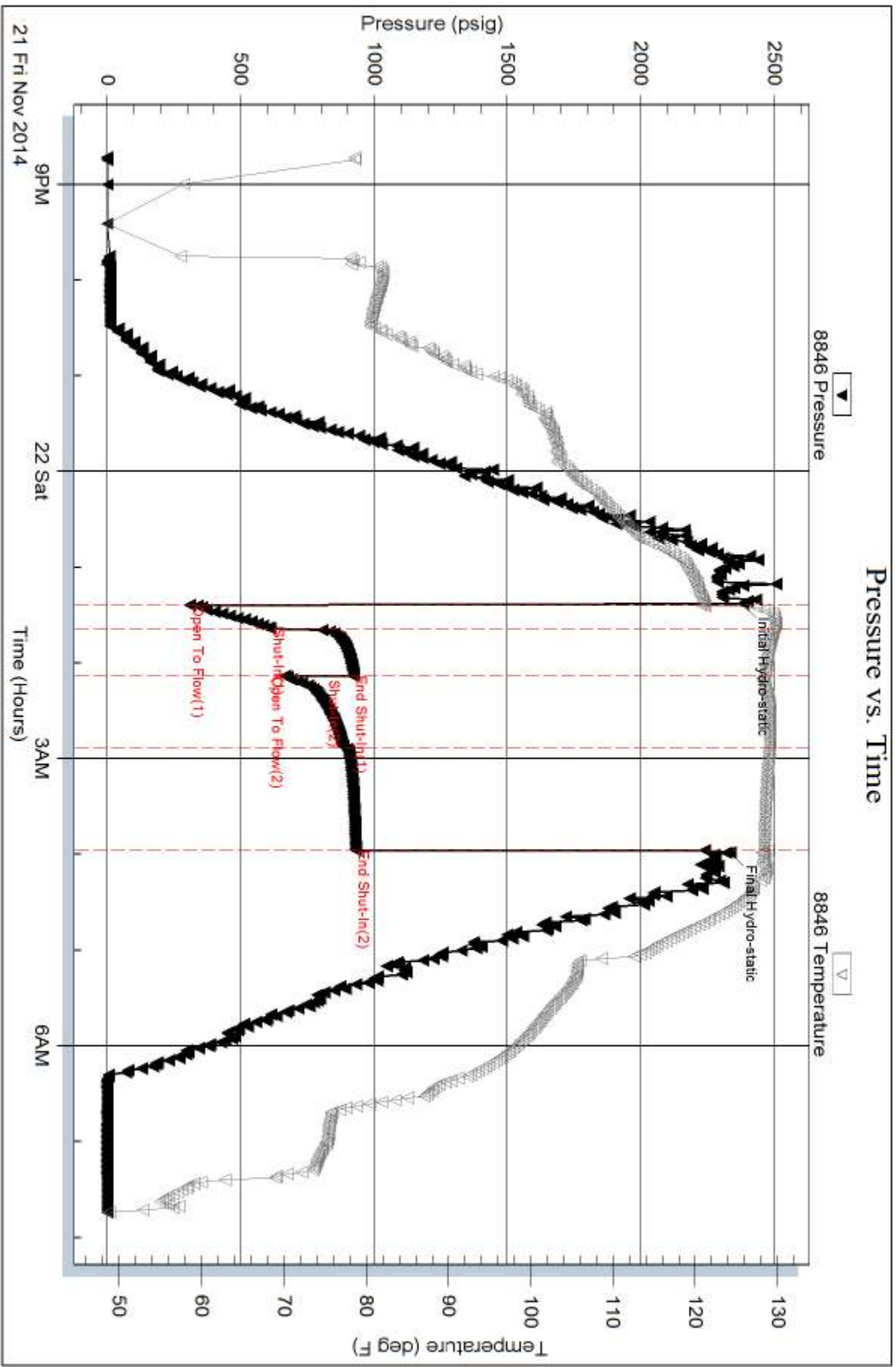
Serial #: 8846

Inside

Red Oak Energy Inc.

Berning 1 16

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 59219

Printed: 2014.11.22 @ 10:05:24



CONSOLIDATED
Oil Well Services, LLC

384, Chanute, KS 66720
620-221-0210 or 800-467-8676

1193
INVOICE # 802203

1182
1198

TICKET NUMBER **47746**
LOCATION Oakley, KS
FOREMAN Kelly Gable / Miles Shaw

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-24-14	7251	Borning 1-16	16	20	38	Wichita
CUSTOMER Redoak Energy			Selkirk			
MAILING ADDRESS			11512 New into			
CITY			STATE			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			566			
			397			
			Jordan			
			Hose			
			5304T127			
			Lance			
			Jeremy			
			Rob			

JOB TYPE Prod-2-stage HOLE SIZE 7 7/8 HOLE DEPTH 5050 CASING SIZE & WEIGHT 4 1/2 10.5 #
 CASING DEPTH 4762.69 DRILL PIPE _____ TUBING _____ OTHER DV @ 2334
 SLURRY WEIGHT 14², 125 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 9.92
 DISPLACEMENT 774, 37 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rigged up on wildcat drilling, ran float
Equip. on JTS turbolizers - 2, 3, 4, 5, 6, 7 basket on bottom 59
DV Top #59 ran pipe to bottom, hooked up & circulated for 1/2 hrs
mixed 150SKS OWC, released plug, displaced with 40 bbl water
35 bbl mud lift 750# Plug landed @ 1200# dropped DV bomb open tool
circulated for 2 hrs plugged RHM mixed 550SKS 60/40 Poz
1/4# flo-seal down center, released plug & displaced with 32 bbl
Water 1. ft 700# Plug landed @ 1300 cement did not circulate
Thank you
Kelly, Mills & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	75 mi	MILEAGE	5.25	393.75
5407A	32.85	Ton mileage delivery	1.25	410.625
1126	150 SKS	OWC	23.70	3555.00
1110A	750 #	Kol-seal	1.56	1170.00
1131	600 SKS	60/40 Poz	15.86	9516.00
11188	4128 #	Bentonite	1.27	5242.56
1107	150 #	Flo-seal	2.92	438.00
41252	1	4 1/2 packer shoe (I)	1820.00	1820.00
41139	6	4 1/2 turbolizer (600)	60.00	360.00
41103	1	4 1/2 basket	275.00	275.00
41283	1	DV Tool with latch down	4042.50	4042.50
11446	500 gal	mud flash	1.00	500.00
			Sub	29,928.71
			Less 10000	2,992.89
			state	26,935.82
			SALES TAX	1617.25
			ESTIMATED TOTAL	28553.24

Flavin 3737
 AUTHORIZATION Cody Johnson TITLE _____ DATE 11-24-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.