



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249923
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: _____



1249923

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

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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Form	ACO1 - Well Completion
Operator	McElvain Energy, Inc.
Well Name	Stalnaker 9-15 #1
Doc ID	1249923

All Electric Logs Run

Mud Log
Dual Compensated Porosity
Dual Inductio
Microresistivity

Form	ACO1 - Well Completion
Operator	McElvain Energy, Inc.
Well Name	Stalnaker 9-15 #1
Doc ID	1249923

Tops

Name	Top	Datum
Dakota	868	1309
Stone Corral	1628	549
Base Stone Corral	1676	501
Wellington Salt	2003	174
Base Wellington	2108	69
Chase	2353	-176
Admire	2800	-623
Waubunsee	3031	-854
Topeka	3206	-1029
Heebner SH	3401	-1224
Top LKC	3439	-1262
LKC "B"	3471	-1294
LKC "C"	3481	-1304
LKC "D"	3497	-1320
LKC "E"	3511	-1334
LKC "F"	3528	-1351
LKC "G"	3538	-1361
LKC "H"	3572	-1395
LKC "I"	3594	-1417
LKC "J"	3620	-1443
LKC "K"	3640	-1463
LKC "L"	3672	-1495
Base LKC	3683	-1506
Marmaton	3754	-1577

Form	ACO1 - Well Completion
Operator	McElvain Energy, Inc.
Well Name	Stalnaker 9-15 #1
Doc ID	1249923

Tops

Name	Top	Datum
Pawnee	3760	-1583
Cherokee SH	3790	-1613
Arbuckle	3848	-1671
TD	3918	-1741



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 147959
Invoice Date: Dec 29, 2014
Page: 1

RECEIVED

JAN 12 2015

McElvain Energy, Inc.
Denver Office

Federal Tax I.D.#: 20-8651475

Bill To:
McElvain Energy, Inc 1050 17th St., Suite 2500 Denver, CO 80265-2080

Customer ID	Field Ticket #	Payment Terms	
McElv	63812	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Oakley	Dec 29, 2014	1/28/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Stainaker 9-15 #1		
190.00	CEMENT MATERIALS	Class A Common	17.90	3,401.00
536.00	CEMENT MATERIALS	Chloride	1.10	589.60
48.00	CEMENT MATERIALS	Flo Seal	2.97	142.56
203.78	CEMENT SERVICE	Cubic Feet Charge	2.48	505.37
392.34	CEMENT SERVICE	Ton Mileage Charge	2.75	1,078.94
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
45.00	CEMENT SERVICE	Pump Truck Mileage	7.70	346.50
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
1.00	EQUIPMENT SALES	8-5/8 Wooden Plug	110.00	110.00
1.00	CEMENT SUPERVISOR	Alan Ryan		
1.00	EQUIPMENT OPERATOR	Kevin Ryan		
1.00	OPERATOR ASSISTANT	Steven Stelzer		

*Stainaker 9-15
Surface Cement job*

Code: 4225

JAN 21 2015

Approved: JMM

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2,253.77

ONLY IF PAID ON OR BEFORE
Jan 28, 2015

Subtotal	8,159.22
Sales Tax	324.60
Total Invoice Amount	8,483.82
Payment/Credit Applied	
TOTAL	8,483.82

2253.77
6230.05



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

McElvain Energy, Inc.

9-11S-22W Trego, KS

1050 17th St. Ste. 2500
Denver, CO 80265

Stalnaker9-15 #1

Job Ticket: 58424

DST#: 1

ATTN: Rodney Gonzalez

Test Start: 2015.01.03 @ 00:00:00

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:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.98 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1323.00	M	18.073

Total Length: 1323.00 ft Total Volume: 18.073 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler:

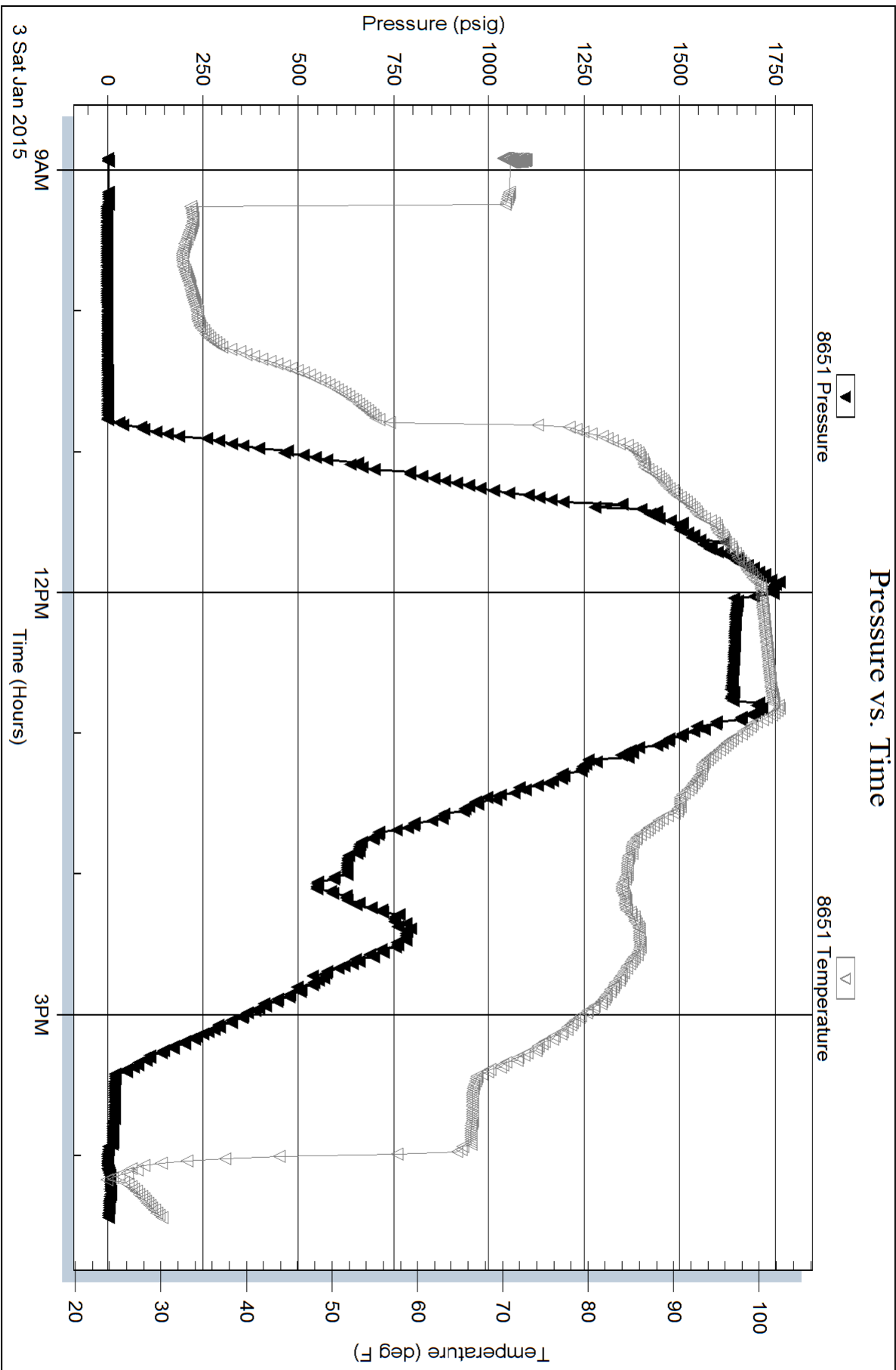
Serial #: 8651

Inside

McElvain Energy, Inc.

Stalnaker9-15 #1

DST Test Number: 1



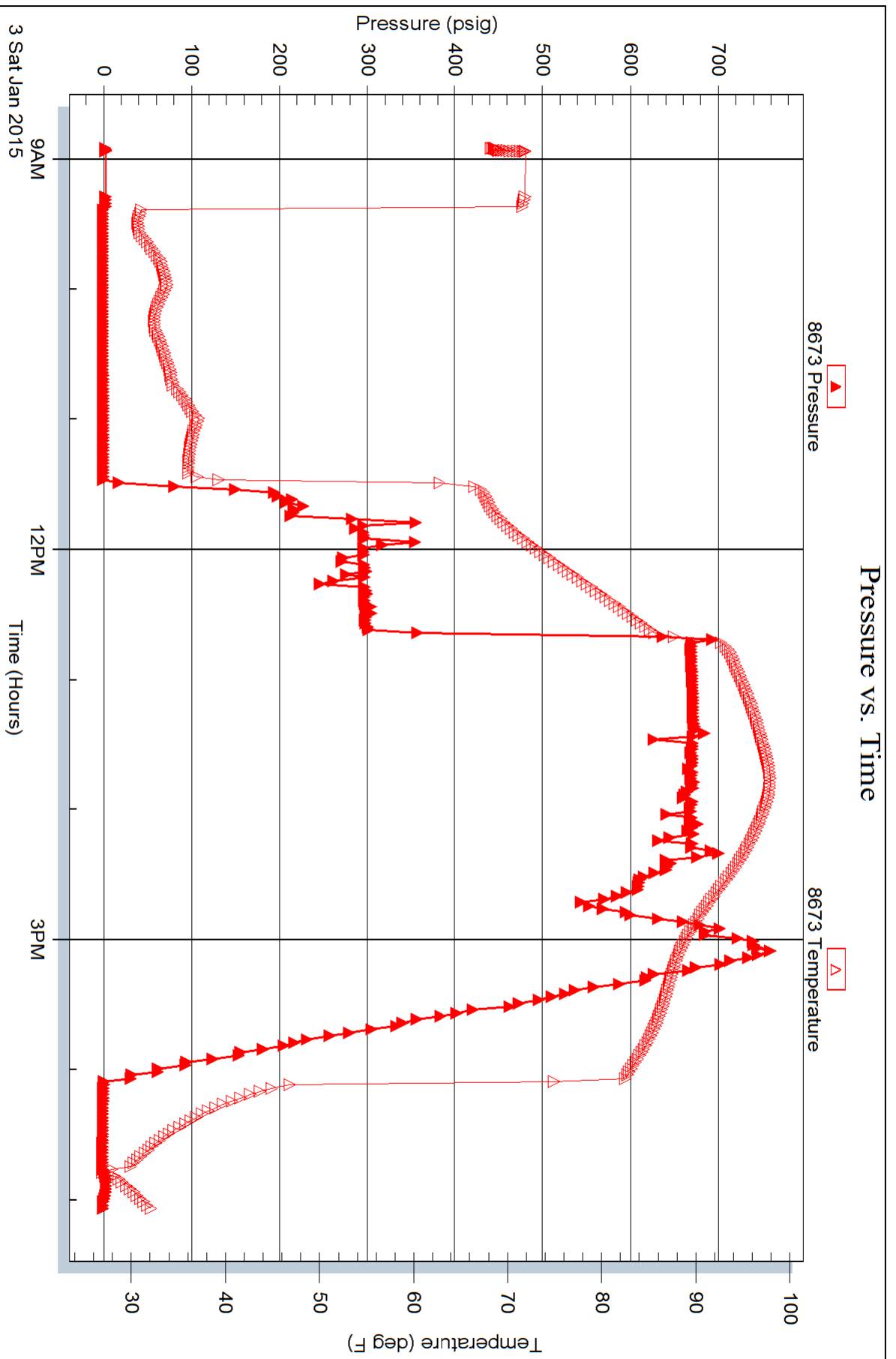
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Fluid

McElvain Energy, Inc.

Stalnaker9-15 #1

DST Test Number: 1

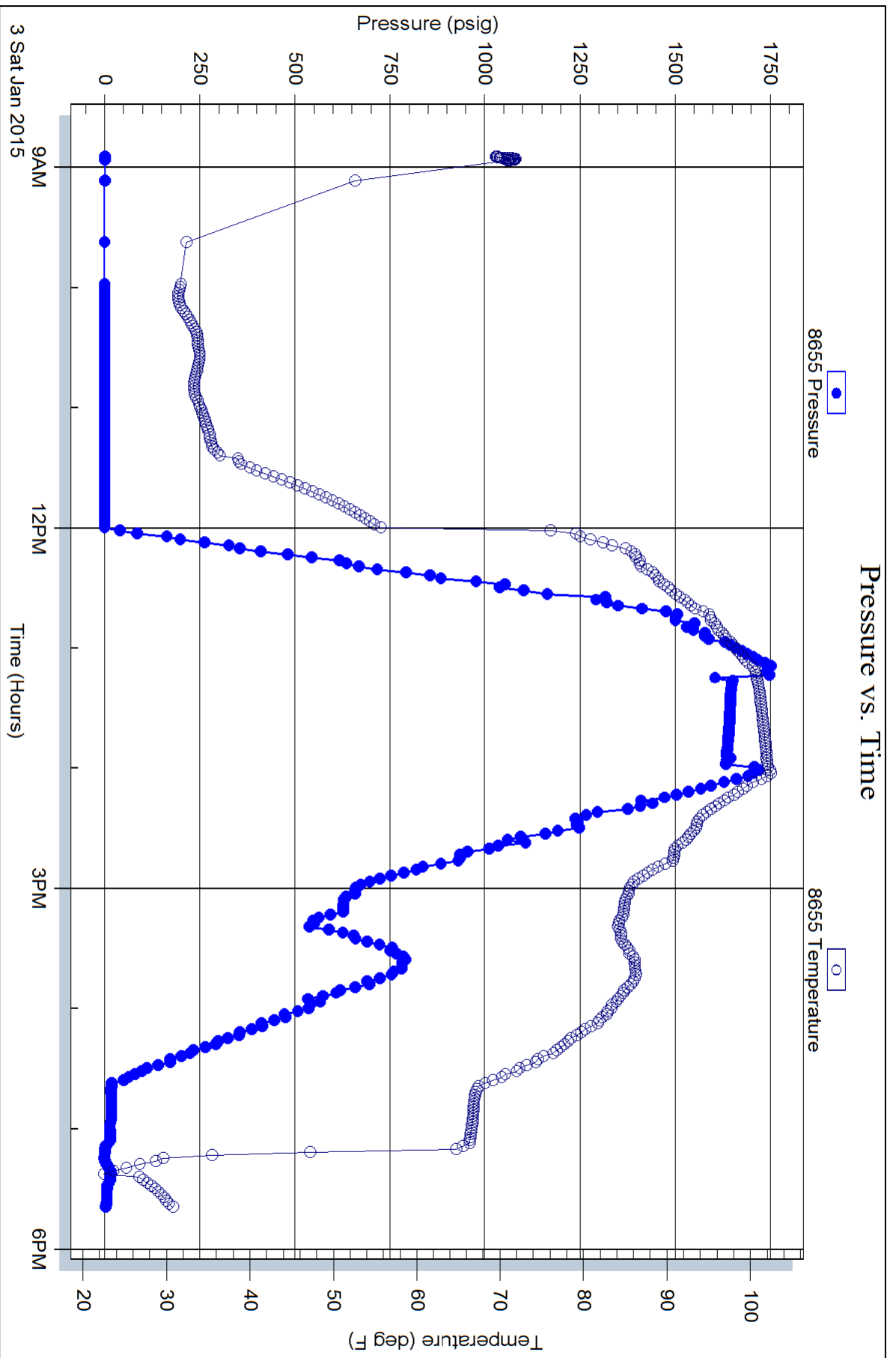


Serial #: 8655

Outside McElvain Energy, Inc.

Stalnaker9-15 #1

DST Test Number: 1





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

McElvain Energy, Inc.

9-11S-22W Trego, KS

1050 17th St. Ste. 2500
Denver, CO 80265

Stalnaker9-15 #1

Job Ticket: 58425

DST#: 2

ATTN: Rodney Gonzalez

Test Start: 2015.01.03 @ 18:22:18

GENERAL INFORMATION:

Formation: **KC "H-K"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 21:02:01
 Time Test Ended: 04:11:01
 Interval: **3552.00 ft (KB) To 3625.00 ft (KB) (TVD)**
 Total Depth: 3625.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Brannan Lonsdale
 Unit No: 62
 Reference Elevations: 2177.00 ft (KB)
 2167.00 ft (CF)
 KB to GR/CF: 10.00 ft

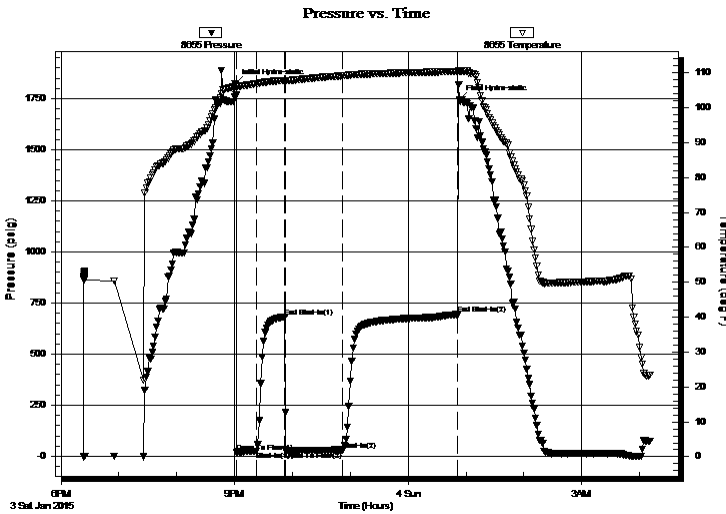
Serial #: 8655

Outside

Press @ Run Depth: 31.26 psig @ 3553.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2015.01.03 End Date: 2015.01.04 Last Calib.: 2015.01.04
 Start Time: 18:23:22 End Time: 04:11:01 Time On Btm: 2015.01.03 @ 21:00:31
 Time Off Btm: 2015.01.04 @ 00:53:01

TEST COMMENT: 020- IF- Built to .25" then died back to surface blow
 030- IS- No blow
 060- FF- No blow
 120- FS- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1821.60	106.07	Initial Hydro-static
2	20.81	106.03	Open To Flow (1)
22	24.77	106.86	Shut-In(1)
52	680.68	107.88	End Shut-In(1)
53	25.67	107.78	Open To Flow (2)
112	31.26	109.16	Shut-In(2)
232	693.95	110.41	End Shut-In(2)
233	1746.53	110.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	M	0.34

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

McElvain Energy, Inc.

9-11S-22W Trego, KS

1050 17th St. Ste. 2500
Denver, CO 80265

Stalnaker9-15 #1

Job Ticket: 58425

DST#: 2

ATTN: Rodney Gonzalez

Test Start: 2015.01.03 @ 18:22:18

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:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.96 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
25.00	M	0.342

Total Length: 25.00 ft Total Volume: 0.342 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler: 2000mL M@55PSI

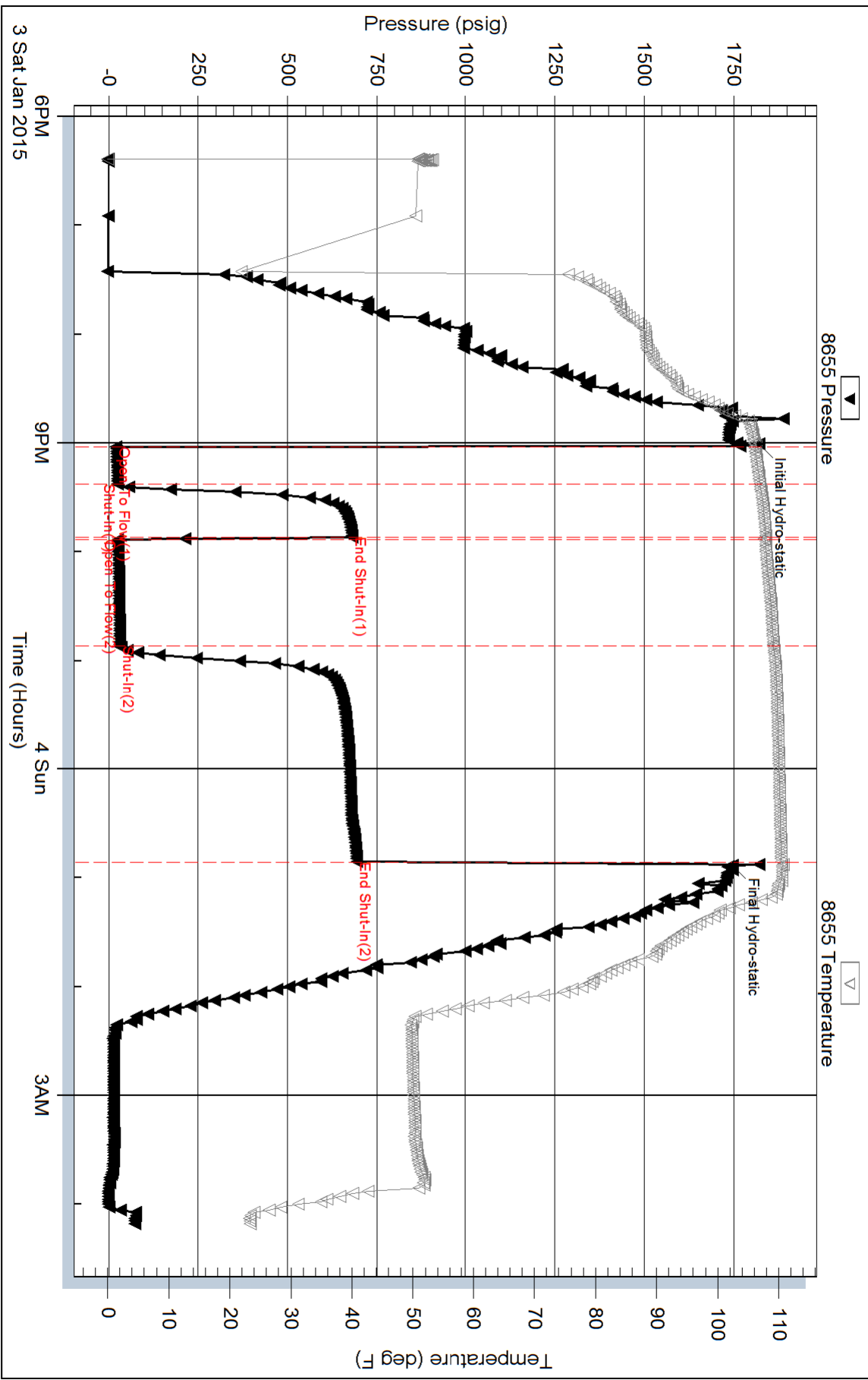
Serial #: 8655

Outside McElvain Energy, Inc.

Stalnaker9-15 #1

DST Test Number: 2

Pressure vs. Time



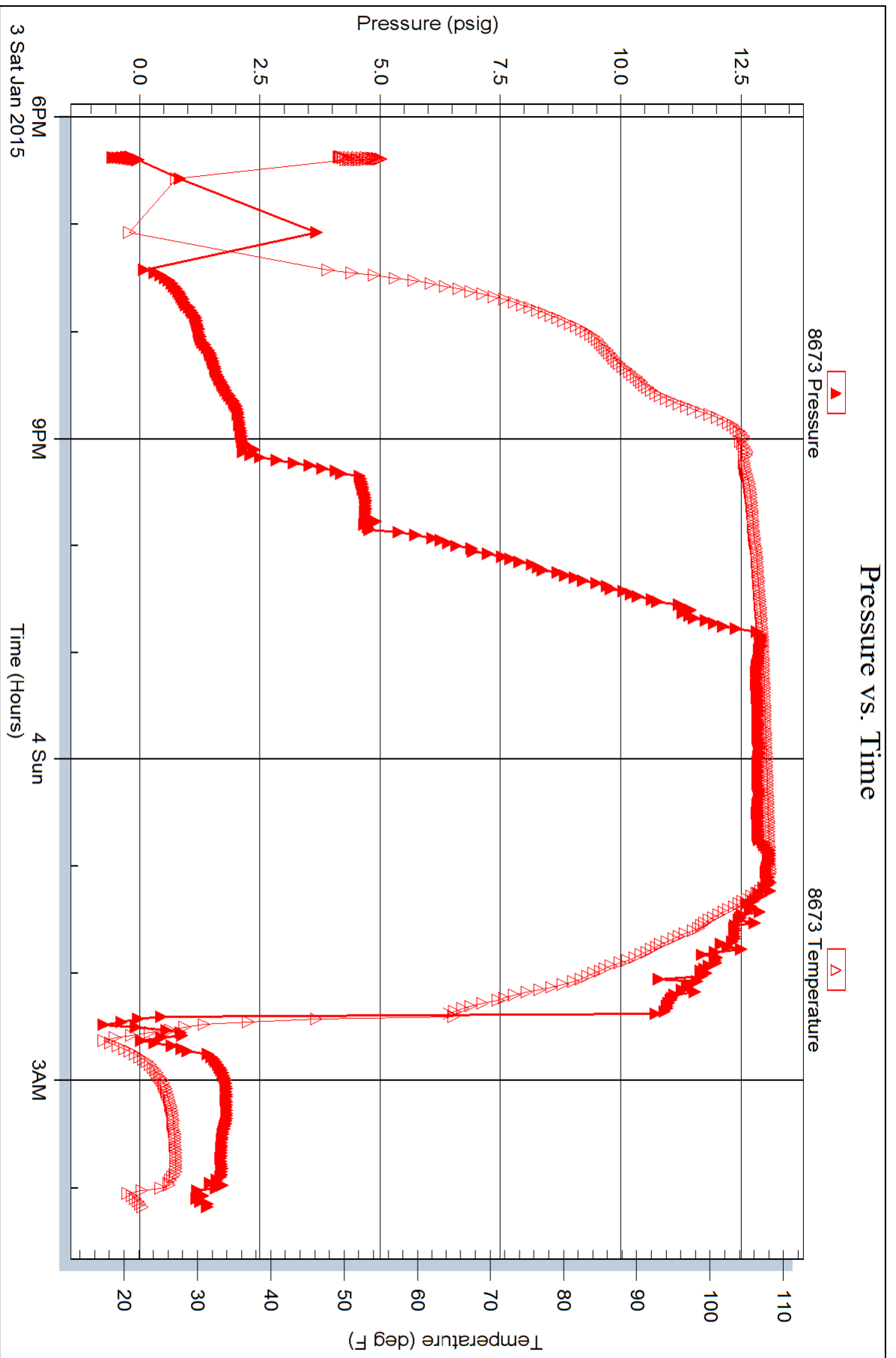
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Fluid

McElvain Energy, Inc.

Stalnaker9-15 #1

DST Test Number: 2



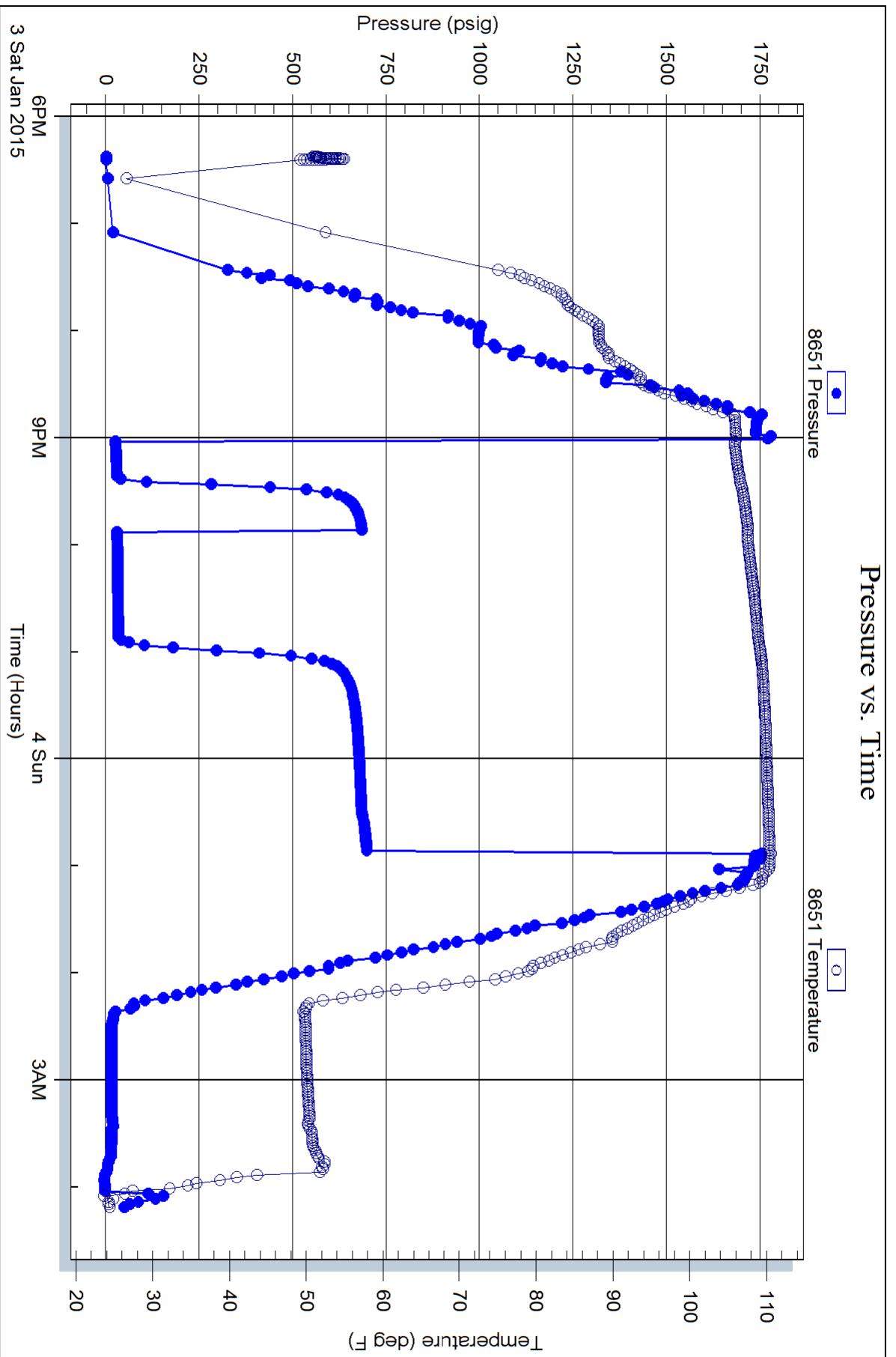
Serial #: 8651

Inside

McElvain Energy, Inc.

Stalnaker9-15 #1

DST Test Number: 2





PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 148061
Invoice Date: Jan 6, 2015
Page: 1

RECEIVED

JAN 20 2015

Federal Tax I.D.#: 20-8651475

Bill To:
McElvain Energy, Inc
1050 17th St., Suite 2500
Denver, CO 80265-2080

McElvain Energy, Inc
Denver Office

Customer ID	Field Ticket #	Payment Terms	
McElv	55596	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Russell	Jan 6, 2015	2/5/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Stainaker 9-15 #1		
305.00	CEMENT MATERIALS	60/40/4% Gel Blend	18.92	5,770.60
77.00	CEMENT MATERIALS	Flo Seal	2.97	228.69
305.00	CEMENT SERVICE	Cubic Feet Charge	2.48	756.40
614.00	CEMENT SERVICE	Ton Mileage Charge	2.75	1,688.50
1.00	CEMENT SERVICE	Plug to Abandon	2,558.75	2,558.75
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
90.00	CEMENT MATERIALS	Heavy Vehicle Mileage	7.70	693.00
1.00	EQUIPMENT SALES	8-5/8 Wooden Plug	110.00	110.00
1.00	CEMENT SUPERVISOR	Robert Yakubovich		
1.00	EQUIPMENT OPERATOR	Nathan Donner		
1.00	OPERATOR ASSISTANT	Steven Stelzer		

P/A Cement

Code: 4603

JAN 26 2015

Approved: JMM

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 3,361.10

ONLY IF PAID ON OR BEFORE
Feb 5, 2015

Subtotal	12,003.94
Sales Tax	918.30
Total Invoice Amount	12,922.24
Payment/Credit Applied	
TOTAL	12,922.24

-3,361.10

⇒ 9561.14

ALLIED OIL & GAS SERVICES, LLC 055596

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

Stainaker 9-15 #1

DATE <i>1-6-15</i>	SEC <i>9</i>	TWP. <i>11</i>	RANGE <i>22</i>	CALLED OUT	ON LOCATION	JOB START <i>2:00 AM</i>	JOB FINISH <i>2:30 AM</i>
LEASE <i>Stainaker</i>	WELL# <i>9-15</i>	LOCATION <i>Ogallah KS 3N2W</i>			COUNTY <i>Trego</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)		<i>3/2 N W on N into</i>					

CONTRACTOR *Val 6*
TYPE OF JOB *PTA*
HOLE SIZE *7 7/8* T.D. *3920*
CASING SIZE *8 5/8* DEPTH *301*
TUBING SIZE DEPTH
DRILL PIPE *4 1/2* DEPTH *16.6*
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS.
DISPLACEMENT

OWNER
CEMENT AMOUNT ORDERED *305 60% 49% gel 1/4 #10*

EQUIPMENT
PUMP TRUCK CEMENTER *Robert V*
409 HELPER *Nathan D*
BULK TRUCK
473 DRIVER *Steve S*
BULK TRUCK
DRIVER

COMMON @
POZMIX @
GEL @
CHLORIDE @
ASC @
60% 49% gel 305 @ 18.92 5770.60
flou seal 77# @ 2.97 228.69
Material @ 5999.29
Disc @ 1679.80
HANDLING *305 @ 2.48 756.40*
MILEAGE *614 @ 2.75 1688.50*
TOTAL *8444.19*

REMARKS:

p1 50 sts @ 3830
p2 50 sts @ 1658
p3 100 sts @ 792
p4 50 sts @ 351
p5 10 sts @ 40 with wiper plug
30 sts in Rathole
15 sts in Mouse hole

Thank you!!!

CHARGE TO: *Mc Elvain Energy, Inc*
STREET
CITY STATE ZIP

SERVICE

DEPTH OF JOB *3830*
PUMP TRUCK CHARGE *2558.75*
EXTRA FOOTAGE @
MILEAGE *45 LVMI @ 4.40 198.00*
MANIFOLD @
90 HVMI @ 7.70 693.00

Disc 1650.50
TOTAL *5897.75* *165*

PLUG & FLOAT EQUIPMENT

8 5/8 Wooden plug @ 110.00 110.00
@
@
@

Disc 30.80 TOTAL *110.00*

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.

SALES TAX (If Any)
TOTAL CHARGES *12003.94*
DISCOUNT *3361.10 (28%)* IF PAID IN 30 DAYS

net \$ 8642.84

PRINTED NAME *Rodney Gonzalez*
SIGNATURE *Rodney Gonzalez*