

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1249888
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: _____

1249888

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bach, Jason dba Bach Oil Production
Well Name	Knape 5
Doc ID	1249888

Tops

Name	Top	Datum
Stone Corral	1674	+391
Base Stone Corral	1694	+371
Topeka	3032	-967
Heebner	3237	-1172
Toronto	3266	-1201
Lansing	3284	-1219
Muncie	3393	-1328
Stark	3461	-1396

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

BACH OIL PRODUCTION

WELL: KNAPE #5

LOC.: 2152' FSL & 2360' FWL
 SEC. 18-1-18W
 PHILLIPS COUNTY, KANSAS
 API: 15-147-20752-00-00

ELEVATION

KB: 2065
 GL: 2060
 LOG MEASURED
 FROM: KB

SURFACE CASING

20# 8 5/8 "
 Casing set @ 217'
 w/175 SX

PRODUCTION CASING

D&A

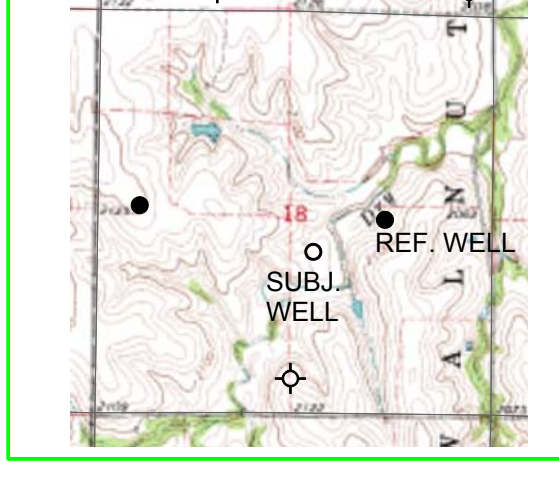
WELL LOG SURVEYS

CDL/DIL

ELECTRIC LOG TOPS

FORMATION	DEPTH	DATUM	POSITION
Stone Corral	1674	+391	-4
Base Stone Corral	1694	+371	-4
Topeka	3032	-967	-7
Heebner	3237	-1172	-5
Toronto	3266	-1201	-6
Lansing	3284	-1219	-5
Muncie	3393	-1328	-6
Stark*	3461	-1396	-7

*extrapolated from drill time



DAILY REPORT

@7:00 A.M.

12-22-14 MIRU

12-26-14 SPUD

12-27-14 536'

12-28-14 2245'

12-29-14 3003'

12-30-14 3462'

REFERENCE WELL:

Bach Oil Production
 Knape #1
 Location: T1S R18W, Sec. 18
 NE NE NW SE
 2570 North, 1420 West, from SE corner

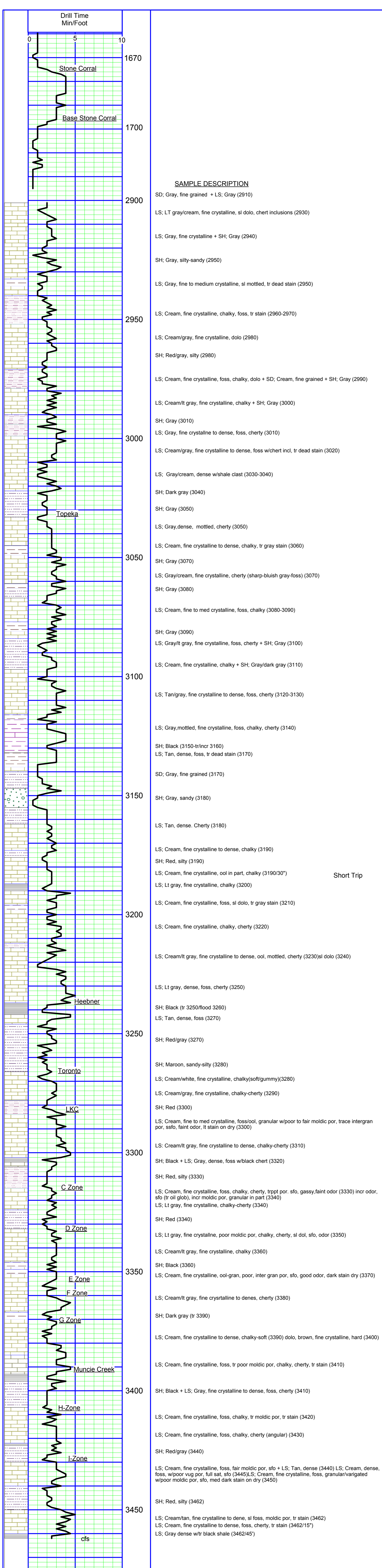
REMARKS AND RECOMMENDATIONS

This well was plugged and abandoned by the operator.

Respectfully submitted,

Robert J. Petersen

Robert J. Petersen





INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 147886
Invoice Date: Dec 26, 2014
Page: 1

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

Federal Tax I.D.#: 20-8651475

Bill To:
Bach Oil Production 82 W. 500 Ln. Phillipsburg, KS 67661

Customer ID	Field Ticket #	Payment Terms	
Bach	55595	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Russell	Dec 26, 2014	1/25/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Knape #5		
175.00	CEMENT MATERIALS	Class A Common	17.90	3,132.50
330.00	CEMENT MATERIALS	Gel	0.50	165.00
495.00	CEMENT MATERIALS	Chloride	1.10	544.50
175.00	CEMENT SERVICE	Cubic Feet Charge	2.48	434.00
412.50	CEMENT SERVICE	Ton Mileage Charge	2.75	1,134.38
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
50.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	220.00
100.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	770.00
1.00	CEMENT SUPERVISOR	Robert Yakubovich		
1.00	EQUIPMENT OPERATOR	Nathan Donner		
1.00	OPERATOR ASSISTANT	Tracy Jordan		

Subtotal	7,912.63
Sales Tax	255.49
Total Invoice Amount	8,168.12
Payment/Credit Applied	
TOTAL	8,168.12

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

\$ 2,215.54

ONLY IF PAID ON OR BEFORE
Jan 25, 2015

ALLIED OIL & GAS SERVICES, LLC 055595

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS

DATE <u>12-26-14</u>	SEC <u>18</u>	TWP. <u>1</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00PM</u>	JOB FINISH <u>6:50PM</u>
LEASE <u>KNAPE</u>	WELL# <u>5</u>	LOCATION <u>Phillipsburg KS 9N3W</u>			COUNTY <u>Phillips</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>4 1/2 N Winto</u>					

CONTRACTOR Murcia 24
 TYPE OF JOB surface
 HOLE SIZE 12 1/4 T.D. 217
 CASING SIZE 8 5/8 23 3/8 DEPTH 217
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15
 CEMENT LEFT IN CSG. 15
 PERFS. _____
 DISPLACEMENT 12.87

EQUIPMENT
 PUMP TRUCK CEMENTER Robert Y
 # 409 HELPER Nathan D
 BULK TRUCK
 # 378 DRIVER Tracy J
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
See log
Cement did circulate to surface
Thank you!!!
Happy Holidays
 CHARGE TO: Back Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

OWNER _____
 CEMENT
 AMOUNT ORDERED 175 can 370cc 27age1
 COMMON 175 @ 17.90 3132.50
 POZMIX @ _____
 GEL 330 @ 0.50 165.00
 CHLORIDE 475 @ 1.10 544.50
 ASC @ _____
 @ _____
Material @ _____ 3842.00
 @ _____
Misc @ 1075.77
 @ _____
 @ _____
 HANDLING 175 sh @ 2.48 434.00
 MILEAGE 413 t/m 2.75 1134.38
412.5 TOTAL 5410.38

SERVICE
 DEPTH OF JOB 217
 PUMP TRUCK CHARGE 1572.25
 EXTRA FOOTAGE @ _____
 MILEAGE 50 LVMI @ 4.40 220.00
 MANIFOLD @ _____
100 HVMI @ 7.70 770.00
 @ _____
 @ _____
Misc 1139.77 TOTAL 4070.63
2502.25

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES 7912.63
 DISCOUNT 2215.54 (28%) IF PAID IN 30 DAYS
 net \$ 5697.09

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cement 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 Martin
 SIGNATURE Anthony Martin