

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1250385  
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: \_\_\_\_\_

1250385



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:  Yes  No

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> _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	J. F. LOVERIDGE 7
Doc ID	1250385

#### Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
		Found holes @ 2223 to 2190', 2180 to 2161', 2036 to 2006', 1316 to 1284', 939 to 907'.	
	3319	RIH set CIBP @ 3319'.	
		RIH set cmt retainer @ 1968'. Opened cmt retainer, pmp'd 250 sxs of cmt. In bottom 3 sets of holes. Pulled up to 782', set pkr. Pmp'd 250 sxs of cmt,	
		POOH w/ retainer. Pulled up to 782', pmp'd 250 sxs of cmt	
		Drl'd through Plug @ 1968', Drl'd on CIBP @ 3319, pushed to bottom 3720'. circ hole clean.	
		Set plug @ 3399'. Set pkr @ 3339'. Acidized w/750 gal 15%, 1.5 gal INB, 1.5 gal NE, 4 gal FE, 1.5 gal SS	





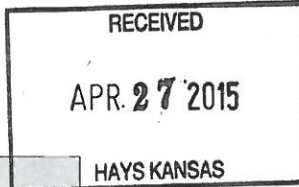
PO Box 93999  
Southlake, TX 76092

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

# INVOICE

Invoice Number: 149192  
Invoice Date: Apr 3, 2015  
Page: 1

Federal Tax I.D.#: 20-8651475



**Bill To:**  
Citation Oil & Gas Corp.  
1016 East Highway 40 Bypass  
Hays, KS 67601

Customer ID	Field Ticket #	Payment Terms	
Cita	55661	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-05	Russell	Apr 3, 2015	5/3/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Loveridge #7		
500.00	CEMENT MATERIALS	Class A Common	17.90	8,950.00
940.00	CEMENT MATERIALS	Chloride	1.10	1,034.00
500.00	CEMENT SERVICE	Cubic Feet Charge	2.48	1,240.00
587.46	CEMENT SERVICE	Ton Mileage Charge	2.75	1,615.52
1.00	CEMENT SERVICE	Squeeze Casing Leak	2,558.75	2,558.75
40.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	308.00
1.00	CEMENT SERVICE	Squeeze Manifold Rental	430.00	430.00
20.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	88.00
1.00	CEMENT SUPERVISOR	Allen Werth		
1.00	OPERATOR ASSISTANT	Tracy Jordan		
1.00	OPERATOR ASSISTANT	Benjamin Griffin		

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

\$ 7,787.65

ONLY IF PAID ON OR BEFORE  
May 3, 2015

Subtotal	16,224.27
Sales Tax	1,200.60
Total Invoice Amount	17,424.87
Payment/Credit Applied	
<b>TOTAL</b>	<b>17,424.87</b>

# ALLIED OIL & GAS SERVICES, LLC 055661

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Russell

DATE <u>4-3-15</u>	SEC. <u>15</u>	TWP. <u>21</u>	RANGE	CALLED OUT <u>5:00 AM</u>	ON LOCATION <u>7:50 AM</u>	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:30 PM</u>
LEASE <u>Loveridge</u> WELL # <u>7</u>			LOCATION <u>Church of God 2 1/2 - 3</u>	COUNTY <u>Graham</u>	STATE <u>Ks</u>		
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>North, west into</u>				

CONTRACTOR \_\_\_\_\_ OWNER \_\_\_\_\_  
 TYPE OF JOB Squeeze Casing Leak  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE 5 1/2 DEPTH \_\_\_\_\_  
 TUBING SIZE 2 7/8 DEPTH 1968 Ret.  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

EQUIPMENT  
Allen Werth  
 PUMP TRUCK CEMENTER  
 # 409 HELPER Tracy Jordan  
 BULK TRUCK  
 # 985-292 DRIVER Ben Griffin  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

CEMENT  
 AMOUNT ORDERED 500 SKS Common w/ 20% CL  
 COMMON 500 SKS @ 17.90 \$ 8,950.00  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE 940 # @ 1.10 \$ 1034.20  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING 500 SKS @ 2.48 \$ 1240.00  
 MILEAGE 587.46 @ 2.75 \$ 1615.53  
 TOTAL \$ 9984.00

REMARKS:  
see Job summary  
CTBP 3319

SERVICE  
 DEPTH OF JOB 3000'  
 PUMP TRUCK CHARGE \$ 2558.25  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE HVM 40 mi @ 2.70 \$ 308.00  
 MANIFOLD 1-2A @ 430.00 \$ 430.00  
Pickup mileage 20 mi @ 4.40 \$ 88.00  
 TOTAL \$ 6240.28  
Done 2995.33

CHARGE TO: Citation Oil & Gas  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \$ 16224.28  
 DISCOUNT \$ 7787.65 48% IF PAID IN 30 DAYS

PRINTED NAME Sen Plante  
 SIGNATURE \_\_\_\_\_

\$ 8436.63