



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1251707  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|---|

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: \_\_\_\_\_



1251707

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](mailto: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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|  |   |   |
|--|---|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|



755 Hwy 385  
Burlington, CO 80807  
(719) 346-8806

1301 W. 25 ST.  
Goodland, KS 67735  
(785) 899-6535

880 U S Hwy 385  
Cheyenne Wells, CO 80810  
(719) 767-5892



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P.O. NO.       DATE: 5-28 2015 12247

CUSTOMER/CONTRACTOR: 6060

MAIL ADDRESS:

PROJECT LOCATION: Field Tompkins 5-18  
MIX TYPE/USAGE: longevity

| QUANTITY                   | PRODUCT REFERENCE | UNIT PRICE | AMOUNT |
|----------------------------|-------------------|------------|--------|
| Cubic Yds. _____           | SK. _____ PSI.    |            |        |
| ADDITIONAL 1: 30           | Slurry mix        |            |        |
| ADDITIONAL 2: _____        |                   |            |        |
| ADDITIONAL 3: _____        |                   |            |        |
| SUMP REQUESTED: _____      | INCH              |            |        |
| WATER AT PLANT: 20         | GAL.              |            |        |
| WATER ADDED AT SITE: _____ | GAL.              |            |        |
| DELIVERY CHARGE:           |                   |            |        |
| UNLOADING TIME:            |                   |            |        |
| MISC:                      |                   |            |        |
| STATE TAX                  |                   |            |        |
| CITY TAX                   |                   |            |        |
| TOTAL                      |                   |            |        |

A Periodic FINANCE CHARGE (ANNUAL PERCENTAGE OF 24%) will be applied to any past due balance

| MILEAGE        | DRIVER | TRUCK # | TOTAL |
|----------------|--------|---------|-------|
|                | 50     | 35      |       |
| UNLOADING TIME | START  | STOP    | TOTAL |
|                | 1130   | 1200    |       |



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P.O. NO.       DATE: 5/28/15 2015 12270

CUSTOMER/CONTRACTOR: Labo

MAIL ADDRESS:

PROJECT LOCATION: about 150' above  
Btwn of 70  
Thompson 50 N  
MIX TYPE/USAGE: longevity

| QUANTITY                   | PRODUCT REFERENCE | UNIT PRICE | AMOUNT |
|----------------------------|-------------------|------------|--------|
| Cubic Yds. _____           | SK. _____ PSI.    |            |        |
| ADDITIONAL 1: 40           | sacks             |            |        |
| ADDITIONAL 2: 280          | water             |            |        |
| ADDITIONAL 3: _____        |                   |            |        |
| SUMP REQUESTED: _____      | INCH              |            |        |
| WATER AT PLANT: _____      | GAL.              |            |        |
| WATER ADDED AT SITE: _____ | GAL.              |            |        |
| DELIVERY CHARGE:           |                   |            |        |
| UNLOADING TIME:            |                   |            |        |
| MISC:                      |                   |            |        |
| STATE TAX                  |                   |            |        |
| CITY TAX                   |                   |            |        |
| TOTAL                      |                   |            |        |

A Periodic FINANCE CHARGE (ANNUAL PERCENTAGE OF 24%) will be applied to any past due balance

| MILEAGE        | DRIVER | TRUCK # | TOTAL |
|----------------|--------|---------|-------|
|                | 21:35  |         |       |
| UNLOADING TIME | START  | STOP    | TOTAL |
|                | 21:35  |         |       |

70 sacks tot. - fill to 150 from ground

these 40 sacks went down back side between 6' x 4' x 5'9"



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P.O. No.

DATE: 5-1 12161 20 15

CUSTOMER/CONTRACTOR: Lobo

MAIL ADDRESS: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_ MIX TYPE/USAGE: \_\_\_\_\_

| QUANTITY   | PRODUCT REFERENCE                           | UNIT PRICE | AMOUNT |
|--|---|------------|--------|
|  | CUBIC YDS. <u>75</u> SK. _____ PSI.         |            |        |
|  | ADDITIVE 1:                                 |            |        |
|  | ADDITIVE 2: <u>Slurry mix</u>               |            |        |
|  | ADDITIVE 3:                                 |            |        |
|  | SLUMP REQUESTED: _____ INCH                 |            |        |
|  | WATER AT PLANT: <u>0.25</u> GAL. <u>525</u> |            |        |
|  | WATER ADDED AT SITE: _____ GAL.             |            |        |
|  | DELIVERY CHARGE:                            |            |        |
|  | UNLOADING TIME:                             |            |        |
|  | MISC:                                       |            |        |
| <p>I acknowledge receipt of the above described material. I assume responsibility for reduced strength where water is added. I also assume responsibility for and waive against the seller for damage occasioned by its delivery to the above address.</p> <p>X <u>[Signature]</u></p> <p><b>CAUTION:</b> Freshly mixed cement, mortar, concrete or ground may cause skin injury. Avoid contact with skin where possible and wash exposed skin area promptly with water. If any cement mixtures get into eyes, rinse immediately and repeatedly with water and get prompt medical attention.</p> <p><b>KEEP OUT OF REACH OF CHILDREN</b></p> |   |            |        |
|  |   | CITY TAX   |        |
|  |   | STATE TAX  |        |
|  |   | TOTAL      |        |

A Periodic FINANCE CHARGE (ANNUAL PERCENTAGE OF 24%) will be applied to any past due balance

|                |                    |                   |
|----------------|--------------------|-------------------|
| MILEAGE        | DRIVER <u>Seth</u> | TRUCK # <u>15</u> |
| UNLOADING TIME | START <u>6:25</u>  | STOP <u>7:02</u>  |
|                |                    | TOTAL             |

|                                |                  |  |                             |  |                         |
|--------------------------------|------------------|--|-----------------------------|--|-------------------------|
| Company: LOBO PRODUCTION, INC. |                  | Location: SW NW SW / SEC 18 TWP 8S RGE 9SW |                             | Elevation: 3690                            |                         |
| Well: TOMKINS 5-18             |                  | Field: GOODLAND                            |                             | K.B. G.L. 3690                             |                         |
| County: SHERMAN                |                  | State: KANSAS                              |                             | Other Services:                            |                         |
| Company: LOBO PRODUCTION, INC. |                  | Well: TOMKINS 5-18                         |                             | Field: GOODLAND                            |                         |
| County: SHERMAN                |                  | State: KANSAS                              |                             | Location: SW NW SW / SEC 18 TWP 8S RGE 9SW |                         |
| Permanent Datum: GROUND LEVEL  |                  | Log Measured From: GROUND LEVEL            |                             | Drilling Measured From: GROUND LEVEL       |                         |
| Date: 6-16-2015                | Run Number: 1139 | Depth Logger: 1135                         | Bottom Logged Interval: 250 | Top Log Interval: 4.12"                    | Casing Size: WATER      |
| Estimated Cement Top: 310      | Time Well Ready: | Time Logger on Bottom:                     | Equipment Number:           | Recorded By:                               | Witnessed By:           |
|                                |                  |  | 18.7                        | CHESTERMELLS CO                            | HERGENSON               |
|                                |                  |  |                             | JOHN SANDERS                               | RICHARD MILLER          |
| Run Number: 1139               | ER From: 344     | To: 1163                                   | Size: 3.44                  | Weight: 1163                               | Tubing Record From: To: |
| TVIS: 6.14"                    | ER From: 344     | To: 1163                                   | Size: 3.44                  | Weight: 1163                               | Tubing Record From: To: |
| Casing Record: 3.44            | ER From: 344     | To: 1163                                   | Size: 3.44                  | Weight: 1163                               | Tubing Record From: To: |
| Production String: 4.12"       | ER From: 344     | To: 1163                                   | Size: 3.44                  | Weight: 1163                               | Tubing Record From: To: |

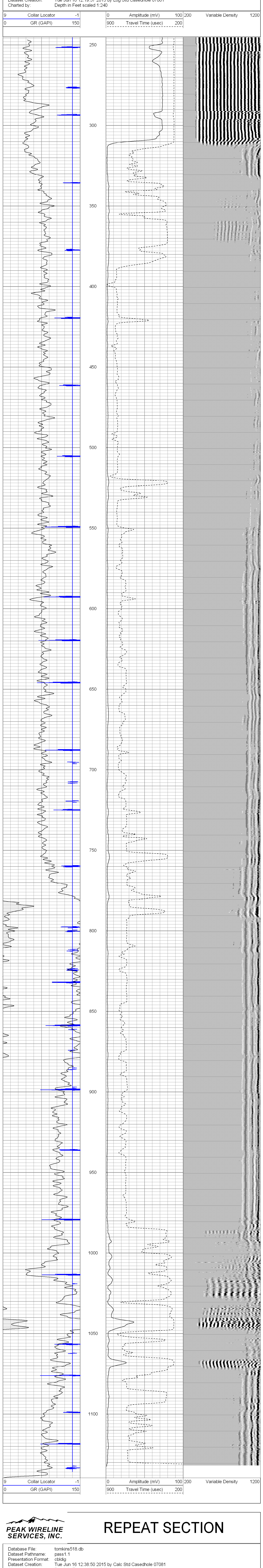
<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

MAIN PASS

Database File: tomkins518.db  
 Dataset Pathname: pass2  
 Presentation Format: cblig  
 Dataset Creation: Tue Jun 16 12:19:57 2015 by Log Std Casedhole 07081  
 Charted by: Depth in Feet scaled 1:240

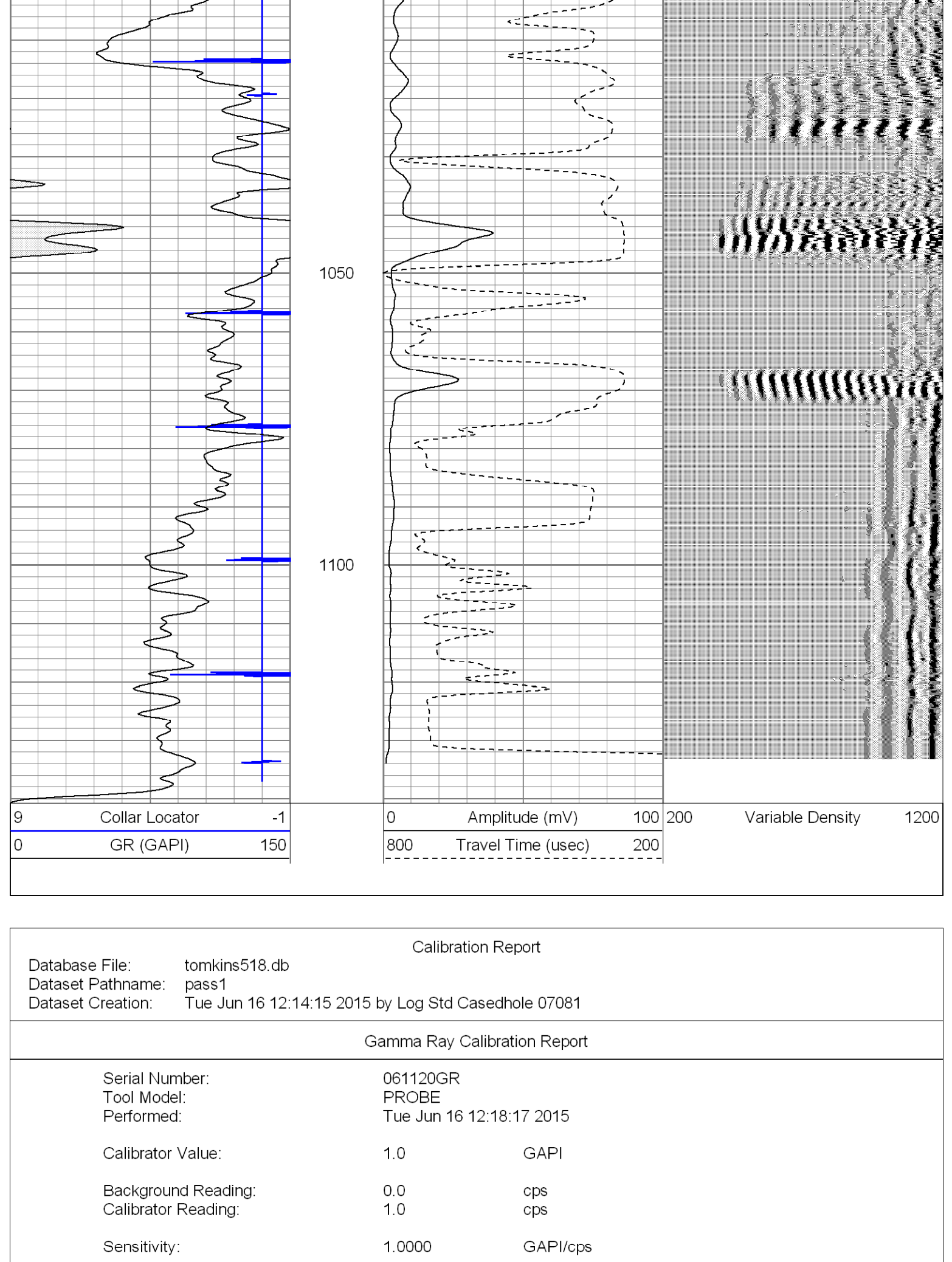


9 Collar Locator -1  
0 GR (GAPI) 150

0 Amplitude (mV) 100 200 Variable Density 1200  
800 Travel Time (usec) 200

REPEAT SECTION

Database File: tomkins518.db  
 Dataset Pathname: pass1.1  
 Presentation Format: cblig  
 Dataset Creation: Tue Jun 16 12:38:50 2015 by Calc Std Casedhole 07081  
 Charted by: Depth in Feet scaled 1:240



9 Collar Locator -1  
0 GR (GAPI) 150

0 Amplitude (mV) 100 200 Variable Density 1200  
800 Travel Time (usec) 200

Calibration Report

Database File: tomkins518.db  
 Dataset Pathname: pass1  
 Dataset Creation: Tue Jun 16 12:14:15 2015 by Log Std Casedhole 07081

Gamma Ray Calibration Report

Serial Number: 061120GR  
 Tool Model: PROBE  
 Performed: Tue Jun 16 12:18:17 2015

Calibrator Value: 1.0 GAPI  
 Background Reading: 0.0 cps  
 Calibrator Reading: 1.0 cps

Sensitivity: 1.0000 GAPI/cps

Cement Bond Log Calibration Report

Serial Number: 5.5dig040201  
 Tool Model: Probe275Digital  
 Performed: Tue Jun 16 12:15:15 2015

Depth: 143 ft  
 Casing Diameter: 4.5 in

3' Spacing 5' Spacing

Signal Zero: 0.25 0 mV  
 Calibrated Amplitude: 81.1961 81.1961 mV  
 Reading at Signal Zero: -0.0279346 2.10884 V  
 Reading in Free Pipe: 2.3167 2.10884 V

Gain: 34.524 38.668  
 Offset: 1.21441 -0.348351