



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1253029
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: _____



1253029

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

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	American Warrior, Inc.
Well Name	Schaben 2-13
Doc ID	1253029

Tops

Name	Top	Datum
Anhydrite	1464	793
Heebner	3744	-1487
Lansing	3789	-1532
Base Kansas City	4114	1857
Pawnee	4231	1974
Ft. Scott	4306	-2049
Cherokee	4331	-2074
Mississippian	4399	-2142
TD	4438	-2181

Geological Report

American Warrior, Inc.
Schaben #2-13
2265' FSL & 1207' FWL
Sec. 13 T20s R22w
Ness County, Kansas



American Warrior, Inc.

General Data

Well Data: American Warrior, Inc.
Schaben #2-13
2265' FSL & 1207' FWL
Sec. 13 T20s R22w
Ness County, Kansas
API # 15-135-25865-0000

Drilling Contractor: Discovery Drilling Rig #3

Geologist: Jason T Alm

Spud Date: May 2, 2015

Completion Date: May 7, 2015

Elevation: 2249' Ground Level
2257' Kelly Bushing

Directions: Bazine KS, South 10 mi. to 30 rd. West $\frac{3}{4}$ mi. North
into location.

Casing: 222' 8 $\frac{5}{8}$ " surface casing

Samples: 10' wet and dry, 4000' to RTD

Drilling Time: 3700' to RTD

Electric Logs: None

Drillstem Tests: None

Problems: None

Remarks: None

Formation Tops

Formation	American Warrior, Inc.
	Schaben #2-13
	Sec. 13 T20s R22w
	2265' FSL & 1207' FWL
Anhydrite	1464', +793
Base	1501', +756
Heebner	3744', -1487
Lansing	3789', -1532
BKc	4114', -1857
Pawnee	4231', -1974
Fort Scott	4306', -2049
Cherokee	4331', -2074
Mississippian	4399', -2142
Osage	4430', -2173
RTD	4438', -2181

Sample Zone Descriptions

Mississippian Osage (4430', -2173):

Δ – White to light gray, weathered with fair to good vuggy porosity, barren, angular in part. slightly dolomitic with scattered poor inter-crystalline porosity, no fluorescents, very light sour odor.

Structural Comparison

	American Warrior, Inc. Schaben #2-13 Sec. 13 T20s R22w 2265' FSL & 1207' FWL	Lucky Lady Oil Co. Wittman #1 Sec. 13 T20s R22w 2310' FSL & 330' FWL		Strecker #1 Pendleton Land & Expl Sec. 13 T20s R22w 1450' FSL & 1190' FWL	
Formation					
Anhydrite	1464', +793	1464', +775	(+18)	NA	NA
Base	1501', +756	NA	NA	NA	NA
Heebner	3744', -1487	3743', -1504	(+17)	3742', -1486	(-1)
Lansing	3789', -1532	3791', -1552	(+20)	3786', -1530	(-2)
BKc	4114', -1857	NA	NA	NA	NA
Pawnee	4231', -1974	NA	NA	NA	NA
Fort Scott	4306', -2049	4310', -2071	(+22)	4304', -2048	(-1)
Cherokee	4331', -2074	4337', -2098	(+24)	4327', -2071	(-3)
Mississippian	4399', -2142	4419', -2180	(+38)	4408', -2152	(+10)
Osage	4430', -2173	NA	NA	NA	NA

Summary

The location for the Schaben #2-13 was found via 3-D seismic survey. The new well ran structurally as expected via the survey on all datums expect for the Mississippian. No Drill Stem Tests were conducted due to lack of shows throughout the well. After all gathered data had been examined the decision was made to plug and abandon the Schaben #2-13 well.

Respectfully Submitted,

Jason T Alm
Hard Rock Consulting, Inc.



Services, Inc.

CHARGE TO: Anderson, W. B.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET 20470
 PAGE 1 OF 1

1. SERVICE LOCATION <u>110001 KS</u>	WELL/PROJECT NO. <u>2-13</u>	LEASE <u>Sullivan</u>	COUNTY/PARISH <u>Adair</u>	STATE <u>KS</u>	CITY <u>Barre</u>	DATE <u>2 May 15</u>	OWNER <u>1</u>
2. TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	WELL LOCATION	
3. WELL TYPE <u>3</u>	WELL CATEGORY <u>Disturbance</u>	JOB PURPOSE <u>Drill water pipe</u>	WELL PERMIT NO.				
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>Drill water</u>						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT							
5725				MILEAGE	112	m			5.00	112.00
5765				Pump charge					800.00	800.00
225				Shaded cement	120	sq			12.25	1470.00
279				Balls to gel	3	SL			25.00	75.00
278				Calcium chloride	5	SL			42.00	210.00
270				D-AIR	1	YAL			42.00	42.00
581				Service charge	150	hr			1.50	225.00
583				Drillage (over)	1	hr			250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	3529.50
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR _____ APPROVAL _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2/11/15 PAGE NO.

CUSTOMER American Westcoast WELL NO. 2-13 LEASE Schinben JOB TYPE Cement surface pipe TICKET NO. 28478

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								150 SK STANDARD cement 2%gel 3%CC 23" x 8 1/2" casing 5' to 223'
	1745							on loc TRK 114
	1830							circulate well
	1836	4					0	MIX STD 203% cement @ 147 ppf <u>150SK</u>
		4	36				0	
	1855	4	134				200	Displace w/ Fresh H ₂ O Cement to Surface Kick out
	1900							kick out shut in 950
								Wash back Pack 1.5
	1725							job complete
								Thanks Flat, Illinois



Services, Inc.

CHARGE TO:

Ameson Dessor

TICKET 28481

ADDRESS

CITY, STATE, ZIP CODE

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
<i>Ameson KS</i>	<i>2-13</i>	<i>Schaben</i>	<i>Ames</i>	<i>KS</i>	<i>Braine</i>	<i>7 MAY 15</i>	
TICKET TYPE	CONTRACTOR	RIG NAME/NO.	SHIPPED	DELIVERED TO	ORDER NO.		
<input type="checkbox"/> SERVICE			<input checked="" type="checkbox"/> SALES	<i>Location</i>			
WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION			
	<i>PTA</i>	<i>plug to Abandon</i>		<i>13-20-22</i>			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
<i>575</i>					<i>TRK 114</i>	<i>25</i>	<i>mi</i>				<i>5.00</i>	<i>125.00</i>
<i>576P</i>					<i>Pump Charge</i>	<i>1/24</i>					<i>800.00</i>	<i>800.00</i>
<i>328-4</i>					<i>60/40 permix (40/gal)</i>	<i>240</i>	<i>sk</i>				<i>10.25</i>	<i>2460.00</i>
<i>276</i>					<i>Flare</i>	<i>50</i>	<i>lb</i>				<i>2.25</i>	<i>112.50</i>
<i>290</i>					<i>D-Air</i>	<i>2</i>	<i>gal</i>				<i>4200</i>	<i>84.00</i>
<i>281</i>					<i>Service charge</i>	<i>240</i>	<i>sk</i>				<i>1.50</i>	<i>360.00</i>
<i>582</i>					<i>Drayage (mi)</i>	<i>2035</i>	<i>lb</i>		<i>1.04</i>		<i>210</i>	<i>250.00</i>

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? AGREE UN-DECIDED DIS-AGREE

WE UNDERSTOOD AND MET YOUR NEEDS? AGREE UN-DECIDED DIS-AGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY? AGREE UN-DECIDED DIS-AGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? AGREE UN-DECIDED DIS-AGREE

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	<i>4191</i>	<i>50</i>
TAX		
TOTAL		

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: *BSM* APPROVAL

SWIFT OPERATOR

As part of the materials and services listed on this ticket

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **MAY 15** PAGE NO. **1**

CUSTOMER **American Warrior** WELL NO. **2-13** LEASE **Schabon** JOB TYPE **Plug to Abandon** TICKET NO. **28481**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								240 sk 60/40 poz mix (4% gel) w/ 1/2" floccle 4 1/2" Dr pipe 78 holes 1st plug 1530' 50sk 2nd plug 650' 40sk on loc TRV 114 3rd plug 240' 40sk 4th plug 60' 20sk RH-30' MH 20
	1500							
	1610							Circ well w/ mud
	164	2 1/2	13			200		Mix 60/40 poz (4%) 50sk @ 12.1 ppg
	1627		18					Disp loc w/ 18 bbl mud pull to 650'
	1710	3 1/2	22			200		Mix 60/40 poz (4%) 80sk @ 13.1
		3 1/2	3			200		Disp loc 366' pull to 280'
	1725							
	1735	3 1/2				200		Mix 60/40 poz (4% gel) 40sk @ 13.1 ppg
		3 1/2	1			0		Disp loc 1 bbl pull to 60'
	1744							break holes
			5					Mix 60/40 poz (4% gel) 20sk @ 13.1 plug RH 30sk plug MH 20sk
	1915							everything plugged - total 240sk
								Wash up
								Pick up
								job complete
								Plumb Blain Flint # 12996