

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1252226
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: _____

1252226

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Larson Engineering, Inc. dba Larson Operating Company
Well Name	Meeker 1 OWWO
Doc ID	1252226

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4567-70, 4572-78, 4410-14	250 gal 15% RWR-1	4567-70, 4572-78
		250 gal 15% RWR-1	4410-14
4	4385-87	250 gal 15% RWR-1	4385-87
4	4207-10	250 gal 15% RWR-1	4207-10
4	4554-57, 4366-71, 4373.5-75.5, 4210-14	400 gal 15% RWR-1	4554-57, 4567-70, 4572-78
		400 gal 15% RWR-1	4366-71, 4385- 87, 4373.5-75, 4410- 14
		400 gal 15% RWR-1	4207-14
		1000 gal 15% RWR-1	4567-70, 4572-78, 4554-57
		1000 gal 15% RWR-1	4410-14, 4385-87, 4366-71, 4373.5-75.5
		1000 gal 15% RWR-1	4207-14
		3500 gal 15% MCA	4567-70, 4572-78, 4554-57, 4410-14, 4385-87, 4366-71, 4373.5-75.5, 4207-14



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 28431

PAGE 1 OF

SERVICE LOCATIONS: 1. **NESS CITY, KS.**
 WELL/PROJECT NO.:
 LEASE: **MEEKER #10WWD** COUNTY/PARISH: **LANE** STATE: **KS.** CITY: **DIGHTON, KS.** DATE: **16 MAR 15** OWNER:
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **WILD WEST WELL SERV** RIG NAME/NO.:
 3. WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **CEMENT PORT COLLAR** WELL PERMIT NO.: WELL LOCATION: **14W, S, I, T, O**
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM		UM	
575					MILEAGE #115	40	mil	5	200 ⁰⁰	200 ⁰⁰
576D					Pump CHARGE	1		1250 ⁰⁰	1250 ⁰⁰	1250 ⁰⁰
276					FLDCELE	605	lbs	2	146 ²⁵	146 ²⁵
290					D-AIR	22	sq ft	42	105 ⁰⁰	105 ⁰⁰
330					SMD CEMENT	250	sq	15	3937 ⁵⁰	3937 ⁵⁰
581					CEMENT SERVICE CHARGE	325	sq	1	487 ⁵⁰	487 ⁵⁰
583					DRAINAGE	32335	lbs	646.7	485 ⁰⁰	485 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: **16 MAR 15** TIME SIGNED: **1645** 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	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6611	28
WE UNDERSTOOD AND MET YOUR NEEDS AND 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	6910 78

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

JOB LOG

SWIFT Services, Inc.

DATE 16 MAR 15 PAGE NO.

CUSTOMER LARSON ENGINEERING

WELL NO.

LEASE # MEERER # 10WWD

JOB TYPE CEMENT PORT COLLAR

TICKET NO. 28431

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1500							ON LOCATION
								PORT COLLAR @ 2110
	1510				✓		1000	TEST HELD
	1514							OPEN PORT COLLAR
	1516	4	138	✓		400		MIX 250 SX SMD
		3	7 1/2	✓		300		DISPLACE CEMENT
								CIRCULATE 20 SX TO PIT
	1555				✓		1000	CLOSE PORT COLLAR - TEST - HELD
								RUN SJTS.
	1605	4	20		✓		400	REVERSE CLEAN
	1611							WASH TRUCK
	1645							JOB COMPLETE.
								THANKS # 115
								JASON DAVE COLE CRAIG



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 28294

PAGE 1 OF 2

SERVICE LOCATIONS: 1. **NESS CITY, KS.** WELL/PROJECT NO. LEASE **MEEKER #10WWD** COUNTY/PARISH **LANE** STATE **Ks.** CITY **DIGHTON, KS.** DATE **4 MAR 15** OWNER
 2. TICKET TYPE SERVICE SALES CONTRACTOR **HD DRILLING RIG #3** RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.
 3. WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **4 1/2 LONG STRING** WELL PERMIT NO. WELL LOCATION **1 1/4 W, SJTO.**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE # 115	40		mi		5.00	200.00
578					Pump CHARGE	1		JOB		1250.00	1250.00
280					FLOCHECK 21	500		gal		3.00	1500.00
281					LIQUID KCL	2		gal		25.00	50.00
290					D-AIR	2		gal		42.00	84.00
419					ROTATING HEAD RENTAL	1		JOB		200.00	200.00

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 *[Signature]*
 DATE SIGNED **4 MAR 15** TIME SIGNED **0345** 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		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL 1	3284.50
WE UNDERSTOOD AND MET YOUR NEEDS?				2	5294.50
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	8578.50
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Lane TAX 7.15%	469.95
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	9048.45
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]*

APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 28294

CUSTOMER LARSON ENGINEERING. WELL MEEKER #10WWD DATE 4/MAR/15 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY	U/M	QTY	U/M			
276						FLOCFE	25	lbs			2 ³⁵	56	25
283						SALT	900	lbs			2 ⁰⁰	180	00
284						CALSEAL	8	15x			30 ⁰⁰	240	00
292						HALAD-322	150	lbs.			8 ⁰⁰	1200	00
277						GILSONTE	1225	lbs			7 ⁵⁰	918	75
325						STANDARD EA-2	175	15x			12 ²⁵	2143	75
583						SERVICE CHARGE					1 ⁵⁰	262	50
583						MILEAGE CHARGE	19550	TOTAL WEIGHT	40	LOADED MILES	391.0	293	25

CONTINUATION TOTAL 5294⁵⁰

JOB LOG

SWIFT Services, Inc.

DATE 4/MAR/15 PAGE NO.

CUSTOMER LARSON ENGINEERING

WELL NO.

LEASE

MEEKER #10WWD

JOB TYPE

42 LONGSTRING

TICKET NO.

28294

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0100							ON LOCATION
								LTD @ 4672 SET @ 4670 SNOE ST. 44.19 - 4 1/2 - 11.6 # PORT COLLAR @ 2109
	0130							DROP BALL CIRCULATE
	0231	6	15		✓		400	Pump 15 Bbl KCL
		6	12		✓		400	Pump 500 gal FLOCHECK 21
		6	5		✓		400	Pump 5 Bbl KCL
	0237		7					PLUG RH-30sx
	0241	4	35		✓			MIX 175 SK EA-2
	0252							WASH OUT Pump & LINES
	0257	6			✓			START DISPLACING PLUG
	0311	Ø	71		✓		1600	PLUG DOWN - LATCH PLUG IN
	0313							RELEASE PSI - DRY
	0315							WASH TRUCK
	0345							JOB COMPLETE
								THANKS # 115
								JASON DAVE MOLE ISAAC