



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254178
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: _____



1254178

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> _____
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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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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 08, 2015

Scott Banks
Banks, Scott dba Banks Resources
1700 N. WATERFRONT PKWY
BLDG 300, SUITE C
WICHITA, KS 67206

Re: ACO-1
API 15-199-20423-00-00
Holcomb 1
NW/4 Sec.28-15S-40W
Wallace County, Kansas

Dear Scott Banks:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/6/2014 and the ACO-1 was received on June 05, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

HAWK 3737

AUTHORIZATION

[Signature]

TITLE *Driller*

DATE *10-9-77*

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1500	1500
5406	60	MILEAGE	5	300
5407A	17	ton mileage delivery	17	289
11045	360	con class "A" cement	18.33	6600
1102	874#	calcium chloride	34	29896
1189	583#	gel	27	15791
4229	1	8 5/8 hpfel plate	315	315
4432	1	8 5/8 wooden plug	100.25	100.25
		Subtotal		11320.22
		tax 10% p.d.sc		1132.02
		sup total		10188.65
		SALES TAX		446.73
		ESTIMATED TOTAL		101435.38

Cement logs in cellar

Thank you Jerry crew

REMARKS: Safety meeting & rig up on 1 1/2" offset break circulation with 1/2" test hook up to truck & mix 30% cement 30% calcium chloride & 20% gel shut down release plug used up & replace with 2 1/4" drill fresh water plug landed @ 700' depth. Lost returns when plug landed, found cement 90' down with 1 1/2" plug line mix 30% sks & bring to surface lower 20' skid ground for bucketing.

DISPLACEMENT	24 1/4"	MIX PSI	
SLURRY WEIGHT	14.8	WATER GALLONS	
CASING DEPTH	425	DRILL PIPE	
JOB TYPE	Surface	HOLE SIZE	12 1/4"
		HOLE DEPTH	406
		CASING SIZE & WEIGHT	8 5/8 23#

CITY	STATE	ZIP CODE	
MAILING ADDRESS			
Scott Banks Banks Resources			
CUSTOMER	10-8-74	3177	Holcomb 1-28
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION
			28
			15
			40w
			46694

PO Box 88, Annuite, KS 66720
800-467-8676

CEMENT

FIELD TICKET & TREATMENT REPORT

CONSOLIDATED
Oil Well Services, LLC

272287

TICKET NUMBER

46694

LOCATION

Okley KS

FOREMAN

Jerry Y

063999

ALLIED OIL & GAS SERVICES, LLC

Federal Tax I.D. # 20-8551475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great Bend KS

DATE 10-15-14	SEC 28	TWP 15	RANGE 40	ON LOCATION 1/30 AM	JOB START 9:30 AM	JOB FINISH 10:30 AM	STATE KS
LEASE HOLCOMB	WELL # 1-28	LOCATION SHARON SPRINGS 27 Hwy South 8 km	GOOSEBERRY Rd 8 km west talk Rd 4 m west into	COUNTY WALLACE	STATE KS		

CONTRACTOR Midcat Drilling

TYPE OF JOB PTA

HOLE SIZE 7 7/8

CASING SIZE

TUBING SIZE

DEPTH

DEPTH 2650

DRILL PIPE 1 1/2

TOOL

PRES. MAX

MINIMUM

MEAS. LINE

CEMENT LEFT IN CSG. all

PERFS.

DISPLACEMENT Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Kevin Eddy

HELPER Brian Long

DRIVER Don Casper

BULK TRUCK

610/1170

DRIVER Don Casper

BULK TRUCK

398

REMARKS:

ON LOCATION - Held safety meeting - Rig up

Rig Band assembly of 4 1/2 drill pipe - land hole

W/Rig mud, #1 2650 @ 50 SXS

#2 1600 @ 100 SXS

#3 400 @ 50 SXS

#4 400 @ 10 SXS

RH @ 30 SXS

MH @ 15 SXS (Rig Down)

CHARGE TO: Banks Resources

STREET

CITY

STATE

ZIP

PRINTED NAME John Hovler

SIGNATURE

THANK YOU

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

OWNER

CEMENT AMOUNT ORDERED 355 SXS 60/40 4lb gel

COMMON

POZMIX

GEL

CHLORIDE

ASC

255 60/40 + 4% @ 18.92

4.834.60

190.08

5814.68

1.002.94

2.75

2.351.25

HANDLING 269.62 @ 2.48

668.66

Services

DEPTH OF JOB 2650

PUMP TRUCK CHARGE 2249.84

EXTRA FOOTAGE

MILEAGE HUM 75 @ 7.72

577.50

MANIFOLD

4.40 @ 4.40

330.00

PLUG & FLOAT EQUIPMENT

TOTAL 6.177.35

Plus 28% 1.235.45

SALES TAX (If Any)

TOTAL 110.00

Plus 28% 32.00

TOTAL CHARGES 11.301.93

20% 2.260.39

IF PAID IN 30 DAYS

9.041.54