



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254185
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
-----------------------------------	-----------------	---

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: _____



1254185

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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

ALLIED OIL & GAS SERVICES, LLC 064673

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Dakley, KS
4-2-13

DATE <u>4-1-13</u>	SEC. <u>28</u>	TWP. <u>15</u>	RANGE <u>42</u>	CALLED OUT	ON LOCATION <u>7:30 pm</u>	JOB START <u>12:30 am</u>	JOB FINISH <u>1:30 am</u>
LEASE <u>Gelt</u>	WELL # <u>1-28</u>	LOCATION <u>Western Sts Bump Rd</u>	COUNTY <u>Wallace</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one) <u>NEW</u>		<u>1W, 1/2N, W into</u>					

CONTRACTOR <u>Wildcat</u>	OWNER <u>same</u>
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>2 7/8</u>	T.D. <u>5270</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>2820'</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>32,99661</u>	

EQUIPMENT		CEMENT	
PUMP TRUCK	CEMENTER <u>Lakone & Eiden</u>	AMOUNT ORDERED <u>258 SFs 60/40 47091</u>	
# <u>422</u>	HELPER <u>Wayne McGlyth</u>	<u>41# flo seal</u>	
BULK TRUCK			
# <u>373/306</u>	DRIVER <u>Paul Beaver</u>		
BULK TRUCK			
#	DRIVER		
		COMMON	@
		POZMIX	@
		GEL	@
		CHLORIDE	@
		ASC	@
		<u>60/40/4 235 SFs</u>	@ <u>18.92 4824.60</u>
		<u>64#</u>	@ <u>2.97 190.08</u>
		<u>Material Total</u>	@ <u>5014.68</u>
		<u>(2005.87/40%)</u>	@
		HANDLING <u>273.87 SFs</u>	@ <u>2.48 679.20</u>
		MILEAGE <u>11.44 hr x 70 x 2.95</u>	@ <u>2202.20</u>
		TOTAL	

REMARKS:
Mix 50 SFs 2820'
Mix 100 SFs 1840'
Mix 30 SFs 450'
Mix 10 SFs 40' w/plug
Mix 15 SFs M.H.
Mix 30 SFs R.H.

Thank you

CHARGE TO: Banks Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB	<u>2820</u>
PUMP TRUCK CHARGE	<u>2483.59</u>
EXTRA FOOTAGE	@
MILEAGE <u>MI 40 70</u>	@ <u>7.70 539.00</u>
MANIFOLD	@
<u>MILD 70</u>	@ <u>4.40 308.00</u>
<u>Welding time 1 hrs</u>	@ <u>440.00 440.00</u>
<u>(2660.79/40%)</u>	TOTAL <u>6651.99</u>

PLUG & FLOAT EQUIPMENT	
<u>Wooden plug</u>	@ <u>110.00</u>
	@
	@
	@
	@
<u>0</u>	TOTAL <u>110.00</u>

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.

PRINTED NAME _____
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 11,776.67
 DISCOUNT 4,666.66 (40%) IF PAID IN 30 DAYS
7,110.00 Net.

ALLIED OIL & GAS SERVICES, LLC 063856

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley 14

DATE <u>3/26/15</u>	SEC. <u>28</u>	TWP. <u>15</u>	RANGE <u>42</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30</u>	JOB FINISH <u>11:00</u>
LEASE <u>Golt</u>	WELL# <u>178</u>	LOCATION <u>Wadkin S to Bumpy Rd</u>			COUNTY <u>Wallace</u>	STATE <u>KY</u>	
OLD OR <u>NEW</u> (Circle one) <u>3/4 W N 1/4</u>							

CONTRACTOR Willcat

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 400

CASING SIZE 8 7/8 DEPTH 404

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRE. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 24 22

OWNER Some

CEMENT AMOUNT ORDERED 3000 3700

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

49528 HELPER Rain Ryan

BULK TRUCK _____

810 DRIVER George Grant

BULK TRUCK _____

_____ DRIVER _____

COMMON 300 @ 12.90 5370.00

POZMIX @ _____

GEL @ _____

CHLORIDE 846 lb @ 1.10 930.60

ASC @ _____

Material Total @ _____ 6,300.60

(2500.24/403) @ _____

HANDLING 315 CF @ 2.40 781.20

MILEAGE 17.50 @ 17.50 279.50

TOTAL _____

REMARKS:

Oakley, Mid Cement, Higher Cement, Start in
Cement Bid Circulate
Thank You

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 1502.25

EXTRA FOOTAGE @ _____

MILEAGE 20 @ 2.20 539.00

MANIFOLD Hand @ _____ 225.00

at vehicle 20 @ 4.20 208.00

(2484.45/403) TOTAL 6,211.13

CHARGE TO: Bank Resources

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 5/8" Plug @ 110.00

(44.00/403) TOTAL 110.00

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.

PRINTED NAME _____

SIGNATURE John Doe

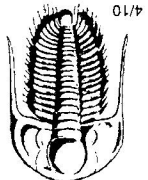
SALES TAX (If Any) _____

TOTAL CHARGES 12,621.73

DISCOUNT 5,048.69 (40%) IF PAID IN 30 DAYS

7,573.03 Net

Bid



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket
NO.

Well Name & No.	Test No.	Date
Company	Elevation	KB
Address	Rig	GL
Co. Rep / Geo.		
Location: Sec.	Twp.	Rge.
	Co.	State

Interval Tested	Zone Tested
Anchor Length	Drill Pipe Run
Top Packer Depth	Drill Collars Run
Bottom Packer Depth	Wt. Pipe Run
Total Depth	Chlorides ppm System
Blow Description	LCM
	WL
	Vis
	Mud Wt.

Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total	BHT	Gravity	API RW	@	F Chlorides	ppm
(A) Initial Hydrostatic	<input type="checkbox"/> Test	T-On Location	T-Started	T-Open	T-Pulled	T-Out
(B) First Initial Flow	<input type="checkbox"/> Jars	Comments				
(C) First Final Flow	<input type="checkbox"/> Safety Joint					
(D) Initial Shut-In	<input type="checkbox"/> Circ Sub					
(E) Second Initial Flow	<input type="checkbox"/> Hourly Standby					
(F) Second Final Flow	<input type="checkbox"/> Mileage					
(G) Final Shut-In	<input type="checkbox"/> Sampler					
(H) Final Hydrostatic	<input type="checkbox"/> Straddle					

Initial Open	<input type="checkbox"/> Extra Packer	Sub Total
Initial Shut-In	<input type="checkbox"/> Shale Packer	MP/DST Disc't
Final Flow	<input type="checkbox"/> Extra Recorder	Total
Final Shut-In	<input type="checkbox"/> Day Standby	
	<input type="checkbox"/> Accessibility	
	<input type="checkbox"/> Sub Total	

Approved By _____ Our Representative _____

TriLOBITE Testing Inc. shall not be liable for damaged or any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.