



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254795
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: _____



1254795

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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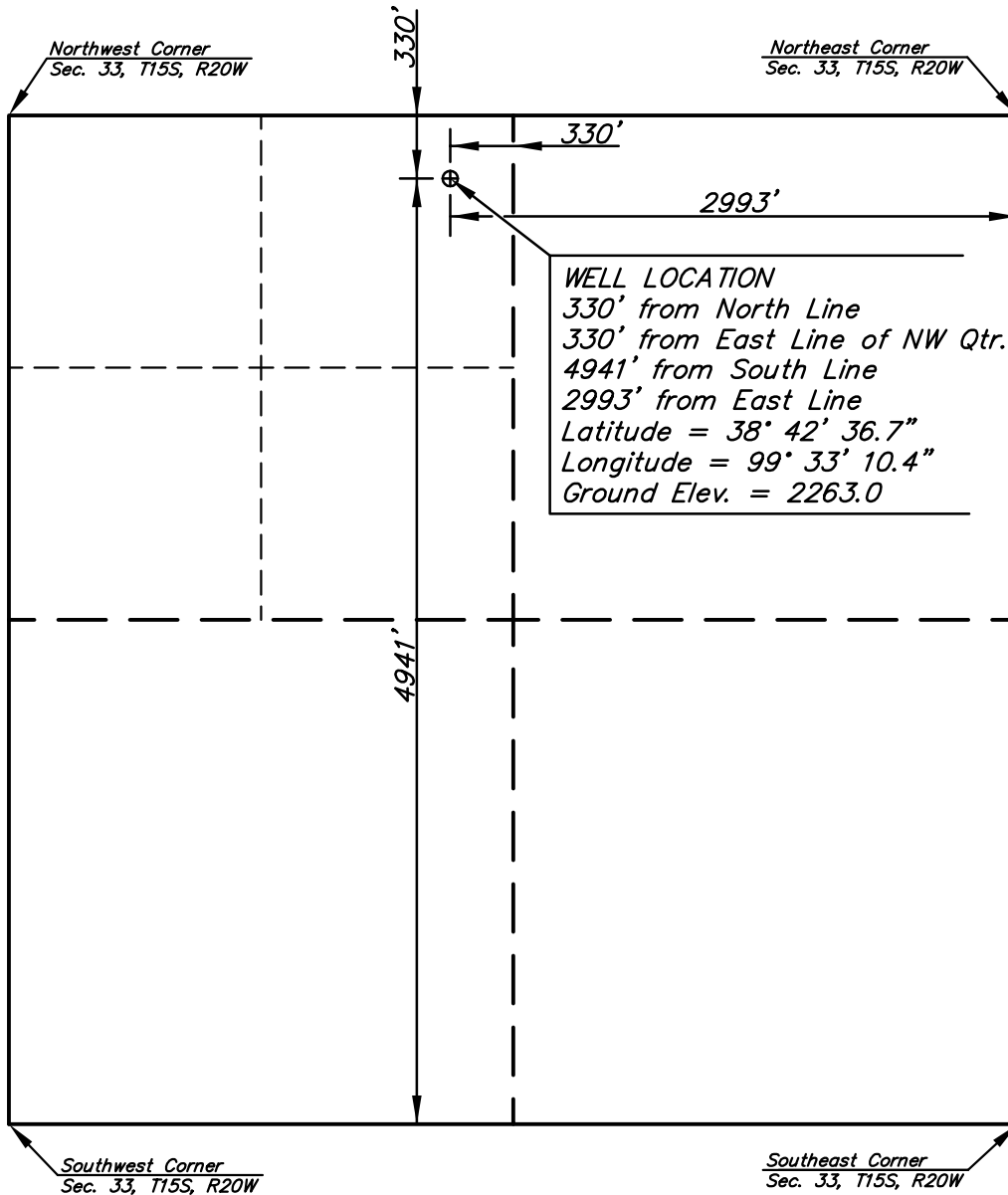
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 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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OIL WELL LOCATION

BRENNER "B" #1
NE QTR. OF THE NW QTR. SECTION 33, T15S, R20W
ELLIS COUNTY, KANSAS



SCALE:
1"=1000'

RUDER ENGINEERING & SURVEYING, LLC

1376 Butterfield Trail Rd.
Hays, Kansas 67601
785-259-1382

Well Staked on July 15, 2014
for P O & G Resources



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 145623

Invoice Date: Sep 10, 2014

Voice: (817) 546-7282
Fax: (817) 246-3361

Page: 1

Bill To:
P.O.&G. Operating, LLC 5847 San Felipe Suite 3200 Houston, TX 77057

Customer ID	Field Ticket #	Payment Terms	
PO&G	55317	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Russell	Sep 10, 2014	10/10/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Brenner #B-1		
310.00	CEMENT MATERIALS	Chloride	0.80	248.00
640.00	CEMENT MATERIALS	Acon Blend	22.00	14,080.00
180.00	CEMENT MATERIALS	60/40 Poz Blend	14.93	2,687.40
3,202.00	CEMENT MATERIALS	Gilsonite	0.98	3,137.96
2,391.00	CEMENT MATERIALS	Salt	0.53	1,267.23
12.00	CEMENT MATERIALS	Mud Flush	58.70	704.40
820.00	CEMENT SERVICE	Cubic Feet Charge	2.48	2,033.60
1,892.50	CEMENT SERVICE	Ton Mileage Charge	2.60	4,920.50
1.00	CEMENT SERVICE	Long String	2,765.75	2,765.75
50.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	220.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
150.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	1,155.00
1.00	EQUIPMENT SALES	5-1/2 AFU Float Shoe	545.00	545.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down	660.00	660.00
3.00	EQUIPMENT SALES	5-1/2 Basket	395.00	1,185.00
20.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	1,140.00
1.00	CEMENT SUPERVISOR	Robert Yakubovich		
1.00	EQUIPMENT OPERATOR	Nathan Donner		
1.00	EQUIPMENT OPERATOR	Kevin Rupp		
1.00	OPERATOR ASSISTANT	Jonathan Price		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 7,404.96

ONLY IF PAID ON OR BEFORE
Oct 10, 2014

Subtotal	37,024.84
Sales Tax	1,577.78
Total Invoice Amount	38,602.62
Payment/Credit Applied	
TOTAL	38,602.62

ALLIED OIL & GAS SERVICES, LLC 055317

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
RUSSELL KS

DATE <u>9-10-14</u>	SEC. <u>33</u>	TWP. <u>15</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00PM</u>	JOB FINISH <u>7:30PM</u>
LEASER <u>Planner</u>	WELL # <u>B1</u>	LOCATION <u>E11.5 KS 145E into</u>			COUNTY <u>E11.5</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Maxwell 102 OWNER _____

TYPE OF JOB long string

HOLE SIZE 7 7/8 T.D. 4077 4107 CEMENT

CASING SIZE 5 1/2 15.5 DEPTH 4087 AMOUNT ORDERED 640 Accon 5" Gellst.

TUBING SIZE DEPTH 180 6 3/4 23 gal 107 asst 23 cc

DRILL PIPE DEPTH 500 gal Mud Flush

TOOL none DEPTH

PRES. MAX MINIMUM COMMON _____ @ _____

MEAS. LINE SHOE JOINT 42.11 POZMIX _____ @ _____

CEMENT LEFT IN CSG. 42.11 GEL _____ @ _____

PERFS. CHLORIDE 310* @ 0.80 298.00

DISPLACEMENT ASC _____ @ _____

EQUIPMENT ACCON 640 @ 22.00 14080.00

PUMP TRUCK CEMENTER Robert Y 6 3/4 Poz 180 @ 14.93 2687.40

409 HELPER Nathan D Gilsonite 3202* @ 0.98 3137.96

BULK TRUCK # 473 DRIVER Kevin R Salt 2391* @ 0.53 1267.23

BULK TRUCK # 481 DRIVER Jon P Mud Flush 500 gal @ 58.70 104.40

12 hbl _____ @ _____

Materials @ 22124.99

Alise @ 4434.99

HANDLING 820 sty @ 2.78 2033.60

MILEAGE 1892.5 4m @ 2.60 4920.50

1892.5 TOTAL 29074.07

REMARKS: _____

see log

last returns fluid 20ft down

Thank you!!!

CHARGE TO: POAG Operating LLC

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 4077

PUMP TRUCK CHARGE 2765.75

EXTRA FOOTAGE @ _____

MILEAGE 50 LVMI @ 4.40 220.00

MANIFOLD @ 275.00 275.00

150 HVMI @ 7.70 1155.00

@ _____

PLUG & FLOAT EQUIPMENT

WF ACU Float shoe @ 545.00 545.00

WF latch down @ 660.00 660.00

WF basket (3) @ 395.00 1185.00

WF centralizers (20) @ 57.00 1140.00

@ _____

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 Russ

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 37024.84

DISCOUNT 7404.96 (20%) IF PAID IN 30 DAYS

net \$ 29619.88



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 145484

Invoice Date: Sep 4, 2014

Voice: (817) 546-7282

Page: 1

Fax: (817) 246-3361

Bill To:
P.O.&G. Operating, LLC 5847 San Felipe Suite 3200 Houston, TX 77057

Customer ID	Field Ticket #	Payment Terms	
PO&G	55485	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Russell	Sep 4, 2014	10/4/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Brenner B #1		
200.00	CEMENT MATERIALS	60/40/2% Gel Blend	18.43	3,686.00
564.00	CEMENT MATERIALS	Chloride	1.10	620.40
47.00	CEMENT MATERIALS	Flo Seal	2.97	139.59
200.00	CEMENT SERVICE	Cubic Feet Charge	2.48	496.00
94.00	CEMENT SERVICE	Ton Mileage Charge	2.75	258.50
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
20.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	154.00
10.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	44.00
1.00	EQUIPMENT SALES	8-5/8 Texas Pattern Guide Shoe	450.00	450.00
3.00	EQUIPMENT SALES	Thread Lock Kits	85.00	255.00
6.00	EQUIPMENT SALES	8-5/8 Centralizer	75.00	450.00
1.00	CEMENT SUPERVISOR	Tony Pfannenstiel		
1.00	OPERATOR ASSISTANT	Danny Sinner		
1.00	OPERATOR ASSISTANT	Jonathan Price		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,016.43

ONLY IF PAID ON OR BEFORE
Oct 4, 2014

Subtotal	8,065.74
Sales Tax	344.46
Total Invoice Amount	8,410.20
Payment/Credit Applied	
TOTAL	8,410.20



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 145988

Invoice Date: Sep 23, 2014

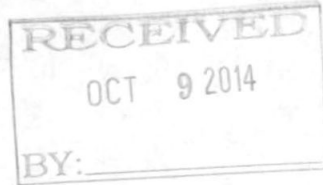
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
P.O.&G. Operating, LLC 5847 San Felipe Suite 3200 Houston, TX 77057

Customer ID	Field Ticket #	Payment Terms	
PO&G	55058	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-09	Russell	Sep 23, 2014	10/23/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Brenner #B-1		
891.00	CEMENT MATERIALS	Chloride	1.10	980.10
315.00	CEMENT MATERIALS	Acon Blend	25.00	7,875.00
75.00	CEMENT MATERIALS	Flo Seal	2.97	222.75
315.00	CEMENT SERVICE	Cubic Feet Charge	2.48	781.20
148.50	CEMENT SERVICE	Ton Mileage Charge	2.75	408.38
1.00	CEMENT SERVICE	Circulate Cement	2,213.75	2,213.75
20.00	CEMENT SERVICE	Heavy Vehicle Mileage	7.70	154.00
1.00	CEMENT SERVICE	Plug Container	275.00	275.00
10.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	44.00
1.00	EQUIPMENT OPERATOR	Nathan Donner		
1.00	OPERATOR ASSISTANT	Tracy Jordan		



ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2,590.84

ONLY IF PAID ON OR BEFORE
Oct 23, 2014

Subtotal	12,954.18
Sales Tax	558.29
Total Invoice Amount	13,512.47
Payment/Credit Applied	
TOTAL	13,512.47

ALLIED OIL & GAS SERVICES, LLC 055058

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>9-23-14</u>	SEC <u>33</u>	TWP. <u>15</u>	RANGE <u>20</u>	CALLED OUT <u>11:30 AM</u>	ON LOCATION <u>1:00 PM</u>	JOB START <u>2:00</u>	JOB FINISH <u>3:00</u>
LEASE <u>Brenner</u>	WELL# <u>B-1</u>	LOCATION <u>E11.3 South to CL</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)		<u>1 North 3/4 East</u>					

CONTRACTOR _____ OWNER _____

TYPE OF JOB Circulate Cement

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH 2050

TUBING SIZE 2 7/8 DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 80'

PERFS. _____

DISPLACEMENT 18.8

CEMENT

AMOUNT ORDERED	<u>315 sks Acon</u>		
	<u>290 CC 4 1/4 CelloPake</u>		
COMMON	_____	@	_____
POZMIX	_____	@	_____
GEL	_____	@	_____
CHLORIDE	<u>891 Lb</u>	@	<u>1.10 980.10</u>
ASC	_____	@	_____
<u>Acon Blend</u>	<u>315 sk</u>	@	<u>25.00 7875.00</u>
<u>CelloPake</u>	<u>25 Lb</u>	@	<u>2.97 222.75</u>
		@	
	<u>Material</u>	@	<u>9022.85</u>
	<u>Asc</u>	@	<u>1815.58</u>
		@	
HANDLING	<u>315 sks</u>	@	<u>2.48 781.20</u>
MILEAGE	<u>148.5 TM</u>	@	<u>2.75 408.38</u>
	<u>148.5</u>		TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Steve Orlando

447 HELPER Nathan Donner

BULK TRUCK # 712 DRIVER Tracy Jordan

BULK TRUCK # _____ DRIVER _____

REMARKS:

SERVICE

DEPTH OF JOB	<u>1001-2000</u>		<u>2213.75</u>
PUMP TRUCK CHARGE	_____		_____
EXTRA FOOTAGE	_____	@	_____
MILEAGE	<u>20</u>	@	<u>7.70 154.00</u>
MANIFOLD	_____	@	_____
<u>Plug Container</u>	<u>1</u>	@	<u>275.00 275.00</u>
<u>LT Mileage</u>	<u>10</u>	@	<u>4.40 44.00</u>

CHARGE TO: P.O. + G. Operating, LLC

STREET _____

CITY _____ STATE _____ ZIP _____

Asc 775.26 TOTAL 3876.33

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
		TOTAL _____

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.

SALES TAX (if Any) _____

TOTAL CHARGES 12954.18

DISCOUNT 2590.84 20% IF PAID IN 30 DAYS

Discounted Total 10363.34

PRINTED NAME Russ Henzler

SIGNATURE 