

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1254885

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: _____



1254885

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 (Attach Additional Sheets)	☐ Yes ☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☐ No	Name	Top	Datum
Cores Taken	☐ Yes ☐ No			
Electric Log Run	☐ Yes ☐ No			
List All E. Logs Run:				

CASING RECORD ☐ New ☐ 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
☐ Perforate				
☐ Protect Casing				
☐ Plug Back TD				
☐ 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 (Amount and Kind of Material Used)	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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) ☐ Other (Specify) _____	_____ _____

ALLIED OIL & GAS SERVICES, LLC

065256

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Liberals

DATE <i>2-25-15</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Hamber</i>	WELL # <i>1-20</i>	LOCATION <i>Sublette ks</i>			COUNTY <i>Haskell</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Exact Well Service* OWNER

TYPE OF JOB *Scab liner*

HOLE SIZE	T.D.
CASING SIZE <i>8 5/8</i>	DEPTH <i>1623</i>
TUBING SIZE <i>Casing 4 1/2</i>	DEPTH <i>1460</i>
DRILL PIPE	DEPTH
TOOL	DEPTH

PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <i>NA</i>
CEMENT LEFT IN CSG.	<i>NA</i>
PERFS.	

DISPLACEMENT *23 bbls*

EQUIPMENT

PUMP TRUCK	CEMENTER <i>Edgar Rodriguez</i>
# <i>530-484</i>	HELPER <i>Alex Ayala</i>
BULK TRUCK	
# <i>994-642</i>	DRIVER <i>Ramon Escarcega</i>
BULK TRUCK	
#	DRIVER

REMARKS:

CHARGE TO: *Casillas Petroleum*

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB	<i>1460'</i>
PUMP TRUCK CHARGE	<i>1</i> @ <i>2213.75</i> <i>2213.75</i>
EXTRA FOOTAGE	<i>44 ft 40 mi</i> @ <i>4.40</i> <i>176.00</i>
MILEAGE	<i>Heavy 40 mi</i> @ <i>7.70</i> <i>308.00</i>
MANIFOLD	<i>1</i> @ <i>275.00</i> <i>275.00</i>
<i>Handling</i>	<i>287.56</i> <i>275</i> @ <i>2.48</i> <i>713.15</i>
<i>Day and</i>	<i>490.76</i> <i>275</i> @ <i>2.75</i> <i>1349.59</i>
<i>Additional hrs</i>	<i>1</i> @ <i>440.00</i> <i>440.00</i>
TOTAL	<i>5475.49</i>

PLUG & FLOAT EQUIPMENT

<i>Attn Plaster Head Shoe</i>	<i>1</i> @ <i>425.00</i> <i>425.00</i>
<i>Centralizer</i>	<i>4</i> @ <i>57.00</i> <i>228.00</i>
<i>Top Rubber Plug</i>	<i>1</i> @ <i>83.00</i> <i>83.00</i>
	@
	@
TOTAL	<i>736.00</i>

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 *11543.49*

PRINTED NAME *Gabriel Gallegos*

DISCOUNT IF PAID IN 30 DAYS

SIGNATURE *Gabriel Gallegos*

Net = 7503.27

June 22, 2015

Melissa Imler
Casillas Petroleum Corp
348 RD. DD
Satanta, KS 67870

Re: ACO-1
API 15-081-20316-00-01
Hamker 1-20
SW/4 Sec.20-30S-31W
Haskell County, Kansas

Dear Melissa Imler:

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 02/18/2015 and the ACO-1 was received on June 22, 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