

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254182
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: _____

1254182

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Banks, Scott dba Banks Resources
Well Name	Kleppinger 1-29
Doc ID	1254182

All Electric Logs Run

dual induction
CD/NL
sonic
micro

Form	ACO1 - Well Completion
Operator	Banks, Scott dba Banks Resources
Well Name	Kleppinger 1-29
Doc ID	1254182

Tops

Name	Top	Datum
base anhydrite	2716	+734
Heebner	4114	-664
Lansing	4130	-680
Marmaton	4590	-1140
Cherokee shale	4740	-1290
Morrow shale	4930	-1480
Upper Morrow sand	4936	-1486
Keyes sand	5040	-1590
Miss	5042	-1592

ALLIED OIL & GAS SERVICES, LLC 064670

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley, KS
3-20-15

DATE <u>3-19-15</u>	SEC. <u>29</u>	TWP. <u>15</u>	RANGE <u>37</u>	CALLED OUT	ON LOCATION <u>11:30 pm</u>	JOB START <u>5:30 am</u>	JOB FINISH <u>6:30 am</u>
LEASE <u>Rheppinger</u>	WELL # <u>1-29</u>	LOCATION <u>Rousse V Spring Son 25 to</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)				<u>Colias, 4W, 1Y2N, Winto</u>			

CONTRACTOR Wildcat
TYPE OF JOB PTA
HOLE SIZE 7 7/8 T.D. 5130'
CASING SIZE _____ DEPTH _____
TUBING SIZE _____ DEPTH _____
DRILL PIPE 4 1/2 DEPTH 2700'
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT 31.3 bbl

OWNER same
CEMENT
AMOUNT ORDERED 255 sb 60/40 4 Regal
1/4" # flo seal

EQUIPMENT
PUMP TRUCK CEMENTER LaRone E Wanta
422 HELPER Wayne McShay
BULK TRUCK DRIVER Cory Brown
373/306
BULK TRUCK DRIVER _____

COMMON _____ @ _____
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE _____ @ _____
ASC _____ @ _____
60/40/4 255 sb @ 18.92 4829.60
_____ @ _____
1/4" flo seal 64# @ 2.77 170.08
Metric 1010 @ 30.46
(1905.58/383)
_____ @ _____
HANDLING 273.82 ft³ @ 2.48 679.20
MILEAGE 1144 mi x 40 x @ 2.75 1258.40

REMARKS:
Mix 50 sb at 2200'
Mix 100 sb at 1525'
Mix 50 sb at 300'
Mix 10 sb at 40' w/ plug
MH 15 sb
RT 30 sb

TOTAL _____

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

SERVICE
DEPTH OF JOB 2700'
PUMP TRUCK CHARGE _____ 2483.59
EXTRA FOOTAGE _____ @ _____
MILEAGE MH 40 @ 7.70 308.00
MANIFOLD _____ @ _____
MFCV 40 @ 4.96 176.00
waiting time 2 hr @ 440.00 880.00
(2198.37/383) TOTAL 5,785.19

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.

PLUG & FLOAT EQUIPMENT
wooden plug _____ @ _____ 110.00
_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
TOTAL 110.00

PRINTED NAME _____
SIGNATURE John De

SALES TAX (If Any) _____
TOTAL CHARGES 10,909.87
DISCOUNT 4,103.95 (38%) IF PAID IN 30 DAYS
6,805.92 Net.

ALLIED OIL & GAS SERVICES, LLC 063851

Federal Tax I.D. # 20-8651475

TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Ordley K

DATE <u>3/18/15</u>	SEC. <u>29</u>	TWP. <u>5</u>	RANGE <u>37</u>	CALLED OUT	ON LOCATION <u>RD 100</u>	JOB START <u>6:30a</u>	JOB FINISH <u>2:00p</u>
LEASE <u>Neop</u>	WELL # <u>1-29</u>	LOCATION <u>Coati 10 N 4W 1/2 NE 43rd</u>			COUNTY <u>Logan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Widheat

TYPE OF JOB Surf

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 1/2 DEPTH 226'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 15'

OWNER Gene

CEMENT AMOUNT ORDERED 155 (6-3700)

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

495-281 HELPER Russ Ryan

BULK TRUCK

373 DRIVER Lakene Wentz

BULK TRUCK

DRIVER

COMMON <u>155</u>	@ <u>17.20</u>	<u>2724.00</u>
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
<u>CC 430</u>	@ <u>1.00</u>	<u>430.00</u>
Material Total		<u>3,256.30</u>
<u>(1237.39 / 382)</u>		
HANDLING <u>103</u>	@ <u>2.40</u>	<u>407.20</u>
MILEAGE <u>2.2</u>	@ <u>382</u>	<u>850.40</u>
TOTAL		

REMARKS: Ann Log, Circulate, Mix Cement, Displace Cement, Shut in

Cement bid Circulate

Truck

Play heavy rollers

CHARGE TO: Banks Resources

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 15/12.25

EXTRA FOOTAGE @ _____

MILEAGE 40 @ 2.70 308.00

MANIFOLD @ _____

1.5 vehicle 40 @ 4.20 776.00

(1226.45 / 382) TOTAL 3,227.51

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.

PRINTED NAME Rob Krieser

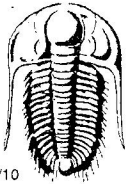
SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 6,483.81

DISCOUNT 2,463.84 (382) IF PAID IN 30 DAYS

4,019.96 Net.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. _____

4/10

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

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

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 _____
(B) First Initial Flow _____	<input type="checkbox"/> Jars _____	T-Started _____
(C) First Final Flow _____	<input type="checkbox"/> Safety Joint _____	T-Open _____
(D) Initial Shut-In _____	<input type="checkbox"/> Circ Sub _____	T-Pulled _____
(E) Second Initial Flow _____	<input type="checkbox"/> Hourly Standby _____	T-Out _____
(F) Second Final Flow _____	<input type="checkbox"/> Mileage _____	Comments _____
(G) Final Shut-In _____	<input type="checkbox"/> Sampler _____	_____
(H) Final Hydrostatic _____	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____
Initial Open _____	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Shut-In _____	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Final Flow _____	<input type="checkbox"/> Extra Recorder _____	Sub Total _____
Final Shut-In _____	<input type="checkbox"/> Day Standby _____	Total _____
	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total _____	

Approved By _____ Our Representative _____

Trilobite Testing Inc. shall not be liable for damaged of 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.